

HC-One Limited

# Overdene House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on the 24 November 2016 and was unannounced.

Overdene House provides support to up to 70 people who require nursing and personal care. At the time of the inspection there were 44 people living within the service.

There was a manager in post within the service, however they were not yet registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in February 2016 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan which showed that these issues would be rectified by the 31 May 2016. At this inspection we found that sufficient action had not been taken to rectify the issues identified. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

At the last inspection in February 2016 we identified that doors were not always kept locked to prevent people from leaving without the required support. During this inspection one fire door had the exit code written on a piece of paper and stuck to the door. In June 2016 Healthwatch also identified that one of the fire doors had been left open. This compromised the safety and security of people using the service.

Risk assessments were not always accurate. Two people had not been referred to the dietician in a timely manner despite being at high risk of malnutrition. In both examples the risk assessment tool had been completed incorrectly. This placed these people at risk of weight-loss and declining physical health.

The call bell system was not fit for purpose. In one example staff had not been aware that one person had pressed their call bell to ask for help. This call had failed to register on their handheld call monitors because previous calls had not been deleted, and the device was full. This meant that staff were not always aware that people were in distress or needed help.

Audit systems were not robust. An analysis of falls and care records had not consistently been completed, and weight monitoring audits had failed to identify that appropriate action had not been taken to refer two people to the dietician. Environmental checks had failed to identify that the safety of the premises was compromised by having the exit code written on the fire door.

You can see what action we told the provider to take at the back of the full version of the report

The registered provider had a system in place to gather people's views on the service. The report from this showed that only one person had used this system since June 2016. This showed that this was not an effective method of gathering information. We have made a recommendation to the registered provider around ascertaining people's views about the service they receive.

Staff had received training however the registered provider's records showed that this was not always up-to-date. For example almost 25% of staff did not have up-to-date training in safeguarding vulnerable people and 27% of staff did not have up-to-date training in infection control. However staff had a good understanding of safeguarding procedures, and we did not observe any poor practice in relation to infection control. The manager confirmed that training in these areas would be provided.

At the last inspection in February 2016 the registered provider was not complying with the Mental Capacity Act 2005 (MCA). During this inspection we found that action had been taken to rectify this. Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. Mental capacity assessments had been completed to support people who were unable to make decisions for themselves and decisions made in their best interests. This helped ensure that people's rights and liberties were protected.

Positive relationships had been developed between people and staff. Staff offered reassurance to people where they were at risk of becoming distressed, and spoke kindly to people. People's family members told us that they were made to feel welcome when visiting their relatives.

Staff had a good understanding of people's needs and how they needed to support them. People's care records contained personalised information around their needs, for example their physical and mental health requirements. This ensured that staff had access to relevant information on how to support people.

There were activities in place to meet people's social needs. During the inspection people played bingo, and there was an activities co-ordinator who spent one-to-one time with people doing activities or chatting.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Action had not been taken to ensure the safety and security of the premises and the call bell system was not effective.

Risk assessments were not always accurately recorded and in two examples action had not been taken to seek support from the appropriate professionals in a timely manner.

People received their medicines as required from appropriately qualified staff.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Some staff training required updating, however staff demonstrated a good knowledge and understanding of these areas.

People's rights and liberties were protected in line with the Mental Capacity Act 2005.

People commented positively on the food that was available.

**Good** ●

### Is the service caring?

The service was caring.

Positive relationships had been developed between people, their family members and staff.

Staff were kind and caring towards people.

People's privacy and confidentiality was maintained.

**Good** ●

### Is the service responsive?

The service was responsive.

Staff had a good knowledge of people's needs. People's care

**Good** ●

records contained relevant and up-to-date information about the support they required.

There were activities in place to meet people's social needs.

There was a complaints process in place which people were aware of.

### **Is the service well-led?**

The service was not well-led.

There had been a high number of managers in post over the past 12 months which had impacted upon the quality of the service being delivered.

Audit systems were not being completed consistently and had failed to identify areas that required improvement within the service.

There was no effective means of ascertaining people's views about the quality of the service.

**Requires Improvement** ●

# Overdene House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 24 November 2016 and was unannounced. The inspection was completed by an adult social care inspector, a nursing specialist advisor who was familiar with people who require services, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams. They raised concerns relating to a number of safeguarding concerns, which included the effective management of people's pressure areas. We also spoke with Healthwatch who had visited in June 2016, who raised concerns around the security and safety of the premises. We followed up on these concerns during the inspection.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with eight people using the service and two people's relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the information contained within six people's care records. We spoke with six members of staff and the manager. We also reviewed two recruitment records and records relating to the day-to-day management of the service. We made observations around the interior and exterior of the premises.

# Is the service safe?

## Our findings

People told us that they felt safe and well looked after. One person and their relative commented that they had seen improvements within the service with regards to staffing levels and general support from staff. Another person told us that staff provided appropriate support with managing their pressure areas. Whilst people commented positively on the service we identified areas that needed improvement.

At the last inspection carried out in February 2016 we were not satisfied that the security and safety of the premises was being sufficiently maintained. At this inspection we found that the required action had not been taken to address these issues.

A fire door on the first floor was opened using a key pad. This door was locked at the time of the inspection, however the access code was written on a piece of paper and stuck to the door. In addition to this a report written by Healthwatch following their visit to the service in June 2016 also found that a fire door on the first floor was left open to allow access for builders. This compromised the safety of people using the service who may be at risk of leaving the service without the support they needed to stay safe. It also placed people at risk of falling down the fire escape stairs. This demonstrated a poor awareness of risk.

A linen store located on the ground floor was found to be unlocked. Inside there were three electrical boxes which stated "danger 415 volts". This placed people at risk of injury should they tamper with the electrics. We asked that the door was locked and checked to ensure that this had been done.

Risk assessments were in place for people however these were not always accurate. For example one person had lost 3.3kg between 1 October 2016 and 2 November 2016. This person had been inaccurately deemed to be at medium risk of weight-loss, whereas the risk assessment tool showed them to be at high risk. A referral to the dietician had been made, however this was not done until 21 days after the risk assessment was completed. In another example a person at high risk of weight-loss had not been referred to the dietician in line with the risk assessment guidance. Whilst the risk assessment in this example had accurately recorded the person as being at high risk, as with the first example, parts of the calculation process had not been done correctly. This showed that the risk assessment process was not robust enough. This placed people at risk of their deteriorating health not being addressed in a timely manner. We asked that both these people be referred to the dietician and that the risk assessment process be reviewed.

During the inspection we noted that one person was calling for staff to attend them. We helped this person press the nurse call bell and waited with them. We waited 10 minutes, however staff did not arrive. We observed three staff in the kitchen area talking. On asking these staff why no one was attending to the person's call bell, they showed us that the call had not registered on their pagers. One member of staff explained that this was because they had not deleted previous calls and their pagers had become full. We raised this with the manager and asked that they review the call bell system. This placed people at risk as it meant staff would not always be aware when people were in distress or needed support.

Accidents and incidents were being recorded and included details of any injuries or what action had been

taken to ensuring the person's safety. For example increased levels of observation following an incident. However records showed that between February 2016 and October 2016 an audit of accidents and incidents had not been completed. This meant that trends could not be identified and appropriate action taken to keep people safe. The manager had completed an audit in October and told us that they would be completing these each month.

This is a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not sufficient to ensure people were protected from the risk of harm.

Not all staff had completed up-to-date training in safeguarding vulnerable people. However the registered provider had a safeguarding policy in place which outlined what processes staff should follow where they have safeguarding concerns. Staff were aware of this policy and knew when and how to raise any concerns that they may have. There was also a whistleblowing policy in place which staff were aware of. Whistleblowing is where staff can raise concerns inside or outside the organisation without fear of reprisals.

Recruitment processes were robust and helped ensure that staff were of suitable character to work with vulnerable people. Staff had been required to provide two references, one of which was from their most recent employer. In addition staff had also been subject to a check by the disclosure and barring service (DBS). The DBS inform employers where staff have a criminal record, and helps them to determine whether staff are suitable for the role.

People did not raise any concerns about staffing levels and at the time of the inspection there were sufficient staff on duty to meet people's needs. We looked at staffing rotas and found that consistent levels of staff were rostered to be in place. The registered provider used agency nurses to ensure there were enough in place to keep people safe.

People received their medication as prescribed by staff with up-to-date training in the safe administration of medicines. We observed the medication round on the first floor and found this to be done safely. When left unattended people's medicines were stored securely. We carried out an audit of the controlled drugs being held and found that these were appropriately secured and the quantities were correct. Controlled medications are medicines that are required by law to be stored in a particular way to prevent their misuse.

Checks had been completed to ensure parts of the environment were safe. Fire alarm tests had been completed, and fire drills were carried out on a regular basis. Electrical equipment had been checked to ensure it was safe and checks had been completed on hoists to ensure they were in safe working order.

People were protected from the risk of infection. Sluice doors remained locked throughout the day, and the environment was clean and tidy. A legionella test had been completed to ensure that water was safe. Legionella is a water-borne bacteria that can cause people to become unwell. We observed staff using personal protective equipment (PPE) whilst attending to people's personal care needs which helped minimise the risk of infection.

## Is the service effective?

### Our findings

People told us that staff were good at their jobs and were skilled at what they did. One person commented, "They've done training around pressure sores so they know how to support me". Staff demonstrated a good understanding around ensuring people's skin was well looked after and preventing any deterioration. One person's family member commented positively on staff and told us they felt staff were doing a "good job" of looking after their relative.

At the last inspection in February 2016 we found that the registered provider was not meeting the standards required by the Mental Capacity Act 2005. At this inspection we found that this had been rectified.

Staff training was not always up-to-date. For example almost 25% of staff had not received up-to-date training in safeguarding vulnerable people and 27% of staff did not have up-to-date training in infection control. However staff demonstrated a good understanding of how to identify and protect people from abuse, and we did not identify any concerns around infection control processes. Staff had completed training in other areas such as fire safety and moving and handling. The manager told us they were working to ensure training was brought up-to-date. Following the inspection we received confirmation that additional training dates had been booked.

Some staff had been supported to achieve nationally recognised qualifications in health and social care, which helped to keep their knowledge and skills in line with best practice. There was an induction process in place for new staff. This included standards set by the care certification. The care certificate is a nationally recognised set of standards that care staff are expected to meet. New staff also carried out a period of shadowing experienced members of staff and completed training in areas such as moving and handling, safeguarding, infection control and fire safety. This ensured that new staff had the skills and knowledge they needed to carry out their roles effectively.

Staff had not been receiving supervision or appraisals due to the changes in management. The manager showed us that they were developing a schedule to ensure that these were done. Supervision enables training and development needs to be discussed between staff and management. It also allows managers to discuss any performance related issues.

A majority of people had been supported to access support from their GP or other health professionals where required. However we also found two examples where people had not been supported to access the dietician despite being at high risk of weight-loss. We have reported further on this under the 'safe' domain.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. They told us about the importance of offering people choices in their day-to-day care. We saw examples where mental capacity assessments had been completed to determine people's ability to make decisions about their own care in line with best practice. In another example a best interests meeting had been held around one person's care needs to ensure that they were receiving the care and support they needed. This was appropriately recorded in their care record and had involved input from other professionals. This ensured that people's rights and liberties were being protected in line with the MCA.

People told us that they enjoyed the food that was available. One person commented, "The food here is nice" and "You look at the menu and if you don't like the choices then you can request something else". One family member told us "The chef here is pretty good. They come and talk with us to make sure everything is ok". Staff offered people a choice of hot and cold drinks, and also provided people with the support that they needed. People commented that they received enough drinks throughout the day and we saw that nutrition and hydration charts had been completed by staff. Where people required a special diet a meal plan had been developed to help them achieve their goals, or maintain their health and well-being.

## Is the service caring?

### Our findings

People told us that staff were kind and caring towards them. Their comments included, "Staff are very nice", "Staff are marvellous", "Staff are brilliant" and "Staff spoil me". We also overheard one person telling a member of staff "I love you", after they had provided support. One person's family member told us, "[My relative] is very happy living here". People looked clean, well dressed and relaxed. The temperature throughout the service was comfortable and the environment was kept clean, tidy and smelled fresh. People each had their own room which contained items of personal interest to make their environment more homely.

Prior to the inspection people family members had raised some concerns around the communication from the service to them. During this inspection relatives commented that they felt much more informed. One person told us, "Before I felt like we were being kept in the dark but now things have improved".

Positive relationships had developed between people and staff. Throughout the day staff laughed and joked with people. We saw occasions where staff were spending time talking to people and people seemed relaxed and at ease in their company. We overheard the manager speaking with people's relatives, and it was apparent from the rapport that the manager had become a familiar figure within the service. During one discussion with a person's family member the manager told them if they needed any support, they should let them know.

People's relatives told us that they were made to feel welcome when they visited the service. They commented that they found staff to be respectful and told us they were offered tea or coffee. One family member told us that they were able to stay for lunch so that they could spend additional time with their relative.

People told us that staff were respectful. We observed occasions where staff addressed people in a kind and caring manner, using their preferred names and offering care and reassurance where needed. In one example staff were supporting a person using a hoist. Throughout this they gave clear instruction to the person on what was happening and offered reassurance to help keep them calm.

People's privacy and confidentiality was maintained. During the inspection we observed that staff ensured doors were closed when supporting people with their personal care needs. Staff knocked and told people who they were before entering their bedrooms. Records containing personal information were stored securely in the main office. This was locked when there was no one in attendance. Computer systems were password protected to ensure that data was kept secure.

People had the option of discussing an end of life plan where they felt comfortable doing so. This information was contained within their care records and outlined any preferences they may have. For example one person had stated that their friend was to organise their funeral. Information on people's faith and spiritual needs was also included. Where people had decided that they would not like to be resuscitated in the event of their death, this information was clearly displayed at the front of their care record so that this

information was accessible. This helped ensure that people's wishes and feelings were known could be respected during the end stages of their life.

Information around the local advocacy service was available on the notice board at the entrance to the service. At the time of the inspection there was no one using an advocate, however the manager knew when it would be appropriate to seek their support. Advocates offer independent support to people to ensure their wishes and feelings are taken into consideration where decisions are being made about their care needs.

## Is the service responsive?

### Our findings

People told us that they felt the care they received met their needs. Their comments included, "Yes I get the care and support I need" and "The staff here have been really helpful. I will be able to go home soon". One person's family member commented that staff had supported them with accessing physiotherapy support to help improve their relative's mobility.

Staff completed daily notes outlining the care and support that had been offered and given to people. Written information had been added to body map charts where wounds or injuries were being monitored, however in some cases we noted that this was not being drawn onto the chart to indicate the site of the wound. This is important as it helps to clarify where wounds or injuries are located, and reduces the risk of confusion where there may be more than one injury. We raised this with the manager and asked that they ensured more accurate recording in the future.

Staff demonstrated a good level of understanding regarding people's needs. They were knowledgeable about maintaining the health of people's skin and ensuring their nutritional needs were met. Staff knew those people who required catheter care and the process for ensuring they received the correct level of care.

People had care records in place which clearly outlined their needs and what staff needed to do to support them. This information was personalised and included information such as people's previous medical history, any current physical or mental health issues or issues relating to their mobility or skin integrity. Information around people's likes, dislikes and personal preferences was also available. For example, one person's care record outlined that they were afraid of being hoisted and needed reassurance, whereas another record outlined in detail the support they needed during meal times. This helped ensure that staff knew what levels of support to provide to people.

The layout of people's care records had been changed since the last inspection in February 2016. Information was clearly presented and was reviewed on a monthly basis to ensure that it remained up-to-date. Where people's needs had altered, this had been identified and care records updated to reflect this. This ensured that up-to-date information was available to staff.

There were activities in place to ensure that people were protected from the risk of social isolation. An activities co-coordinator was spending time doing jig saw puzzles with people, and having one-to-one chats with those people who were not able to get out of their bed. In the afternoon a volunteer came in to do bingo with people. Two people also told us that they were being taken out for lunch to the local pub. This was available to people throughout the service and staff made efforts to ensure that everyone was given the option to join in. There was an activities rota in place which outlined activities for the week ahead.

There was a complaints process in place for people to voice any concerns they may have. People and their relatives told us that they were aware of this process and had made use of it. They confirmed that action had been taken to remedy their concerns in a timely manner.

## Is the service well-led?

### Our findings

There had been a manager in post since October 2016 who was in the process of registering with the CQC. Over the past 12 months there had been four managers in post within the service. People commented positively on the manager telling us they found them to be approachable. Staff also commented positively telling us the manager was supportive. They also told us they felt the manager was in the process of making positive changes within the service.

Following the last inspection in February 2016 the registered provider submitted an action plan outlining how they were going to address those issues we had identified. During this inspection we found that the registered provider had failed to adequately address issues around the safety and security of the premises. In addition we also identified concerns around the effectiveness of the call bell system, which had not previously been picked up by the registered provider. This showed that systems were not adequate to identify and address issues that impacted upon the quality and safety of the service.

Audits were not always completed to ensure the quality of the service was maintained. For example, prior to October 2016 falls audits had not been completed since February 2016, and care records had not been audits since May 2016. Audits around people's weights were being completed, however this had failed to ensure that referrals were made to the necessary professionals in a timely manner. Audits around monitoring people's pressure areas had been completed and input from relevant professionals was in place to support as required.

The registered provider had a set of visions and value in place which promoted people's independence and general wellbeing. Whilst we observed some positive interactions between people and staff, there were areas of the service that did not promote people's wellbeing. This meant that the registered provider was failing to meet their own standards. We raised these issues with the manager so that they could be rectified.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not robust enough to ensure the safety and quality of the service.

Surveys had been completed by the registered provider. People, their relatives and professionals visiting the service had the opportunity to submit their experiences at an electronic feedback point located at the entrance to the building. Feedback had been submitted by one person in June 2016, and action taken to address this in August 2016. The low feedback rate showed that this was not an effective means of gathering people's experiences of the care and support they received.

We recommend that the registered provider seek advice and guidance from a reputable source around ways of effectively gathering people's feedback on the quality of the service.

The registered provider had ensured that staff were aware of concerns identified by the local authority following a number of recent safeguarding investigations. Actions to protect people had been implemented and staff demonstrated a good knowledge of how to prevent these issues from occurring again in the future.

Following the inspection the manager confirmed that additional training around these areas had been provided to staff, for example preventing pressure area breakdown.

The registered provider is required by law to notify the CQC of specific events that occur within the service. During the inspection we found that this was being done. This meant the registered provider was complying with the law.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider must ensure that effective systems are in place to monitor and maintain the quality of the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered manager must ensure effective systems are in place to protect people from harm.

### **The enforcement action we took:**

We issued a warning notice to the registered provider.