

HC-One Limited

# Overdene House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Overdene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 70 people and 57 people were living at the home at the time of our inspection.

People's experience of using this service: People were protected from the risk of abuse and harm. All staff had completed training about safeguarding and they understood their responsibilities for keeping people safe and reporting any concerns about people's safety. The risks people faced in their lives were fully assessed in order to keep them safe. Robust recruitment and matching procedures were followed for staff. Staff were always visible during our visit to assist people. Medicines were safely managed. Accidents and incidents were reported in an open and transparent way and an analysis undertaken to prevent further occurrences and learn from them.

An holistic approach had been followed in the assessing, planning and delivery of people's care and support. Care plans were detailed and person-centred and reflected people's personal preferences. Staff provided care and support that was met in a way people preferred and provided positive outcomes. Staff worked to provide a better quality of life for people by supporting them to develop in areas of daily living. People spoke positively of the support provided.

People and family members confirmed how kind and caring staff and the management team were. They considered they had a good relationship with the staff team. Staff and management sought to provide good, person-centred care. People told us they felt listened to. Staff and managers had the skills available to support people and their relatives if they were reaching the end of their lives.

The management staff at the service demonstrated experience and capability to deliver good care. Managers and leaders had knowledge and a person-centred approach which directed staff to provide a good standard of care. Managers sought to gain the views of people in a meaningful way which informed the development of the service. The management team sought to work closely in partnership with other agencies who were stakeholders involved in people's lives.

Rating at last inspection: The service was rated as requires improvement overall at our last inspection in March 2018. This was because we wanted to see a period of sustained improvements and good practice following the issues we identified in June 2017. The service had now demonstrated sustained good care and has been rated good overall

Why we inspected: This was a planned inspection based on the rating on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was now safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was now well led.

Details are in our Well led findings below.

# Overdene House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team included an adult social care inspector.

#### Service and service type:

The service is a residential care home. It provides personal and nursing care to older people and younger people with a physical disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. During the inspection, we spoke with five people who used the service and three relatives. We also spoke with the registered manager, deputy manager and three staff. We looked at six people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, four recruitment files and a

training matrix for all staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the types of abuse and how any concerns could be reported.
- People who used the service felt safe with the staff team and trusted them.
- Staff were aware of other agencies they could refer to if they had any care concerns.
- Care plans emphasised the ways in which people could have their safety promoted.
- The registered manager had measures in place to report any alleged abuse incidents or other events that could place people at risk.

Assessing risk, safety monitoring and management

- Risks faced by people in their everyday lives were reflected in accurate and up to date assessments.
- Other assessments related to the hazards faced by people from the wider environment were in place and up-to-date.
- Systems within the environment such as equipment and fire detection systems, for example, were regularly serviced to ensure people's safety.
- Personal emergency evacuation plans (known as PEEPS) were in place outlining how people could be safely evacuated in the event of an emergency. These were up to date.

Staffing and recruitment

- People told us that there were sufficient staff on duty to meet their needs.
- During our visit, staff responded quickly to people and sufficient staff were in place to achieve this.
- Staff employed included a mix of staff skills in order to meet specialist needs of people.
- Staff told us that they were happy working within the service and that the staff team worked well together.

Using medicines safely

- Medicines management was safe.
- People conformed that they received their medication when needed.
- The storage and recording of medication was done appropriately.
- Medication was administered in a person-centred manner.
- Staff responsible for administering medicines had been trained to do so and had had their competency assessed.

Preventing and controlling infection

- The premises were clean and hygienic.
- Other professionals who monitored infection control standards within the service told us they had no concerns.

- People and relatives commented that the premises were always clean.
- Staff had sufficient access to personal protective equipment such as disposable gloves and aprons and used them routinely. Staff also received training in infection control.

#### Learning lessons when things go wrong

- Records of incidents and accidents were maintained.
- Incidents and accidents were analysed by the registered manager to minimise the risk of them recurring.
- People who had experienced accidental falls commented on how quick the staff had responded to introduce measures to keep them safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were always completed before people came to live in Overdene.
- All assessments were carried out by a member of the management team.
- The registered manager stated that the assessment process enabled a judgement to be made on whether people's needs could be effectively met by the staff team.
- Assessments covered all aspects of people's needs including relevant medical history, their background, social interests and communication needs. It gave people the opportunity to express their preferences and future aspirations.

Staff support: induction, training, skills and experience

- Staff received the training, supervision and appraisal they needed to perform their role.
- Staff confirmed that training was ongoing and gave them opportunities to further their knowledge, for example, developing clinical training for nursing staff.
- A training matrix was available outlining training undertaken and proposed training for the future.
- A structured induction process was in place which enabled staff to become familiar with their role. This was aligned to the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were provided with a probationary period to demonstrate suitability for their role. This could be adjusted in line with the performance of individuals.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they were happy with the food provided.
- Some people had dietary preferences in line with lifestyle choices. They commented that at times the range seemed limited but that there was an ongoing dialogue with the registered manager to broaden the range of food provided.
- The nutritional needs of people were assessed and included preferences and the consistency of food provided to them to minimise the risk of choking.
- Fluid and nutritional charts were completed to monitor those at risk of malnutrition and dehydration.
- Where people were at risk; assessments were devised to ensure more regular monitoring of their weight and referral to dietitians and speech therapy team where appropriate.
- People received sufficient hydration.
- Mealtimes were relaxed occasions with staff attentive to the needs of people.

Adapting service, design, decoration to meet people's needs

- Equipment provided within the service was suitable for the needs of people.
- There was signage around the home to assist people to orientate themselves around the building.
- People were able to personalise their living space with decoration and personal items included in line with their choice.
- Technology was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support. Those who were unable to use a call bell had a motion sensor in their room to alert staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by these professionals. Information was shared with other agencies if people needed to access other services such as GPs.
- Where staff had identified changes in people's needs, referrals to appropriate healthcare professionals were completed in a timely manner and records were maintained to evidence such referrals and any advice given.
- Close links were in place between staff and health professionals as people reached the end of their lives.
- People told us that if they felt unwell; the staff team always ensured that they received the appropriate treatment.
- Ongoing records confirmed appointments and medical investigations that people had received in line with promoting their health.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had their capacity to make decisions assessed.
- Where people lacked capacity; the registered manager took steps to apply for deprivation of liberty safeguards to promote the best interests of people.
- Staff were responsive to those instances where people's capacity had changed and they needed to be subject to an urgent deprivation of liberty order.
- Staff were aware of the capacity of people and how the MCA assisted in maintaining their best interests.
- All deprivation of liberty orders that had been granted were within date. Where an order was nearing expiry; external assessors were brought in to re-assess people's capacity in a timely manner.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The religious or cultural needs of people were recorded in care plans and other assessment information. This included any specific lifestyle choices that people wished to pursue.
- People told us that they were well treated by the staff team and supported appropriately in their daily lives.
- People and their relatives had shared information about people's life history, likes, dislikes and preferences. Staff used this information to help them get to know people and engage with them in meaningful ways.
- The service received compliments and thank you cards from relatives, thanking them for their care and compassion.

Supporting people to express their views and be involved in making decisions about their care

- The communication needs of people were outlined in care plans and these indicated any considerations that staff needed to take in effectively communicated with people to gain their views and preferences.
- As communication needs changed, care plans were adjusted to enable staff to take changes into consideration and adjust practice accordingly.
- Some people had some difficulty in being understood verbally yet felt that staff took the time to ensure that they could express themselves
- People told us that they were able to make decisions about the support they received. We witnessed staff offering people choice and giving them time to make decisions that people were happy with.

Respecting and promoting people's privacy, dignity and independence

- People told us, "[Staff] respect me and treat me with kindness. They never hurry me and I feel what independence I have; they encourage me" and "They always respect my home."
- Relatives told us that their relations' wellbeing had improved since they had come to live at Overdene. Relatives felt that improvements were such that they had been able to re-engage with their relations in a positive manner.
- People told us that at first, they had been anxious about coming to live at Overdene and experiencing residential care. They felt the "care and attention" given to them by staff had resulted in them being more reassured and settled.
- The independence of people was encouraged. Care plans outlined those aspects of daily life which people could safely manage themselves, for example, with medication or with mobilising around the building.
- Staff were able to outline practical measures they would take to ensure that people's privacy and dignity were upheld while they were supporting people with personal care. Staff were observed knocking on doors

before they entered bedrooms.

- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR). Offices where confidential information was stored were always locked when not in use.
- People had access to advocacy services if they wished.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care people received was person-centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted.
- Care records were detailed and person-centred and contained all relevant and up-to-date information regarding people's needs. The service ensured that all relevant records were completed in a timely manner so that staff had access to the most up-to-date information.
- Staff were responsive to people's needs and ensured that support was provided when needed.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- The registered provider took the Accessible Information Standard into account. This ensured that information was accessible to people in an appropriate format to their needs.
- People were supported to access a range of activities on a regular basis. An activities coordinator was employed and actively engaged with people in determining their preferences and interests. A programme of activities was in place.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. This outlined the timescales for investigation of any concerns received.
- People told us they did not have any complaints but believed that the registered manager would act upon any concerns they had.
- Complaints records were maintained when complaints had been received. These demonstrated that the registered manager had listened to the concerns and aimed to remedy any shortcomings that had been experienced by people or their families.

End of life care and support

- Some people were receiving end of life support during our visit. They were supported appropriately.
- Care plans had been devised to ensure that the needs of those people highlighted the need for them to be pain-free and comfortable.
- An emphasis was placed on the wishes of people as they reached this stage of their life, for example, whether they wanted to remain in Overdene or be admitted to hospital.
- Care plans took the wishes and emotional needs of relatives into account.
- The service worked closely with health professionals in order to achieve pain-free support for individuals.
- Compliments received highlighted the gratitude of relatives who had lost loved ones commenting on the care and attention paid during the last days of their relative's lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager adopted a person-centred approach to the service provided with an emphasis on good outcomes for people and a good quality of support.
- People and family members felt confident in the abilities of the management team and the leadership of the service. Comments included, "The manager is always around and knows a lot about me", "The manager is very professional and approachable" and "The manager always takes the time to listen to me." Relatives told us that the service was "very well run".
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs effectively. It was clear that staff knew people well and put the person-centred values into practice.
- Staff felt motivated about their roles and commented that the registered manager had created a team approach which in turn had had a positive effect on the support provided to people.
- People commented that the service was reliable, supported them in line with their needs and ensured they were "looked after as much as possible".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. A deputy manager had been recruited since our last visit. The registered manager considered that this step would reinforce the quality of care provided.
- The registered manager was knowledgeable about the individual needs of people. They sought to celebrate good practice and positive outcomes for people but addressed any identified issues in a timely manner.
- The service was well-run with a clear management structure in place. The registered manager, deputy manager and staff understood their roles and responsibilities. They had developed a strong working relationship and showed a good level of knowledge and experience within their roles.
- Staff felt well supported by the managers and were confident about discussing any issues and concerns in an open manner.
- The registered manager was aware of their legal requirements to notify CQC about certain events and submitted notifications to us when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- People told us that they were involved in commenting on the support they received on a regular basis.

- The service involved people and family members in meaningful discussions about their care. Their views were obtained through regular surveys and meetings and information obtained was used to improve the service.
- People were asked for their views during more formal periodic audits on all aspects of the support they received.
- People told us that their views were always listened to and acted upon as much as possible.
- People who used the service confirmed that they had their views on the quality of the service sought on a regular basis.
- The management team and staff worked closely with other partner agencies to achieve good outcomes for people. This included working in partnership with external healthcare professionals, commissioners and safeguarding teams.

#### Continuous learning and improving care

- The registered manager was always looking at ways to improve the service and the support they provided. Regular reviews of people's care records and incidents and events meant the service was continuously adapting the support provided and reduce further incidents from occurring.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed regularly and consistently by the management team. Regular staff supervision and care plan reviews with people were in place to ensure good standards of care were met and maintained.
- Representatives of the registered provider visited the service on a regular basis to conduct quality assurance checks.
- Communication between managers and staff was effective in identifying the changing needs of people.
- Supervision relating to staff performance was held regularly to assess the approach staff used and whether people had their support needs met. Daily walkarounds by the registered manager assisted with identifying areas of good practice and any improvements needed.
- Staff meetings were held on a regular basis and supervision enabled key areas of practice to be discussed.