

# Overley Hall School Limited

## Station House

### Inspection report

Station Road  
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Shropshire  
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Tel: 01952242648

Date of inspection visit:  
31 October 2018

Date of publication:  
22 November 2018

### 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

Station House is a residential care home for four people with a learning disability, associated physical disability and/or autistic spectrum disorder. Station House is a large detached property with local amenities and transport links close by and the home is staffed 24 hours a day.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safeguarded from the risk of abuse as staff were trained to recognise and respond to any signs of abuse. There were sufficient numbers staff to meet people's needs in a safe way. The provider followed safe recruitment procedures to ensure that appropriate staff were employed. Risks to people were assessed and well managed. People's medicines were safely managed and administered. There were effective systems in place to reduce the risk of the spread of infection.

The provider followed the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat well in line with their needs and preferences. People's health and well-being was monitored and supported. People were cared for by staff who were supported and had the skills and training to meet their needs.

Staff interacted with people in a kind and respectful manner and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. People were offered choice and had access to an advocate if they needed one.

People were provided with opportunities for social activities and they were supported to maintain contact with their family and friends. People saw healthcare professionals when they needed. People could be confident that they received a service which met their needs and preferences. There were effective procedures in place to respond to any concerns or complaints. People's end of life wishes were being assessed.

There were effective management systems in place and there were systems to monitor the quality and safety of the service provided. People were supported by a team of staff who felt supported and valued.

Further information is in the detailed findings below

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Station 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 checked 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.

This inspection took place on 31 October 2018 and was unannounced. It was undertaken by an inspection manager and an assistant inspector.

We looked at statutory notifications sent in by the provider. A statutory notification is information about important events which the provider is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We used this information to help plan the inspection.

During our visit we met with the four people who used the service. We also spoke with two members of staff and the registered manager. During our visit to the home we observed how staff interacted and communicated with people.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of one people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

# Is the service safe?

## Our findings

People were safeguarded from the risk of abuse as staff knew what to do if they suspected someone had been abused. One staff member told us: "I would report anything suspicious to my manager and if they didn't do anything I would go to CQC". The registered manager had referred any safeguarding concerns to the local authority as is required. Although people could not tell us they felt safe, we observed that they looked happy and comfortable in the company of staff.

Risks to people were assessed and minimised through the effective use of risk assessments to support people to safely partake in daily activities. The registered manager showed us that the provider had implemented a new concerns form which were completed following any accident or incident and discussed in a monthly management meeting. We saw evidence of one incident that had occurred which had led to minor harm and found that action had been taken to reduce the risk of it occurring again.

There were sufficient numbers of staff to meet the needs of people who used the service. Each person was allocated a member of staff each all day to facilitate community opportunities. We spoke with staff and looked at rotas and saw there were enough staff to meet people's need 24 hours a day. The provider followed safe recruitment procedures to ensure staff were of suitable character to support people.

People's medicines were stored and administered safely by trained competent staff. We saw that regular staff observations were undertaken by the registered manager to ensure that staff practise was safe.

People were protected from the risk of infection as staff followed safe infection control procedures when supporting people. The provider had employed a domestic assistant to help with the cleaning of the home to ensure all areas of the home were clean and hygienic.

# Is the service effective?

## Our findings

People's needs were assessed and continually reviewed to ensure that they were being met at the service. People's care was delivered in line with the registering the right support guidance which is designed to ensure people received personalised care to meet their individual needs.

We saw that a range of health professionals supported the staff to care for people effectively, such as the community learning disability nurses. When people became unwell or their needs changed, staff supported people by seeking health advice and attending appointments with people. This meant that people's health care needs were being met.

People were supported by staff who had the skills, training and experience to meet their needs. Staff were knowledgeable about people's needs and they told us how they supported them. We observed staff were confident and competent when they interacted with people and knew people well. Staff told us they received the support and training they required to fulfil their roles effectively.

People were supported to eat and drink sufficient amounts of food and drink to remain healthy. People had a choice of food and staff supported people to eat a healthy diet with a selection of treats available throughout the week. A member of staff told us: "There is a fridge in the dining room which is full of fruit and drinks and people can help themselves to as much as they want at anytime. The rest of the meals we help prepare with them".

The environment was designed to meet the needs of people who lived there. Everyone had their own room, there were two communal areas and a private garden which one person in particular liked to access regularly. The home was decorated in a modern and homely way to suit the needs of the young adults that lived there.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider was following the principles of the MCA to ensure people were being supported to consent to their care where they lacked capacity to do so.

## Is the service caring?

### Our findings

People were treated in a kind and caring way. We observed the interactions between people and the staff and saw that they were based on a mutual respect for each other. People appeared happy and comfortable in their environment. A member of staff told us: "I love working here, I can't tell you how much. I enjoy coming to work" and the registered manager was visibly emotional when talking about the people who used the service and was constantly looking for ways to improve their quality of life.

Staff ensured that people were provided with information in a format they understood. There were photographs and pictures of activities, meals and places of interest. People's care plans and information about the services provided had been produced in an easy to read format. There was also information about community events and advocacy services.

Everyone had their own private bedroom and people were free to spend time in their as they wished. One member of staff told us: "I always knock before I enter people's room, it's only polite and some people require privacy at certain times".

The registered manager was ensuring that people's personal information was kept securely. They had devised a way in which all personal information was represented with something that the person liked instead of their name being visible to others. This showed that people's right to confidentiality was being respected.

## Is the service responsive?

### Our findings

People's care was personalised to meet their individual needs and preferences. People's care plans were clear and comprehensive and gave staff the information they needed to respond to people's needs in a way that suited them.

People were actively involved in hobbies and activities of their liking. On the day of the inspection everyone was going out into the community to participate in a hobby or activity of their own preference with individual staff members. One person was going to a spa whilst another was going into town. Staff told us that people went out everyday and in the evenings too dependent on their chosen activity.

Some people who used the service had diverse needs in relation to their culture. One member of staff was able to talk to one person in their native language, although they could also understand English. The registered manager told us that they had received a request from one person's family that their relative refrain from eating a certain food. However the person was unable to agree to this themselves as they lacked the mental capacity. The registered manager had been liaising with the person's local authority and held meetings to discuss this and had reached a suitable solution that respected the relative's faith and the person's culture.

The registered manager told us that they were in the process of gaining information on people's end of life wishes. Because of some people's cultural needs there were specific ways in which people would be cared for following their death. The registered manager assured us that this was an action that would be completed quickly.

The provider had a complaints procedure and we saw that when a concern or complaint was received it was responded to appropriately.

# Is the service well-led?

## Our findings

There was a registered manager in post who knew people who used the service well. 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.

A new manager had been employed to run the day to day management of the home and this was overseen by the registered manager. They told us that they worked well together and had the same aims and aspirations for people who used the service.

The service had an ethos of promoting people's independence and of personalised care. People were at the centre of everything and were involved as much as they were able to be in making choices in how their care was delivered. We observed respectful interactions between staff and people. The registered manager took the necessary action when staff practise was not as it should be in relation to treating people with respect.

Staff we spoke with told us about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training. One member of staff told us: "I love working here". Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Staff at the service liaised and worked with other agencies to ensure that all of people's holistic needs were being met. These included local authorities, health professionals and advocates.

The registered manager knew their responsibilities in relation to their registration with us and had notified us of significant events. We saw the last inspection rating was clearly visible as is required.