

# Overley Hall School Limited







## Station House

### Inspection report

Station Road  
Admaston  
Wellington  
Telford  
TF5 0AP  
Tel: 01952 242648  
Website: [www.overleyhall.com](http://www.overleyhall.com)

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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	

#### Overall summary

The inspection took place on 26 November 2015 and was unannounced. At the last inspection in April 2014 the provider was meeting all of the requirements that we looked at.

Station House provides accommodation and personal care for up to four people with a learning disability. On the day of the inspection visit three people were living at the home. There was a registered manager in post who was present at the inspection. They also managed one other care home. 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.

People were supported by sufficient numbers of staff to meet their individual needs and to keep them safe. Staff

# Summary of findings

knew how to protect people against the risk of abuse or harm and how to report any concerns. People received their medicines when they needed them and as prescribed.

People were supported by staff that were trained and confident in providing them with effective care. People were asked for their consent for care and were provided with care and support that protected their freedom and promoted their rights. Staff gave people choices and ensured they had the food and drink they needed in accordance with their preferences. People's health care needs were monitored and they were supported to see health care professionals when they needed to.

People were seen as individuals and received care and support that was individual to them when they needed it.

Staff had developed good caring relationships with people and knew their preferences well. People were supported by staff that were kind and caring in their approach. They were treated with dignity and respect and staff offered choices to people in a way they could understand. People's care was regularly reviewed and care plans were personalised and reflected their needs. Staff knew how to make a complaint on behalf of the people they supported.

There was good management and leadership in place. The service had an open culture that encouraged people to be involved in the service provided. Systems were in place to monitor and review the quality of the service to ensure it met the standards required and people's expectations.

# Summary of findings

## 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 safe.

People were protected from harm and abuse by staff that had been trained to support people safely. There were enough staff to provide people with safe care that was flexible and met their needs. People received their medicines safely and as prescribed.

Good



### Is the service effective?

The service was effective.

People were supported by staff that had the skills and knowledge to support them effectively. People had the food and drink they required and were given choices about what they had to eat and drink. People's health needs were regularly monitored and they were supported to access the health services they needed.

Good



### Is the service caring?

The service was caring.

People were supported by staff who knew them well and treated them with dignity and respect. Staff supported people in ways that involved them in making decisions about their care and support.

Good



### Is the service responsive?

The service was responsive.

People's needs were regularly assessed and reviewed with them and significant others involved in their care. Staff knew how to raise complaints on behalf of the people they supported.

Good



### Is the service well-led?

The service was well-led.

There was an open and inclusive culture within the home. The registered manager was supported by the provider to manage the service effectively. There were quality assurance processes in place to monitor and improve the service people received.

Good



# 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 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 26 November 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return

(PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan the inspection of the home.

We met all three people who were living at the home. Not everyone was able to share their experiences of living in the home in any detail due to their complex needs. We therefore spent time observing how people spent their time and how staff interacted with people using 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 also spoke with three care staff, an administrator and the registered manager. We looked in detail at the care two people received, carried out observations and reviewed records relating to people's care and the management of the home.

# Is the service safe?

## Our findings

People were kept safe from harm and any potential abuse by staff that had received training and were confident in their responsibilities to safeguard people. Staff had a clear understanding of the different types of abuse and knew what action to take if they observed poor practice in the work place. One member of staff told us, “I’ve never witnessed any bad practice here. If I did I would immediately notify the manager or CQC”. The registered manager told us they had received specialist training in safeguarding people that included responsibilities, transparency and the processes of reporting. Where an allegation of abuse had been reported we saw this had been managed appropriately and reported to the relevant agencies, including CQC.

There were processes in place for identifying and managing the risks for people and their care. We saw that risks to people had been identified and assessed and plans were in place for staff to follow. Where incidents had occurred these were recorded and kept under review. Staff told us they received training in safe physical intervention techniques which were only used as a last resort in order to keep people safe. Guidance was available for staff to follow that ensured any behaviour that may challenge was managed through positive redirection or distraction techniques. One member of staff told us, “Safeguarding people is paramount at all times”.

People were supported by safe numbers of staff who were able to meet their needs and provide safe and flexible care and support. We were told that any unplanned staff

absences were covered within the staff team, so that agency staff were not used, which meant people were supported by a consistent staff team. The registered manager told us that staffing levels would be reviewed if a fourth person was admitted to the home.

The registered manager told us about the procedure in place that ensured only suitable staff were employed to support people. We discussed staff recruitment with staff who confirmed they had completed all the required checks to ensure they were suitable to work in a care environment. One member of staff told us, “I had to wait until all the checks came back before I started”. They considered the provider’s recruitment procedures were robust and helped safeguard people.

People’s medicines were managed by staff who understood their responsibilities in administering medicines safely. The member of staff with designated responsibility for medicines demonstrated a clear understanding of their roles and responsibilities. We saw staff were trained and had access to the information they needed to administer people’s medicines as prescribed and in accordance with people’s preferences. We saw people’s medicines were securely stored. We looked at the Medicines Administration Records (MAR) for two people and checked the stocks of their medicines. We saw that all of the medicines could be accounted for and were recorded accurately on the MAR sheet. Medicines were regularly audited to ensure people received their medicines as prescribed and action was taken if shortfalls were identified. People’s medicines were reviewed regularly with the appropriate healthcare professionals.

# Is the service effective?

## Our findings

People were supported by staff that had the skills they needed to provide effective care and support for people, having received the training they needed for their work. Staff told us they enjoyed and felt supported in their work and had regular team meetings but not all staff had received a one-to-one meeting. One-to-one meetings provide staff with opportunities to discuss any issues in their work and identify additional training and support needs. This was acknowledged by the registered manager as an area for improvement. One member of staff said, “I’ve never looked back. I’m as enthusiastic now as the day I started this job”.

We saw staff had received essential training to keep people safe and meet their individual needs. The provider supported people to achieve nationally recognised health and social care qualifications. One member of staff told us, “I can’t believe all of the training courses I’ve been on. If I see a course that I feel would benefit me, I’d only have to ask and they would support me”. The registered manager told us in their PIR that they were looking to further encourage, support and fund individual members of staff to develop their specialisms to collectively grow the team's strengths and assets. They told us the provider was implementing the Care Certificate induction programme for all new staff as well as the standard local induction into the home. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We observed people’s rights were upheld as consent was routinely asked for. Staff shared examples of how they gained people’s consent before they supported them with their care and support. One member of staff told us, “I always knock on people’s bedroom doors”. The registered manager told us in their PIR, “We ensure that residents are able to communicate their preferences and choices in a way that is appropriate to each individual”. Staff demonstrated a clear understanding of people’s preferred communication methods and we saw these were documented on the files of the people whose care we looked at in detail. We saw one member of staff talk to a person in their first language that was not English and the person clearly enjoyed engaging with the staff member.

People’s capacity was considered in decisions made about their care and support and best interest decisions were made when necessary. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us about this legislation and how it ensured people’s rights were protected. The MCA provides a legal framework for making 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. We saw examples of best interest’s decisions being taken on behalf of people where it had been assessed they lacked capacity to make decisions themselves. The registered manager told us applications to deprive people of their liberty had been made to the funding authority and were awaiting authorisation. This was confirmed by a professional we spoke with. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People’s nutrition and hydration needs were met. People were involved in menu planning and choosing their meals with the assistance of pictorial meal cards and were assisted to prepare their meals as much as possible. Staff told us they provided people with a choice of food and they also ensured a balanced meal was encouraged. Opportunities for people to try and taste a range of food from around the world was regularly made available. We saw advice had been sought from a dietician in relation to one person whose care we looked at in detail. Staff followed the recommendations made. Daily recordings were maintained of what people ate. These showed people had a balanced and varied diet each day. We saw people had access to fruit and meals were prepared using fresh ingredients most of the time. People were able to choose where they wished to eat their meals and we saw the evening meal looked appetising.

People received effective care and staff worked with healthcare professionals and followed their advice to ensure that the risks to people’s health were minimised. One professional told us, “Clients are supported to all their appointments with me and my advice is followed when given”. Outcomes of health appointments were detailed on

## Is the service effective?

people's files. We saw one person was supported to attend the optician through a series of appointments that helped familiarise them with the service and alleviate their anxieties. Staff had clearly worked with the person

concerned and the health professionals involved in order to gain a positive experience and outcome for the person concerned. The registered manager told us, "It all about gaining people's trust".

# Is the service caring?

## Our findings

People looked comfortable with the people they shared their home with and the staff that supported them. People were supported by staff who knew them well. People had good relationships with staff and we observed positive, caring interactions between them during the inspection. One member of staff told us, “The people here are all well looked after and respected”. We saw staff were kind and caring in their approach and spoke with people in a considerate and respectful manner. People were seen and treated as individuals. Staff knew what people wanted when they could not verbally communicate their needs and supported them to express themselves with non-verbal communication. A member of staff told us, “I’d never wade in without speaking and explaining to a person in a way they understand”. Another member of staff told us, “We are good at what we do and we do the best we can”.

People were involved in decisions about their care and support as much as they were able. One member of staff told us, “We make sure each person is at the centre of all decisions about their lives”. Support plans were personalised and staff told us how they involved people in their care reviews. Staff shared examples of how they involved people in making decisions and choices. For example, choices in what they wanted to wear, activities they wanted to partake in and food they wanted to eat. We saw there were various tools in place to support people with making choices in their everyday lives. For example,

through pictures, the use of computer technology, audio recordings and verbal communication where possible. One person showed us their bedroom and we saw they had been supported to personalise their own room with their choices of decor and possessions. Throughout the inspection we saw staff took time to explain options and choices to people in a way they understood. Staff listened to what people wanted and respected their choices. One person used their personal computer to make their needs and choices known. We saw people’s communication needs had been assessed and guidance was in place for staff to follow to help them communicate effectively with people. The registered manager told us that people’s relatives were actively involved in any decisions regarding their family member and this was confirmed in discussions we had with a professional.

People looked well dressed and cared for and staff respected people’s privacy and dignity and encouraged them to do things for themselves. Staff shared examples of how they promoted people’s privacy and dignity. This included being sensitive to people’s private space, knocking on doors, asking not presuming, having time and by being patient and allowing people to do things at their own pace as observed during the inspection. The registered manager told us in their PIR, “We support people with the same respect we would want for ourselves or our family members”. A professional told us, “[name of person they commission care for] is well respected and supported to do the things he wants to do”.



# Is the service responsive?

## Our findings

We saw staff knew what people's preferences and wishes were and respected them. Staff showed that they understood the needs and personalities of the people they supported and they were able to tell us about people's preferences and preferred routines. We saw people were able to follow their own preferred routines for example getting up and going to bed when they wanted. People were seen and supported as individuals and staff clearly showed that they understood the different needs, interests and personalities of the people they supported.

People were provided with the opportunity to be involved in reviewing their care with staff, professionals and family members. People had a designated key worker who ensured their care records were updated to reflect any changing needs in their needs. A professional told us they were kept informed of any changes in needs of the person they commissioned care for. We saw each person had a support plan which was personal to them and provided staff with the information they needed to support them in a safe and respectful way. Care records contained information that was individual to each person and were kept under review. Staff told us if people's needs changed they were kept informed through staff handover meetings at each shift. Where a person may present with behaviours that could potentially affect others, we saw staff had guidance in managing this.

We found people's cultural needs were taken into consideration and accounted for and staff respected people's diverse needs and backgrounds. Staff had

received training in cultural awareness to increase their knowledge to support the people in their care. Staff told us how they supported people who had specific spiritual or cultural needs and provided examples to include supporting one person to attend music sessions at a local church.

People were supported to maintain relationships with people important to them and took part in activities within the home and in the community. We were told all three people were spending Christmas with their family members. The registered manager told us in their PIR, "We promote a varied and meaningful quality of life by offering every resident a variety of opportunities in order to live integrated lives within the community". We saw people were able to choose what activities they undertook and had been on holiday with staff support. We observed activities taking place during the inspection. These included supporting a person to visit the town centre to purchase individual items of their choosing and purchasing groceries for the home. The other two people were supported to attend and partake in a music session and have lunch with people at another home. People's activities were planned with them and documented in their personal records.

A system was in place for dealing with complaints. Staff knew how to raise concerns or complaints on behalf of people they supported. The registered manager told us they had not received any formal complaints in the last 12 months but was aware of the process to follow in the event of receiving a complaint. We have not received any complaints about this service.

# Is the service well-led?

## Our findings

There was an open culture promoted within the home and staff had developed a positive rapport with the people in their care. The registered manager was aware of the provider's vision and values and the strengths of the service and areas for improvement. They told us in their PIR, "We create a caring culture by recognising and celebrating every individual's abilities and achievements, whilst being sensitive to their personal challenges and responding to these compassionately at a person's own pace". This is what we saw on the day of the inspection visit.

The service had good management and leadership in place. There was a registered manager in place that was also responsible for managing one of the provider's other recently registered service. They were aware of the responsibilities associated with their role and recognised the need to effectively divide their time between this home and the second home they managed. They told us, "An ethos of transparent working and communication is encouraged between the whole team as well as outside agencies". This was reflected in discussions held with staff on duty and a professional we spoke with. Staff and professionals we spoke with considered the home was well-led and met people's individual needs. Staff told us they found the registered manager approachable and supportive. One member of staff said, "[Name of registered manager] is fair and reasonable". Another member of staff told us the registered manager and provider were "Always available and happy to be challenged". The registered manager gave examples of how they had learned from incidents and made improvements.

We saw people were supported by staff that were motivated in their work and strived to provide quality care. The registered manager and staff received regular support

from the provider. Staff felt confident about raising concerns with the registered manager and the wider management team. The registered manager told us, "I plan, prepare and keep my team informed. I don't mind criticism, it helps reflect on everything. It's important to keep the team happy so the residents are happy. I'm proud of them all". One member of staff said, "[Name of registered manger] asks for my opinion about things and listens to me". Another member of staff said, "We are a great team".

We saw there were a range of audits and quality assurance systems in place that made sure the service provided people with quality care and support. An independent consultant undertook regular visits to the home to ensure the service was meeting the standards required. Detailed reports of their findings were made available to the registered manager and CQC. Feedback about the service provided was gathered to help develop and improve the service. Recent surveys had been distributed and they were awaiting completed ones to be returned. We saw findings of the previous survey were positive. We saw the registered manager worked in partnership with external agencies and people's relatives and kept them updated with any changes in people's needs. We saw the registered manager quickly responded during our visit when someone became accidentally locked in their bedroom and required the maintenance department to attend the home and rectify the broken door handle. This ensured the care delivery and facilities were safe and effective for people. Although no complaints had been received we saw the registered manager had acted and advocated on behalf of a person and raised a complaint about services provided by an external agency. The registered manager told us in their PIR, "We recognise and remind ourselves that it is vital not to become complacent, even if there are no immediately apparent improvements to be made".