

HC-One Limited

Overdene House

Inspection report

John Street
Winsford
Cheshire
CW7 1HJ

Tel: 01606861666
Website: www.hc-one.co.uk/homes/overdene-house

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Overdene House is a residential care home providing personal and nursing care for up to 70 people. The service provides support to older people. At the time of our inspection there were 54 people using the service. Overdene House accommodates people across two separate floors, each of which has separate adapted facilities.

People's experience of using this service and what we found

Risks to people were not always fully assessed or managed robustly. Whilst some assessment and management plans were in place, records did not fully demonstrate staff had taken sufficient action to assess and mitigate all risks to people.

Systems and processes to maintain oversight of the quality and safety of care were not effective.

Improvements were required to ensure that any concerns about people were appropriately identified and reported or reviewed, and that all staff had received appropriate training and supervision. Records were not always complete and accurate.

The management team were open and honest about areas being addressed and acknowledged they were on a journey to develop and improve the service. There was a home improvement plan in place. Some shortfalls in relation to staff training, had been identified prior to our inspection, and some specific training was in progress.

Overall, there were enough staff to meet people's needs. However, staff were less flexible to respond to people's personal care needs during the morning breakfast period. We have made a recommendation about this.

The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.

Overall medicines were managed safely, and people received these as prescribed. However, some improvements were required in relation to the application and recording of topical creams and ointments.

Systems were in place to prevent and control the risks of infection. However, not all staff fully followed procedures for donning and doffing of PPE. More robust cleaning was required in certain areas.

We received some positive feedback from people and their relatives about the care provided. People told us they felt safe and were happy with the way they were treated. People were positive about the food available. They were supported to have enough to eat and drink and staff monitored for any unexpected weight loss.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The management team had undertaken some focused work to ensure all Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required.

The management team had made some positive changes to the environment, however areas remained in need of redecoration. The provider had a planned refurbishment programme; however no dates were available yet for completion.

Staff were positive about the support they received. Managers were accessible, knew people well and understood their needs. The provider sought people's feedback about the service through various means. They were working with the local authority, and various health and social care professionals, to ensure people received appropriate care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 December 2022).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Overdene House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the safe management of risk and oversight of the service, including training and record keeping. We have also made a recommendation in relation to staffing.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and a specialist nurse advisor.

Service and service type

Overdene House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Overdene House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 2 visiting relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager and deputy manager, area manager, nurses, care and ancillary staff.

We reviewed a range of records. This included 15 people's care records and several medication records. We looked at 3 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always fully assessed or managed robustly. Whilst managers were able to describe actions taken to manage risk, records did not fully demonstrate staff had taken sufficient action to assess and mitigate all risks to people. Potential risks due to a person's mental health needs had not been fully assessed.
- Where risk assessments had been completed, some were generalised and did not include person centred information. For example, smoking can increase risks in relation to the use of paraffin-based creams, but this was not included in the assessments viewed.
- Staff had not always followed guidance to support people safely, including in relation to manual handling. For example, not all staff were aware people required individual slings for hoisting. This placed people at potential risk of harm.
- A person required a movement sensor to alert staff, due to the risk of them falling. However, we found this was not switched on in their bedroom, which meant it was ineffective.
- Systems in place to help mitigate the risk of people developing pressure ulcers were not always effective. Despite staff recording that settings were checked, they had not always identified when they were set incorrectly.

The provider had failed to ensure effective systems were in place to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks were carried out to ensure the safety of the building, including the risk of fire. However, potential risks relating to a hot water dispenser had not been sufficiently managed. We raised this with managers who took action to address this.

Staffing and recruitment

- Overall, there were enough staff to meet people's needs.
- The provider used a staffing tool based on people's dependency to assess the number of staff required. The registered manager had been focused on the recruitment of new staff and the use of agency staff had reduced. They were also in the process of reviewing the skill mix and deployment of staff.
- Staff told us they were usually able to respond to people in a timely way and people confirmed this. People told us staff were responsive, they said, "It depends if a lot of people need them, but they are pretty responsive" and "I can't complain about the responsiveness of staff."

- However, staff told us and we observed they were less flexible to respond to people's personal care needs during the morning breakfast period. They told us this was often dependent upon the availability of catering staff to support with the meal service.
- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.

We recommend the provider further reviews the allocation and deployment of staff at certain times including mealtimes.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, they said, "They are really kind [staff]" and "I do think it's safe."
- The provider had policies and procedures in place to help protect people from the risk of abuse.
- Staff had undertaken safeguarding training and told us they felt able to report any concerns.
- The registered manager kept a log of any safeguarding concerns. They referred concerns to the local authority if they had been identified. However, following recent safeguarding enquiries, managers were working in partnership with the local authority to make some improvements. Further training and guidance for staff was in progress, including accurate record keeping, to help improve the identification and timely reporting of any concerns.
- A person raised a concern with us which we shared immediately with the registered manager, who agreed to investigate and address. We asked them to report this under local procedures.

Using medicines safely

- Overall medicines were managed safely and people received these as prescribed.
- There were suitable arrangements for the storage, recording and disposal of medicines.
- Medicines audits were carried out and actions identified to make further improvements were being progressed.
- However, care records relating to the application of topical creams and ointments did not always contain enough information to guide staff or to evidence creams were always applied as required.
- The date which creams/ointments were opened was not always recorded on the packaging, in line with best practice guidance.

Preventing and controlling infection

- Systems were in place to prevent and control the risks of infection. The home was generally clean, however more robust cleaning was required in certain areas such as walls/ floors in toilets and bathrooms.
- Handwashing facilities were available however, these needed better oversight to ensure soap dispensers remained topped up and bins were available in all required areas.
- Staff had access to PPE. Whilst staff had received training, some were not always following correct guidance when wearing and disposing of PPE. We fed this back to managers who commenced auditing to further support staff in this area.
- There were no restrictions on visiting at the home. We saw various people visiting their loved ones and it was not necessary to make an appointment.

Learning lessons when things go wrong

- There was a system in place to record any accidents and incidents. There was management oversight of these to consider any themes or trends.
- The registered manager placed importance on listening to feedback to make improvements. They shared a recent example where action had been taken in response to feedback.

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.

At our previous inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The oversight of staff training and supervision needed to be more robust. Staff were required to undertake 3-days of induction training, along with further eLearning and shadowing of experienced staff. However, we observed an unsupervised member of staff supporting people, prior to demonstrating the required level of competency and training. We were advised this was due to poor communication within the team.
- In some cases, there was a significant gap in staff completing the 3- day induction element, and therefore was not completed at the start of employment. Whilst we were advised the provider was reviewing this to give clearer guidance, more robust oversight was required to ensure staff were fully competent before working unsupervised.
- Staff told us they felt supported and had supervision meetings with their line manager, however records did not evidence supervisions had been carried out in line with the provider's policy and some staff had not had a supervision meeting for some time. The registered manager told us they were in the process of completing this and held ongoing discussions with staff, however these were not fully recorded.

Systems to ensure compliance with the regulations, and systems to assess, monitor and improve the service were either not robust enough or operated effectively. This was a breach of regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some shortfalls in training, had been identified prior to our inspection, and some specific training was in progress. The registered manager was also arranging management and supervision training for relevant staff to support them to develop further.
- The management team had made some changes to staff handover meetings to make improvements, however staff felt this had impacted on their level of knowledge around day-to-day changes. Managers agreed to review this further.

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

- People's needs had been assessed and care plans were developed from these assessments. However, the level of detail varied and some did not contain all relevant information. The provider had identified this was an area for improvement and actions were in progress to address this.
- People and their relatives were included in the development of their care plans. A relative told us, "They asked us lots of questions about what [relative] likes."

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

- People had enough to eat and drink. We received some positive feedback about the food on offer. People commented, "The food is marvellous", "It's an excellent place, so much food" and "They offer choices at times, they ask us what we like."
- The chef developed menus with people to meet their preferences and was focused on the presentation of meals. A new snack menu had been implemented to provide a choice of foods throughout the day, including fresh fruit.
- Overall, systems were in place to monitor people's food and fluid intake. However, the oversight of these records needed to be more robust. For example, there was no monitoring of fluid input and output for a person with a urinary catheter where this was required. This was addressed straight away.
- Staff understood people's individual needs, including where people required modified diets. They took action to respond to any unexpected weight loss, with appropriate referrals to dieticians where required.

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

- The management team had made some positive changes to the environment. They had introduced a bar area and pleasant outside seating and a courtyard. People had been involved in the development of these, along with the planting of the garden areas.
- However, other aspects of the environment required some improvement and redecoration. We were advised the provider had a planned refurbishment programme, however no dates were available yet on when this would be completed.

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

- Staff worked with health and social care professionals to support people's health needs. We spoke with a relative who told us the improvement in their relative's health had been "remarkable" since moving to the home.
- They worked closely with the local GP practice to ensure people's health needs were reviewed on a regular basis. During the inspection, staff engaged with visitors from the local NHS medicines team to help support and improve practice.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought consent from people and involved them in decisions. People told us, "They respect my wishes" and "I didn't want to get up, they don't pressure you."
- The local authority advised that some DoLS applications had not previously been made in a timely way. However, managers had now undertaken an exercise to ensure all relevant applications had been made, as well as having a system in place to identify when these needed to be reviewed.

- Overall, mental capacity assessments and best interest decisions were completed and recorded within people's care records where required. However, we found records relating to the specific arrangements for two people needed to be clearer, and more robust around decision making. The registered manager agreed to arrange a further review with relevant professionals.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Systems and processes to maintain oversight of the quality and safety of care were not effective. Whilst audits and checks were undertaken, not all the issues found during our inspection had been identified by the provider.
- Improvements were required to ensure that any risks to people were robustly assessed and mitigated. Also, that any concerns about people were appropriately identified and reported or reviewed, and that all staff had received appropriate training and supervision.
- Records were not always complete and accurate. There were various gaps in records required to evidence and monitor the care provided. Assessments and care plans needed to be more robust and person-centred, to include all aspects of the support people required.

Systems to ensure compliance with the regulations, and systems to assess, monitor and improve the service were either not robust enough or operated effectively. This was a further breach of regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were working on a home improvement plan. However, this was reviewed and developed during the inspection, to incorporate all areas which needed to be addressed. Other aspects of the service such as improved activities and outings for people was in progress.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They were open and honest about areas being addressed and acknowledged they were on a journey to develop and improve the service.
- Some changes had already been made, but these needed to be fully embedded. Managers were receptive to any queries and concerns raised during the inspection, but needed to ensure actions and tasks, including those delegated to other staff were fully understood and carried out promptly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overall, the management team promoted a person-centred culture. Managers were accessible, knew people well and understood their needs. However, elements of the service such as the flexibility of staff to

provide personal care during the breakfast period needed review.

- There were some experienced staff who understood people's preferences and were keen to promote good care. There were examples of positive outcomes for people. People told us, " I have my say, they do listen, and I get choices" and "The staff are very good I've decided to stay here."
- Staff were positive about the management of the service, they told us managers were accessible, supportive and had promoted team building. However, staff told us communication about people's needs was not as effective, following changes to handover meetings.
- The provider sought people's feedback about the service through various means. The registered manager regularly spoke with people and annual surveys were undertaken, one of which was currently in progress. Resident and relatives' meetings were held and feedback used to help develop the service.

Working in partnership with others

- The management team worked with the local authority, and various health and social care professionals, to ensure people received appropriate care and support.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure effective systems were in place to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure compliance with the regulations, and systems to assess, monitor and improve the service were either not robust enough or operated effectively.