

# Review of compliance

<b>Modelfuture Limited Overdene House</b>	
<b>Region:</b>	North West
<b>Location address:</b>	John Street Winsford Cheshire CW7 1HJ
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	September 2011
<b>Overview of the service:</b>	Overdene House Care Centre is a modern purpose built care home providing nursing care, located close to Winsford town centre. It is a two storey building and residents are accommodated on both floors. Access between floors is via a passenger lift or one of the staircases. Service users' accommodation consists of 70 single bedrooms, 30 of which have en-suite facilities. A choice of lounges and dining

	rooms are available on each of the three units. Nursing staff are on duty at the home 24hrs a day
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Overdene House was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

When we visited we took the opportunity to talk to as many residents as was possible. One person told us that the care that they received was "all right" and when asked about other aspects of the home said too that "everything is all right". Another person on the young people's unit told us that their care "is OK".

We were told by someone that in their experience the nursing care was "OK" that there was "nothing wrong" at the home.

A resident told us that the meals were good and that they would "try and accommodate by doing something special". This resident said that the home was "always lovely and clean" and that when friends visited they had commented on the "cleanliness and freshness". They also said that staff were "always cleaning carpets, the cleaners are very thorough" and that their room was "done every day, sheets done every day". It was also commented by this person that everyone has their "own facecloth, never someone else's".

We asked a resident about how their privacy was respected and they said that staff treated them with respect and that they were happy with this aspect of their care. However they commented that it is often possible to hear other residents being discussed during the handovers take place during shift changes.

At the time of the visit there was considerable media interest in the financial situation of the provider. Some residents and relatives mentioned this and we took the opportunity to talk to them about it. While understandable concern was expressed we did note that they all said they had been given information and the opportunity to discuss any concerns with staff and the manager. One person told us that they had been "worried about Southern

Cross" but that there had been "meetings with management and letters for us".

One person to whom we spoke told us that in their opinion the home was "short staffed sometimes".

## **What we found about the standards we reviewed and how well Overdene House was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider is meeting this essential standard because people who use services are involved in making decisions about their care, treatment and support.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider is meeting this essential standard because people who use the service can be confident that the care will meet their individual needs.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider is meeting this essential standard because people who use the service are protected from abuse.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The provider is meeting this essential standard because people who use the service get their medication when they need it.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider is meeting this essential standard because people live in safe, accessible surroundings.

### **Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

The provider is meeting this essential standard because equipment is available to meet the needs of people who use the service.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider is meeting this essential standard because the service provides enough staff to meet people's needs.

### **Outcome 16: The service should have quality checking systems to manage risks**

**and assure the health, welfare and safety of people who receive care**

The provider is meeting this essential standard because the registered provider monitors the quality of the service.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We asked a resident about how their privacy was respected and they said that staff treated them with respect and that they were happy with this aspect of their care. However they commented that it is often possible to hear other residents being discussed during the handovers that take place during shift changes.

At the time of the visit there was considerable media interest in the financial situation of the provider. Some residents and relatives mentioned this and we took the opportunity to talk to them about it. While understandable concern was expressed we did note that they all said they had been given information and the opportunity to discuss any concerns with staff and the manager. One person told us that they had been "worried about Southern Cross" but that there had been "meetings with management and letters for us".

##### Other evidence

We saw that staff noticeboards had posters about the importance of dignity and respect and this included a specific noticeboard for the provider's "Dignity Champions".

When we inspected the bathrooms we saw that there were notices about the personalisation of toiletries and sanitary products and instructions that NHS supplies

were prescribed for an individual and must not be "pooled".

We noticed on one occasion as we passed a bathroom where a resident was being attended to that the door was not fully closed nor the engaged notice set. We looked out for further similar incidents during our visit and none were noted. We did see that at all times staff knocked and waited before entering rooms.

At the time of the visit there was considerable media interest in the financial situation of the provider and we noted that there was information displayed on noticeboards for the benefit of residents and visitors.

The home has a separate young persons' unit on the ground floor and we saw that the individual rooms were subject to a significant level of personalisation as might be expected for those people. We also noted that where an individual had a particular need the service had invested to make their room suited to their requirements and this had resulted in improvements for that person.

We observed the lunchtime meal service and we saw that people were seated for lunch in a dining room although some people who wished to were given their meals in their own room. We saw that people were given support when they needed it and that staff respected people's dignity by doing this in a kind and caring manner.

#### **Our judgement**

The provider is meeting this essential standard because people who use services are involved in making decisions about their care, treatment and support.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

One person told us that the care that they received was "all right" and when asked about other aspects of the home said too that "everything is all right". Another person on the young people's unit told us that their care "is OK".

We were told by a resident that in their experience the nursing care was "OK". They expressed a concern about having people other than the care staff to talk to but they were positive about the activities that were organised. They said that there was "nothing wrong" at the home.

##### Other evidence

When we visited the home we saw people receiving safe and appropriate care. We noted that adjustments had been made for individuals and that in one case these were substantial and very specific.

We looked at the care plans for a number of residents and we saw that they were comprehensive and up to date. It was clear that they were personalised and that the individual needs of residents were assessed prior to admission and this continued during their stay. When required these included risk assessments and we were able to see that risks specific to particular residents had been assessed.

##### Our judgement

The provider is meeting this essential standard because people who use the service can be confident that the care will meet their individual needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We spoke to a resident about what they would do if something worried them. They said they would be able to talk to the home's manager and expressed confidence that they would deal with any issue.

##### Other evidence

When we visited Overdene House we were pleased to note that the inspector was politely challenged by a member of the maintenance staff on arrival.

We asked two members of staff how they would deal with any serious concerns they might have about the safety of residents and they spoke about the providers procedures for dealing with this. We further asked what they would do if they could not approach the home's management and they both said there was a file kept in the foyer where there were contact details for a person in the council that they could call. We looked at this file and we saw that it contained details of how to make a safeguarding referral to the local authority including contact details.

We know from notifications made by the home to the CQC that the provider had cause to refer an issue to the local authority's safeguarding department. We took the opportunity to discuss this issue and examine the home's records and we saw that the matter had been handled well and that the actions taken were those of which CQC had been advised.

#### Our judgement

The provider is meeting this essential standard because people who use the service are protected from abuse.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We did not specifically ask people about this outcome area.

##### Other evidence

We observed a medicines round taking place and we noted that the staff were able to concentrate on that aspect of their work without interruptions. We saw a member of the nursing staff who was interrupted by a resident to do something, politely refuse them and ask that they went to a care worker who was also in the room. During this medicines round we also saw the nurse ask people whether they required those medicines that were only to be taken as needed and if necessary to discuss with them when or under what circumstances they might need them.

We know from notifications made by the home to the CQC that there had been a recent incident involving the administration of medicines. We explored this issue during our visit and we saw that the actions that the provider had told us they had taken were indeed being carried out.

##### Our judgement

The provider is meeting this essential standard because people who use the service get their medication when they need it.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

People who we spoke to did not express any concerns about this specific outcome. One resident was complimentary about the changes that had been made to their room to accommodate their specific needs.

##### Other evidence

We noted during our visit that there was no hot water in the gentleman's staff room and that this was because the water supply had been disconnected. We were not given an explanation on the day but subsequently we were told of problems that had been experienced with thermostatically controlled valves following building work the previous year. We were told that when this happens the provider's interim response prior to the valve's replacement is to disconnect the supply which eliminates the serious risk of injury from hot water by removing this facility.

While there is an ongoing problem with this aspect of the home we are satisfied that the situation is being managed and that residents and staff are being kept safe.

##### Our judgement

The provider is meeting this essential standard because people live in safe, accessible surroundings.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- \* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- \* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

We did not specifically ask people about this outcome area.

##### Other evidence

On the day that we visited our attention was drawn to the lack of a hoisting sling in a specific size because a worn one had been taken out of commission and the spare was in the laundry. As a result of this people who needed to use that specific size of sling would have been inconvenienced for a time. We were concerned that there were not enough of these slings to ensure that they were always available.

We challenged the management team about this issue and their response was that the situation might have been managed at the time by rushing the sling through the laundry. We were assured that an adequate number of slings of all sizes were normally available and for this particular size more had been obtained from another home within the group.

##### Our judgement

The provider is meeting this essential standard because equipment is available to meet the needs of people who use the service.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

One person to whom we spoke told us that in their opinion the home was "short staffed sometimes".

##### Other evidence

On the day that we visited we were told that because of sickness and holidays the home was short staffed. This resulted in the home's activity co-ordinator supporting other care workers and although this meant that everyone was safe it did reduce the opportunity for activities on that day. We were told by the staff working there that this was not the usual situation.

While we were observing care in a lounge a resident seemed distressed and called out for a nurse. A member of cleaning staff came from the adjacent room within a few moments and immediately found a care worker to attend to the person.

We asked several members of staff in private about staffing levels. One member of staff told us that they "had no concerns". Another told us that they had some concerns but they were not worried about safety, it was "just hard work". We asked other staff about the staffing levels in the home and we were told that it "had been better" and that they were "shorter on nurses" than they used to be. We asked whether they thought this compromised safety and were told it did not.

We observed the lunchtime meal service and we saw that despite a number of the resident's needing support at this time, while busy, the staff did not seem unduly

stretched. People were receiving adequate levels of support and attention.

We noted that the home was under occupied; in June 2011 there were only 45 of the 70 places taken and we were told by the provider that for this reason staffing levels had been reduced. When, during our visit we asked about staffing levels, one member of staff commented that the current occupancy level together with the number of staff on duty "makes me happy".

We are also aware that one of the local authorities that commission services from this care home has recently explored staffing levels as a result of comments made to them and that they judged them to be appropriate and safe.

**Our judgement**

The provider is meeting this essential standard because the service provides enough staff to meet people's needs.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We did not specifically ask people about this outcome area.

##### Other evidence

We spoke to a senior member of staff about how the home ensured that the services provided were of sufficient quality. They told us about the provider's audit programme and gave examples of audits for meals and medicines. We saw that the provider has appropriate systems in place to monitor the quality of the service that people receive and to respond to any issues that are identified.

When we looked at care plans we saw that these plans had been subject to an audit and that was recorded in the plans themselves.

##### Our judgement

The provider is meeting this essential standard because the registered provider monitors the quality of the service.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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