

Healthcare Homes Group Limited

Overbury House Nursing and Residential Home

Inspection report

Overbury House
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25 July 2023

16 August 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Overbury House Nursing and Residential Home is a care home providing personal and nursing care for up to 61 people, some of whom are living with dementia. At the time of our inspection there were 43 people using the service.

The care home is built over two floors. The majority of bedrooms have en-suite facilities. There are several shared living areas, a shared dining room and an accessible garden for people and their visitors to use.

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

Medicines were not always safe at the service. Information to ensure the safe handling and administration of medicine was not consistent. Some medication administration records contained gaps and were not completed accurately. Medicines were not always ordered in a timely manner to ensure people had adequate and continual supply.

A quality assurance system was in place. This had not identified or addressed the discrepancies we saw in the handling and administration of medicine.

On the day of inspection we observed adequate staffing levels. However, relatives provided mixed feedback regarding staffing levels. Some relatives felt there were not adequate staff employed to meet the needs of people in a timely manner. However, all relatives found the staff to be caring and kind.

Relatives told us they felt the care provided by staff was safe.

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.

A recruitment process was in place to support the safe recruitment of suitable staff. Staff received an induction and training which prepared them for their role.

Relatives and staff told us they found the registered manager to be approachable and were confident they would be listened to if they raised concerns.

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 13 September 2019).

Why we inspected

We received concerns in relation to the management of risk and the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

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

Enforcement

We have identified breaches in relation to management and administration of medicine at this inspection.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Overbury House Nursing and Residential Home

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

This inspection was carried out by 1 inspector, a member of the CQC medicines team and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Overbury 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. Overbury 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.

Inspection activity started on 25 July 2023 and ended on 16 August 2023. We visited the location's service on 25 July 2023. Telephone calls to relatives were made by Experts by Experience on 31 July 2023 and 1 August 2023. We provided feedback to the registered manager on 16 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the professionals who work with the service. 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 20 relatives. We spoke with 7 staff including the registered manager, service development & regulation director, regional manager, nurses and care staff.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

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.

Using medicines safely

- People did not always receive their medicines as prescribed. This issue was not identified by the provider. This could lead to increased risk of side effects and potential harm to people. Medicines were not always administered safely.
- When people were prescribed medicines on a when required basis (PRN), there was not always written guidance available to help staff give people these medicines consistently and appropriately. One person's laxative medicine prescribed PRN was not entered on their medicine administration record so it was unclear if it should still have been in use.
- We found that for one person recently admitted to the home from hospital, one of their medicines had not accurately been transcribed from their hospital information onto their medicine administration record chart which could have led to error.

We found no evidence that people had been harmed. However, medicines were not always being managed safely at the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We discussed our findings with the provider who told us they would take actions to make improvement.

- Members of staff handling and administering people's medicines had received training and had their competence assessed. We saw that staff followed safe procedures when giving people their medicines and were kind and patient in supporting them when needed.

Staffing and recruitment

- On the day of our on-site inspection, staffing levels appeared to be adequate and people were responded to in a timely manner. However, we received mixed feedback from relatives regarding the staffing levels in the home. A relative told us, "Sometimes they could do with more staff. [Family member] sometimes has to wait for the toilet." Another relative said, "There are not enough staff some days."
- A process was in place to ensure suitable staff were recruited. This included exploring employment gaps, verifying references and completion of disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from risk of harm and abuse.

- Relatives told us they felt the care provided by staff was safe. A relative told us, "It is so reassuring that I can drive away from Overbury knowing my [family member] is safe and happy there."
- Staff had completed safeguarding awareness training and were confident in actions to take in keeping people safe from harm and abuse.

Assessing risk, safety monitoring and management

- Care plans and risk assessments contained information for staff to manage risks. For example, for 1 person who was at risk of choking, information was recorded to advise staff on the consistency of food and drink to support the person to eat and drink safely.
- People's records contained evidence of referrals made to specialist teams for further guidance and support. For example, a person's record evidenced a referral made to the occupational therapy team and ongoing communication and guidance provided.
- Staff told us handovers took place every shift which provided an update on people, their needs, scheduled appointments and any changes which had been made to people's care. In addition, a record placed in people's room folders contained an overview of individual's needs, risk and support requirements.
- Regular checks of the building and equipment were conducted and actions taken to address any shortfalls.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. For example, for 1 person a referral was to be placed to the falls team should falls occur. Records reviewed during this inspection contained evidence of referrals made to the falls specialist team and ongoing communication which had taken place.
- Staff received MCA training and understood how to apply this in their role.
- A relative told us, "They [staff] ask for [family member's] consent. From what I've seen they don't force [family member] to do things." Another relative said, "[Family member] is treated well and can do a lot of things independently and the staff respect this."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions to visiting in place. Friends and families were encouraged to visit the home when they chose and were made to feel welcomed by the staff. A relative said, "The home has a pretty good atmosphere, quite welcoming."

Learning lessons when things go wrong

- A process was in place for the recording and reporting of accidents and incidents.
- The registered manager reviewed and analysed information to identify where changes could be made to improve the standard and quality of care.
- The findings of incidents were shared and discussed with staff during handovers and meetings. This enabled staff to reflect together and make changes to their practice to support the continual drive for improvement.

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

- A range of audits were completed by the registered manager. However, we identified areas of concerns within the management of medicines which had not been identified and addressed through the quality checks and audits in place. This was discussed with the provider who told us they would take actions to improve the audit process associated with medicine.
- A service improvement plan was used to drive improvement to the quality and standard of care. The action plan contained information of proposed actions and expected timeframes for completion.

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

- Communication and engagement with people and their relatives was not always effective.
- One relative said, "Communication isn't always good, I have to be proactive in finding out anything."
- The provider shared with us copies of newsletters which had been shared with people and their relatives which provided information of events planned and updates to changes in the home environment.
- The provider used surveys to gather feedback but these were limited in their effectiveness. Some relatives told us they had received an annual survey but had chosen not to complete this, whilst others were unable to recall a survey being shared.
- A 'you said, we did' board was on display in the home. This captured feedback from previous surveys and actions taken in response to comments made. These included a request for additional exercise classes within the home. The provider had engaged with an external exercise trainer to visit the home weekly and conduct a seated exercise class. Another request had resulted in additional external entertainment being booked to visit the home.
- Relatives we spoke with told us they found the home to be well managed. A relative said, "It's well managed. They [registered manager and staff] managed COVID-19 well."
- A staff member told us, "The registered manager is exceptionally supportive and approachable. [Registered manager] always makes time for people, relatives, and staff so they feel valued and listened to. The [registered manager] trusts us to do our job, but is always available to provide support and guidance. This makes me feel valued."

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 their role in reporting notifiable events to the CQC. Records we viewed evidenced apologies made to people and their relatives by the registered manager where things had gone wrong, and actions which they would take to make improvements.
- A relative told us, "The care home will contact me and let me know if there are any issues with my [family member]. The staff rang me a few weeks ago to inform me my [family member] had some bruising on their arm. I always check when I visit, and I have no concerns "

Continuous learning and improving care; Working in partnership with others

- The registered manager welcomed feedback and felt this was important to drive change and improvements in the standard and quality of care.
- The registered manager had built professional relationships with external health and social care professionals to ensure care and support was appropriate to meet the current needs of people.
- Records contained evidence of referrals made to occupational therapists, speech and language therapists and falls teams.

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
Treatment of disease, disorder or injury	The management and administration of medicine was not always safe.