

Healthcare Homes Group Limited

Overbury House Nursing and Residential Home

Inspection report

Overbury House
9 Staitheway Road, Wroxham
Norwich
Norfolk
NR12 8TH

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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 ●

Summary of findings

Overall summary

About the service

Overbury House Nursing and Residential Home is a care home providing personal and nursing care to 33 people, 15 of whom were receiving nursing care, aged 65 and over at the time of the inspection. The service can support up to 61 people. Accommodation is provided over two floors, the majority of bedrooms have en-suites. At the time of our inspection people were only accommodated on the ground floor and the first floor was undergoing refurbishment. There are several communal lounges, two dining areas, and a secure garden area on the ground floor.

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

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. Systems and information relating to the management of people's deprivation of liberty safeguard authorisations required further work. We have made a recommendation about the provider's management of deprivation of liberty safeguard applications.

The environment was clean, tidy, and infection control issues addressed. Some general improvements were needed to the décor of the home and we have made a recommendation regarding changes to the environment to better support people living with dementia.

People received a good service however records relating to people's care did not always evidence the support people were getting. We have made a recommendation relating to records of people's care and support.

Risks to people were identified and addressed, this included the safe management of the premises. People were supported by enough staff to meet their needs in a timely manner. The registered manager kept staffing levels under review and adjusted these as necessary. Systems were in place to protect people from abuse. Safeguarding concerns and other incidents that occurred, such as falls, were reviewed, analysed, and actions taken in response. Medicines were managed safely, people received their medicines as prescribed.

People's needs were assessed, and staff supported people in line with best practice guidance using nationally recognised tools. Staff received appropriate training and support, including when they first started working in the service. People were supported by a team of staff who worked well together and with health and social care professionals. People received enough to eat and drink, any concerns relating to their eating and drinking were monitored and addressed.

People were supported by kind and caring staff, who involved them, and others important to them, in decisions regarding their support. People's dignity was promoted, staff were attentive to people's appearance and respectful in their interactions.

People had care plans that were personalised and detailed their preferences and life stories. Staff knew the people they supported, and this helped them to deliver care in a person-centred way. A range of activities were on offer, this included regular entertainment events in the service, and external trips out. Any complaints or concerns raised were investigated, people, relatives, and staff felt able to raise concerns.

Effective governance systems were in place to monitor and improve the quality of the service provided. The registered manager had a good oversight of the service. This included ensuring the service met its regulatory responsibilities and keeping up to date with wider requirements and changes within health and social care. There was an open and inclusive culture in the home, regular opportunities to discuss the service and provide feedback were available. The service was calm, organised, and staff understood their roles and responsibilities.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a medicines inspector, an assistant inspector, a specialist advisor in nursing, and an Expert 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 Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the operations director, regional director, the registered manager, a nurse, the chef, and four care assistants. We spoke with a visiting health care professional.

We reviewed a range of records. This included eight people's care records and the medication records for thirteen people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to sufficiently mitigate the risks to people relating to their health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments and care plans addressed identified risks and provided information for staff on how to manage these.
- Actions in response to identified risks were taken by staff. For example, staff ensured people were seated correctly to minimise the risk of choking and that any wounds or skin concerns were regularly assessed and dressed. A relative told us, "The staff are very good, if they see even a pink area develops, they will ring me and tell me that they won't be getting [name] out of bed today as their fragile area is pink and they don't want it to get worse."
- Risks relating to the management of the environment had been assessed and addressed. For example, regular fire safety, water safety, and equipment checks were carried out.

Preventing and controlling infection

At our last inspection we identified risks relating to infection control practices and the cleanliness of the environment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The general environment and equipment being used was clean and there were no malodours. One person told us, "[Staff] keep my room nice and clean, they are always coming in to tidy." A relative said, "[Staff] keep the place really clean. I think it is good that they have this type of flooring rather than carpets, it helps with not having smells"
- Staff support given to assist people with their personal care, such as bathing, was not always documented. However, people told us they received this support. One person said, "I had a bath and hair wash today which was nice. I usually have one once a week." We observed people were well presented and clean.

Staffing and recruitment

- The registered manager used a staffing dependency tool to help them calculate the numbers of staff needed. They regularly assessed staffing levels in the home using the tool, and through other means.

- There were enough staff to meet people's needs. Staff we spoke with confirmed this and we observed staff always present in communal areas. People we spoke with felt staffing levels did not impact negatively on the support provided.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place and worked effectively to safeguard people. Safeguarding incidents in the home had been identified and reported appropriately.
- Staff had received training in safeguarding and information on where to report concerns was provided. Staff told us they would feel comfortable and able to share safeguarding concerns with the registered manager and provider.

Using medicines safely

- Medicines were managed safely. There was a system in place for ordering and giving people their medicines as prescribed. Records showed that people were given their medicines appropriately and people had their medicines regularly reviewed by prescribers.
- Staff had received medicines training and their competency to administer people's medicines had been assessed. Regular audits of people's medicines took place.
- There was person-centred information available for staff to refer to about how people prefer to have their medicines given to them. However, when people had their medicines given to them mixed in food or drink, information available to staff about how to prepare these medicines was sometimes inconsistent. The registered manager took immediate action to amend these records and address the inconsistencies identified.

Learning lessons when things go wrong

- Systems were in place to log incidents that occurred in the service. Incidents or concerns reported were analysed and responded to. The registered manager had a good overview and understanding of incidents that occurred in the home and mitigating actions taken in response.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had not always acted in accordance with the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- For some people their DoLS authorisation had conditions attached. Records evidencing these conditions were met required some improvement. We found for one person staff had not fully understood one element of their DoLS conditions. Whilst the covert administration of their medicines was regularly reviewed staff had not regularly offered the person the opportunity to have their medicines overtly. The registered manager took immediate action to rectify this. Through discussion with the registered manager and reviewing associated records we were assured that all other conditions for this person and others were being met in practice.

We recommend the provider takes action to ensure DoLS conditions are fully understood and the meeting of these properly evidenced.

- DoLS applications had been made appropriately. There was a system in place to ensure an overview of applications made and when these would need to be renewed.
- Staff had carried out mental capacity assessments and documented best interest decisions where

required. They had clearly considered and detailed where people's relatives had legal authority to make decisions on their behalf. For example, for two people we saw the service retained a copy of this legal authority of their file.

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

- Some aspects of dementia friendly design had been incorporated in to the service, but this was not always consistent. There was no directional signage to promote independence in moving around the home although some pictorial signage to help orientate people to facilities such as toilets were in place. Some people had memory boxes and personal pictures outside their doors to help them identify their room, but this was not in place for all people, who would have benefited from them. The registered manger confirmed a process was in place for introducing these for all residents.

We recommend the provider seeks advice from a reputable source on enhancing the environment and ensuring it meets the needs of people living with dementia.

- Some areas of the home were in need of redecoration and updating, although we noted this did not significantly impact on people's experience of the service. We noted a refurbishment plan was under way and people had commented positively on the work already done.

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

- People's physical, mental, and social needs were holistically assessed.

- Support was delivered in line with best practice and the law. The service used nationally recognised tools to assess risks of pressure ulcers and nutritional risks. The registered manager and nurse demonstrated a good understanding of best practice guidance and research.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas relevant to people's needs. There was clear overview and management in place to ensure staff kept their training up-to-date. Relatives told us they felt staff were competent and had enough training. One relative said, "I trust the staff, they seem to know what they are doing."

- New staff received an appropriate induction and support. This included checking their competency prior to them working independently. Staff received regular supervision and support to carry out their role. A staff member told us, "If I was struggling in training I could turn to someone and they would guide me through it."

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

- Staff worked with external professionals to ensure people's healthcare needs were met. A relative told us, "The Doctor comes every Tuesday. My [relative] has had two seizures since they have been here, and they have seen to them very quickly." A healthcare professional told us staff identified health concerns, shared information appropriately and took action to address concerns.

- Staff worked well together to help ensure people's needs were met. One staff member told us of the staff team, "Nothing is ever too much trouble for anybody. Can ask anyone for help. You can rely on everyone. We all look out for each other."

- Staff completed pre-admission assessments for people moving to the service and liaised with the person, relatives, and other relevant parties to ensure they were able to meet people's needs. People had hospital passports in place, these are documents which can go with people in the event of an admission to hospital and tell hospital staff about the person and their needs.

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

- Staff supported people to eat and drink enough. People's weight and fluid intake was monitored where

required and staff took action to address any concerns identified.

- We observed the support provided over lunchtime and saw staff supported people with their meals as needed. We noted some minor issues, but these did not significantly impact on people's experience. For example, there was not always a clear allocation of support to people, with staff swapping over midway through supporting people. In the café area we noted one staff member supporting nine people. Whilst they supported people calmly and patiently we noted this limited the interaction they could provide to people eating their meals.
- Staff supported people to make choices regarding what they wanted to eat. People told us the food was of good quality and they enjoyed the meals served. One person said, "The food is very good, and you always get a choice. I can always get something I like."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people kindly and respectfully. One person told us, "The staff look after you really well here. They will do anything for you, you only have to ask." A relative told us, "The carers are lovely, so kind and patient. I am very happy with the way they take care of him." We observed staff were kind and patient in their interaction with people.
- Staff had received training in equality and diversity this was reflected in the manner in which staff interacted with people.
- Issues found at our last inspection regarding people's environments and the impact on their dignity had been addressed.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decision making. A resident of the day system was in place, this included speaking with the person and their family member or representative about their care.
- Staff supported people to make decisions in their day to day care this included where they would like to spend the day and what time they would like to get up and go to bed. One person told us, "I can get up and go to bed when I feel like it. The staff don't tell you to go at a certain time."

Respecting and promoting people's privacy, dignity and independence

- Staff protected and prompted people's privacy and dignity. For example, we observed staff knocking on doors before entering and speaking to people in a respectful manner.
- Staff were attentive to people's appearance. We noted for one person their care plan was specific and detailed about what was important to them in relation to their personal appearance. We noted this was followed and observed at lunchtime a member of staff attentively and caringly wiping their face throughout their meal.
- Staff supported people to be independent where possible. People we spoke with confirmed this

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and reviewed regularly. Care plans included detailed life histories, including photos, of each person and personal preferences. Some care plans required further detailed information in relation to dementia, as these did not specify types of dementia and how this might impact.
- Staff supported people in a person centred manner. They knew the people they supported well and this helped ensure people's care met their needs and preferences. One staff member told us, "You have to know the residents really well as some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."
- Staff had involved people and their representatives in planning their care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. There was written information in place for people, this included in pictorial formats. For example, in relation to menus and facilities around the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities in place for people, these included activities within the service, such as an art class, and outside, such as a recent trip on the broads. The activities co-ordinator told us they ensured that people spending more time in their rooms on their own benefited from individual one to one sensory activity. A relative told us, "They have quite a few activities and singers come most weeks which seems to go down well."
- People's individual needs in relation to important relationships and recreational interests had been assessed. Staff supported people to maintain relationships. We observed staff supporting one person's family to socialise with them in a quiet private area, having welcomed them with drinks. A relative told us, "I come every day and am always made to feel welcome. They include me in the tea round and the activities if [my relative] wants to take part."

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints from people or relatives. People and relatives told us

they knew who to speak to if they had concerns. One relative told us they had raised a minor issue which had been immediately sorted.

- The registered manager had carried out detailed investigations in response to any concerns raised about the service.

End of life care and support

- People's end of life care needs and preferences had been assessed. End of life care plans were in place; these documented people's wishes in relation to how they wanted to be supported at the end of their life and their wishes for arrangements in the event of their death.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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.

- There were regular resident, relative, and staff meetings held which discussed and sought feedback regarding all areas of the home, ranging from the home décor, to staffing levels, and activities. A relative told us, "The home is now excellent with [registered manager] here improvements are instant, it's a different home, she has a can-do attitude and listens to all ideas at the relative's meetings. She is doesn't believe one size fits all and things in the home should be tailored to the individual resident."
- The registered manager was visible, approachable and supportive. People, relatives, and staff spoke positively of her. A relative said, "The manager seems very good, approachable and willing to listen." Staff told us they felt listened to and empowered to make changes they felt would benefit the service.
- Staff worked with external services and established community links. For example, a recent fete had been held at the service and a mother's and babies group visited on a regular basis.

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 regional manager and registered manager were open, transparent, and acted on their responsibilities for duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst regulatory requirements were met, we found records relating to people's care required further work to ensure these were accurate, consistent, and thoroughly documented. We found gaps in repositioning records, out of date fire evacuation information for one person, and a lack of recording around the provision of people's personal care.

We recommend the provider review their systems and processes to ensure improvements to recording are made.

- The registered manager told us they were aware of some issues with recording and had been addressing this with staff. Whilst improvements to some recording was needed, this did not impact negatively on the support people received in practice.
- The service was well run and organised. Staff understood their responsibilities and there were systems in place to share information and allocate tasks. A staff member told us they felt the service was, "So calm and

chilled."

- Effective quality monitoring systems were in place. Regular audits were carried out and identified areas for improvement. People and relative spoke positively of the quality of the service provided. A relative said, "My [relative] has been here since [month] and I am very pleased with everything here. It seems to run very well." Staff also commented that the quality of the service continued to improve with the registered manager. One staff member told us the registered manager had been, "amazing" in making changes to the service and they felt this had improved people's overall happiness.

Continuous learning and improving care; Working in partnership with others

- Staff had engaged and worked with other stakeholders to monitor and improve the quality of the service. For example, they had recently started work to become accredited with the six steps programme, designed to improve the delivery of end of life care in social care services.
- The registered manager ensured they were up to date with changes in health and social care, they reviewed these and considered how this would impact the service provided. For example, they were aware of a recent report on oral healthcare for people living in residential services and had started to review their own practices as a result.