Health Care Homes Group Limited

Overbury House Nursing and Residential Home

Inspection report

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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 caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 02 and 05 December 2014 and was unannounced. This meant that the provider did not know that we were coming.

Overbury House Nursing and Residential Home provides care and accommodation for up to 61 older people. On the days of our inspection there were 35 people receiving residential care and 20 people who required nursing care.

The service is required to have a registered manager in day to day charge of the home and the registered manager has been in post since January 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the safe administration and recording of medicines.

We found that medicines were not routinely given to people at the prescribed time. This meant that there could potentially be an impact on their health conditions. There were gaps in the medication administration records and there were examples where they were not completed accurately.

We watched the interactions between people and staff and saw that people felt comfortable in the presence of staff. People had timely access to health professionals, including GP, community nurses and the speech and language therapy team. People's privacy and dignity were promoted, with all personal care being given behind closed doors.

There were not enough staff available over the lunchtime period to ensure that people enjoyed their meals in a timely way. People told us they enjoyed the food and that there was plenty of it.

Records detailing the amount people had to eat and drink were not completed promptly and we found gaps in these records. There was evidence that action was not always taken quickly when there were fluctuations in people's weight.

Staff received training that was appropriate to their role and there was a training programme in place to ensure staff remained up to date. Staff were well supported by senior staff and the management at the home.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to all care services. Policies and procedures were in place and we saw that staff training about this had been arranged.

Most people told us they knew who to speak with if they wanted to make a complaint or raise concerns. The home seeks the views of people, relatives, staff and health professionals to assess the quality of service. Regular quality audits of the systems and processes in respect of the management of the home were in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Medicines were not routinely given at the times they were prescribed. There were gaps in the medication administration records and reasons why 'as required' medicines had been given were not always recorded properly.

Staff had been trained and understood how to identify and act if they suspected that people were being abused.

Requires Improvement

Is the service effective?
The service was not consistently effective.

There were not always sufficient staff available, particularly at meal times. Food and fluid charts were not routinely completed at the time they were given.

Staff received training that was relevant to their role. Staff felt supported and received regular supervision and annual appraisal.

Training about the Mental Capacity Act and Deprivation of Liberty Safeguards had been arranged. Assessments of people's mental capacity had only been completed where it was considered necessary.

Requires Improvement

Is the service caring?
The service was not consistently caring.

People told us that they felt well cared for. Staff spoke politely to people and helped them to make decisions for themselves but did not always have a caring attitude.

People's independence and well being were supported.

Staff provided personal care discreetly and in a way that supported people's privacy and dignity.

Requires Improvement

Is the service responsive?
The service was not consistently responsive.

Staff did not always respond to people's needs in a timely way.

Some people were put at risk because staff did not respond quickly to changes in their condition.

Some people were not clear about the complaints procedure.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

Requires Improvement

Summary of findings

People described varying experiences of living at this home because staff did not always understand people's social and cultural needs as well as their physical requirements.

Quality monitoring arrangements were in place to ensure that people received appropriate care. However, the monitoring of medicines had not identified the shortfalls seen during this inspection.

The results of quality assurance questionnaires completed by people and their relatives showed high levels of satisfaction with the service and the care provided.

Overbury House Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 and 05 December 2014 and was unannounced. This meant that the provider did not know that we were coming. The inspection was carried out by two inspectors.

Before the inspection we reviewed notifications that had been sent to us by the provider, referrals that had been made to the local safeguarding authority and complaints that had been made to us about the service. We also obtained information from the local authority's quality monitoring team.

During the course of the inspection we gathered information from a variety of sources. For example, 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 to us.

We looked at care records for 14 people including medication records and the training records for all staff. We also reviewed records relating to the management of the service including assessments of risk and infection control.

We spoke with 11 people using the service and two visitors to the home. We were also able to speak with visiting health professionals. We interviewed 11 staff, including 2 nurses, senior staff, care staff, activity co-ordinator, cook and housekeeping staff. We spoke also with the registered manager and the deputy manager.

Requires Improvement

Is the service safe?

Our findings

At this service a nurse administered medicines to the people who required nursing care and a senior care staff administered medicines to people receiving residential care. On the days of our inspection there were 20 people receiving nursing care and 35 people receiving residential care.

We were told that night staff administered early morning medicines to people when their workload allowed. Day staff told us they did not commence their medicine rounds until 8:30am, and this meant that potentially, people prescribed medicines for 7:30am would not always receive them at the correct time. We noted that some people did not receive their breakfast medicines until as late as 10:30am due to the time the medicine round started and also the number of people requiring medicines to be administered. A member of staff told us that they always ensured that antibiotics were properly spaced as prescribed.

We observed a senior care staff administer medicines to people and saw that this was done safely. However, we reviewed 14 Medication Administration Records (MAR) and found that medicines were not always administered as prescribed. There were numerous gaps in the MAR although we were told that the medicines had been given. This was brought to the registered manager's attention.

Some people were prescribed 'as required' (PRN) medicines but there were no protocols available to guide staff in relation to the administration of these medicines. There were examples of where people had been given PRN medicines on a regular or daily basis without referring the matter to the GP to discuss the prescription to ensure it remained appropriate. There was no reference in people's records to show why the administration of these medicines had been required.

Where people had refused or not taken their medicines, the Medication Administration Record (MAR) did not always show the correct code for refusal. For example, numerous MAR showed a code that related to the reason for non administration as being 'other', but the 'other' reason was not recorded. This was not in accordance with the provider's medication administration policy.

We discussed all our concerns with the manager and deputy manager who told us they would take action to remedy the situation.

These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

We spoke with people and their visitors during the course of our inspection. One person said, "The girls are good and I feel safe here. I have no worries." Another person commented, "It's alright here but it's not home." A visitor told us, "This is a good place, it's the best we've seen. [Person] has settled well here."

Staff told us that they had received training about how to identify abuse and what to do if they thought abuse was happening. Staff were able to describe different types of abuse and the signs they would look out for that would indicate abuse was taking place. We saw that details about how to report abuse and who to were displayed on the notice board in the treatment room, where it was accessible to all staff.

People's risks in relation to their care needs had been assessed. These risks were in respect of people's pressure area care, mobility and falls, moving and handling and nutrition. Risk reduction plans had been written so that people were cared for as safely as possible. However, we found that staff did not always follow guidance about how to ensure that people remained safe. For example, one person had lost a significant amount of weight and they were at risk of developing a pressure ulcer. Their care plan required that their weight be monitored and a risk assessment reviewed monthly but we could not see that it had been checked for seven months. Other care plans we looked at showed that risk assessments and risk reduction care plans were in place and being complied with.

We saw that hoists had been serviced in compliance with manufacturers instructions to ensure they remained in safe working order. Staff were observed using hoists during our inspection and they were seen to follow safe practices.

We looked at the staff rotas for the four weeks leading up to our inspection. These showed that the service employed a qualified nurse 24 hours a day, together with at least one senior care staff and eight further care staff in the morning

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Is the service safe?

and one senior care staff and an additional seven care staff in the afternoon and evening. In addition, catering and housekeeping staff were employed so that care staff did not need to undertake any domestic duties other than in an emergency. The registered manager told us that agency staff would be employed in the event of staff absences that could not be covered by the staff group so that sufficient staff were always available to provide care and support.

Staff told us that those people requiring two staff to assist them with personal care in the morning tended to be later up and were therefore often late eating their breakfast. This sometimes meant that the person was not hungry by lunchtime and therefore did not eat so well.

Requires Improvement

Is the service effective?

Our findings

The staff training programme showed that staff received training relevant to their role. New staff told us that they had received induction training and worked alongside experienced staff to gain competence. Most staff said that they were up to date with training such as fire safety, moving and handling, infection control and safeguarding people from abuse. They told us that where necessary, refresher training dates had been identified and specialist training was provided, for example in respect of diet and nutrition, dementia awareness and food safety awareness. Relevant staff said that they had also completed training about the care and control of medicines.

The registered manager told us that future training needs had been identified and courses had been arranged. We saw documentary evidence that this was the case.

Staff told us that they felt supported by the managers and senior staff on shift. They confirmed that they received supervision and some staff had recently had their annual appraisal.

We discussed the arrangements in place with regard to the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). The registered manager explained that they had been in touch with DoLS authority and a strategy had been agreed to ensure that any applications for authorisation to deprive a person of their liberty was undertaken correctly and in a timely way. We saw that in two of the care records looked at during the inspection, mental capacity assessments had been completed and reviewed.

Staff we spoke with understood that they sometimes needed to assist people to make decisions that were in their best interests to keep them safe. They were able to explain the principles of the MCA and how it applied to the way they cared for people. We did not see any incidents where people were being restrained.

People told us that staff asked them for permission before they entered their room by knocking on their door or when supporting them with personal care. We observed staff discreetly offering support to people during lunch and in the main lounge throughout the day. Staff asked people for their verbal permission before providing care or support. This included asking before placing protective aprons on people before lunch.

People were offered choices at mealtimes and we saw staff describing the options available to them. We observed people enjoying eating a cooked breakfast and we were told that this was available every day.

Our observations at lunchtime showed that some people requiring assistance, who chose to eat in their rooms, did not always get the help they needed in a timely way. For example, one person with a visual impairment had been left their lunch but they had spilled mashed potato onto the floor. This person left most of their lunch and subsequently chose to eat a cheese sandwich and crisps to eat. According to this person's care records, they had lost 7.7kg of weight over a three month period and their nutritional intake was being monitored because they were at risk of malnutrition. Their drink was out of reach and had gone cold. This matter was brought to the deputy manager's attention and they provided assistance to this person.

Our observations in the dining room demonstrated that staff were shorthanded, with some people waiting 20 minutes to be served their meal whilst others sitting at their table were eating theirs.

We spoke with the manager and deputy manager about this and they stated that they normally assisted at lunchtime but had stayed out of the dining room whilst we completed our observations. They felt that their presence would put additional pressure on the staff who were aware that they were being observed. Staff confirmed that the manager and deputy manager often assisted people at lunchtime and that there were usually enough of them to be available to support people who needed it. A further two care staff had also been unavailable on the day of our inspection as they were assisting a person with personal care.

We were told that all special diets could be catered for and dietary supplements were given as prescribed. Meals were fortified for those people at risk of malnutrition. We heard staff offering encouragement to people and suggesting alternative dishes where they did not want what they had chosen from the menu.

We discussed with the registered manager that some people would be able to manage independently if some eating aids such as plate guards were provided and they

Requires Improvement

Is the service effective?

undertook to arrange the purchase of specialist equipment. This equipment had been purchased and was in use by the time we returned to the service to complete our inspection.

We looked at the fluid and nutrition charts for people and saw that these were not being completed properly and were not up to date. Staff told us that these records were kept in a central part of the home and so when they assisted someone with food or drink they needed to remember how much they had taken and also to record it. Consequently there were numerous records that showed people had apparently drunk only very small quantities and the records could not be relied on. We discussed our concerns with the registered manager and deputy manager and it was agreed that arrangements would be put in place to keep nutrition and fluid charts in the person's room so that they could be completed immediately. This had been implemented by the time of our return to the service to complete our inspection.

We spoke with people about how they were cared for and they told us that they were supported well by staff and had access to healthcare when they needed it. We were able to speak with visiting health professionals who told us that staff referred people to them appropriately and in a timely way. They confirmed that staff followed instructions given to them about how people's health care needs should be met. We looked at care records and saw that professional visits were recorded appropriately.

Staff told us about how information was handed over to them at the end of each shift and they said that they felt the level of communication was not always effective enough. This could potentially mean that care staff were not always clear about what instructions had been given by the GP or community nurse team in respect of people's care.

Requires Improvement

Is the service caring?

Our findings

People living at the service told us that they felt well cared for. One person said, “The staff are very good especially [staff name], they’re a cracker that one.” Another person said, “The people are nice and the food is good. What else could you want.” One person said, “This is the most wonderful place. The food is good and there’s plenty of it. Staff are lovely, you can have a laugh.” Another person told us, “It’s alright here but it’s not home.”

Our observations showed that staff spoke politely to people and treated them with respect and in a caring way. We saw staff sit beside people at lunchtime and talk to them about how their day was going whilst assisting them with their meal. Discussions were heard about the entertainment planned for the afternoon. During the afternoon we saw interactions between staff and people that were warm and friendly. We observed the way people were cared for and saw that they were treated politely and with respect.

People were relaxed in the company of staff. However, we observed that one member of staff did not develop a positive or caring relationship with people during our inspection. For example, there was loud banging because a new floor was being laid and this distressed one of the people who commented, “I’ve had enough.” The member of staff was seen to laugh at the person and offer no reassurance at all. This matter was raised with the manager.

Staff told us how they provided care and support that was caring and appropriate to the person’s individual needs and aspirations. They told us that they spent time getting to know the person and always asked them what they would like. They described encouraging people’s independence as much as possible and gave good examples of how they did this. Staff spoke about people in a respectful way and acknowledged them as individuals with different needs and preferences that they tried to support.

Staff also appropriately described how they promoted people’s privacy and dignity. We observed how people were supported throughout our inspection and saw that they received personal care behind closed doors. Support provided in communal areas was given discreetly so that people’s dignity and self-esteem was protected.

However, at 10.30am on the first day of our inspection we saw three people sitting in the dining room with their heads on the dining tables. Staff told us that these people were waiting for staff to become available to take them somewhere else. This compromised people’s dignity.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff encouraged them to make choices for themselves around daily living. Some people told us they could spend their day where and how they wished. They spoke about choosing when they joined in activities in the main lounge and when they preferred to stay in their room for quiet time. One person said, "I don't know where I like to spend the day. I will go wherever they take me." Another person told us about their room that was furnished how they liked it and contained many of their ornaments and trinkets. They said it was, "Like home from home."

We saw that staff listened to people and involved them as much as possible in decision making around their care and daily living. People confirmed that staff spoke to them about how they wanted to be cared for and supported and they felt that their views were listened to and acted on.

We looked at the care records for 14 people and noted that they contained care assessments and guidance for staff to provide appropriate care and treatment. We saw that care records were evaluated each month or more frequently if necessary. For example, one care record showed that the person's care was being evaluated every three days whilst they were receiving treatment for a pressure ulcer. We saw that the treatment regime changed as the pressure ulcer healed.

Some of the care records showed that people were at risk of weight loss and dehydration and the recording of food and fluid intake was not good enough to ensure that people were not at risk. Our concerns were raised with the registered manager and changes to the recording procedures were immediately introduced so that more accurate records were kept.

Staff were not always responsive to people's needs in a timely way. One person told us how uncomfortable they were because no cushion had been put on their wheelchair before they were placed in it. This person was later seen in the lounge, sitting on a chair without a pressure relieving cushion and this was brought to the attention of staff. We noted that the cushion had still not been placed on the chair later in the day and staff were reminded that the cushion was required for this person as they were at risk of developing pressure ulcers.

On the first day of our inspection, many people spent time in the main lounge and some joined in with helping to decorate the Christmas tree. During the afternoon there was a musical entertainment that appeared to be enjoyed by people, some of whom were dancing to the music. Other people chose to remain in their own rooms reading, watching television or listening to the radio. The home employed two activities co-ordinators who spent time doing group and individual activities with people.

People told us that they knew how to complain and that they felt able to do so. One person told us, "I am very happy here and have no complaints. There were a couple of things I was not happy with but they have been sorted out." Another person who had not been living at the service for very long did not know who to complain to but said they would get their relative to do so on their behalf, if necessary.

We saw the recent quality assurance questionnaire results which showed that most people (75%) knew how to make a complaint. It also showed that all the relatives who had responded knew how to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people throughout our inspection and they told us what it was like to live at this service. One person said, "There's nothing much to do but sit here. I sometimes go into the lounge but prefer to stay here [own room] with my own thoughts." We found that people had varying experiences of living at this home and more was needed to be done to ensure that staff understood people's social and cultural needs as well as their physical requirements. This would enable staff to provide care and support that was person centred.

Staff told us that they felt well supported by the registered manager and the deputy manager. They described how they received regular supervision and annual appraisal, that provided them with feedback about what they were doing well and what they needed to do to develop. Staff told us they were aware of the provider's whistleblowing policy and they felt able to raise concerns with senior staff or the manager. Regular staff meetings were taking place so that information and views could be shared by the staff team. Staff said they had opportunities to develop and increase their skills and knowledge. We saw that staff were well motivated to learn and to provide good care to people.

The registered manager told us that they had an open door policy and always tried to make themselves visible to people and their visitors. They said that they spent time each day going around the home and speaking with people, including those who liked to remain in their own rooms.

The registered manager provided us with the results of the recent quality assurance questionnaire, where people, their families and other stakeholders were asked for their views about the service. Overall the responses showed a high level of satisfaction with the service and an action plan had been developed so that the service could address those areas that needed improvement. We noted that the results showed that all of the external stakeholders who had responded felt that staff did not communicate effectively enough although staff skills, knowledge and approach were deemed to be good.

Following on from the findings of the first day of our inspection, we were aware that the registered manager had responded appropriately to some of the shortfalls in the quality of the service and immediate action had been taken to rectify the situations. Resources were made available by senior managers so that effective action could be taken.

The home had audit processes in place to assess and improve on the quality of the service. For example audits were in place about falls prevention and accidents. However, medication audits had failed to identify that medicines were being given late in the morning and that there were gaps in the administration records. Regular audits of the environment also took place including in respect of the kitchen, infection control and equipment safety. The last infection control audit in November 2014 had an action plan developed that included completion of cleaning schedules for hoists, mattresses and other equipment. We could see that these matters were in hand.

The registered manager had a complaints process in place that included keeping full records of any complaint and investigation, with outcomes being recorded along with any remedial action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 People who use services were not protected against the risks associated with unsafe administration and recording of medicines. Regulation 12(f)(g).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.