

Saxlingham Hall Nursing Home Limited

Saxlingham Hall Nursing 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Saxlingham Hall is a residential care home and was providing personal and nursing care to 34 people at the time of the inspection. The service can support up to 36 people.

Saxlingham Hall accommodates people in a large period manor house in a rural village. There are communal dining and recreation areas, as well as extensive grounds.

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

People who used the service, and their relatives, were very happy with the care and support provided and spoke highly of the staff. One person commented, "The care I get is very good. I am here for respite care and so far all my needs are met. The nursing staff are very good and I can't fault them. The staff are very polite and try hard to make you feel at home."

We identified concerns with the way medicines were managed. Stocktaking procedures were not robust. It was not possible to be sure that people had received the correct amount of their medicines. Audits of medicines did not identify the issues we found which meant that the provider did not have good oversight of this aspect of the service.

Risks were mostly well assessed and managed. However, some environmental risks had not been identified and action taken to protect people from harm. The newly registered manager did not have sufficient oversight of these aspects of health and safety. Audits, although plentiful, were not always acted upon and effective in driving improvements.

The staff team worked collaboratively and well; staff felt supported. Stakeholder views were regularly sought and acted upon.

Staff were recruited safely and were clear about their safeguarding responsibilities. Staffing levels reflected the provider's own assessed safe number. However, several people commented that there was sometimes a wait for staff to respond to call bells.

Staff were trained to carry out their roles and received a good induction when they were first employed. Access to health and nursing care was good and feedback from healthcare professionals was positive.

Staff showed an understanding of consent issues. People were supported to have maximum choice and control of their lives. Staff mostly supported them in the least restrictive way possible and in their best interests, however review of the use of a lap belt in armchairs was needed to make sure people were not being unlawfully restrained. We have made a recommendation about this.

The environment was suitable for people, although the communal lounge was quite small. People enjoyed

the beautiful gardens and the views from their rooms.

Staff were kind and caring towards the people who used the service and their relatives. Staff promoted people's independence and upheld their dignity. There were good relationships between staff and those they were caring for and feedback about staff was universally positive.

The service enabled people to follow their own hobbies and interests. Activities were varied, appropriate and inclusive. End of life care was good and we observed prompt responses to people's changing needs. Complaints were managed in accordance with the provider's policy and action taken promptly.

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 outstanding (published 14 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to the management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Saxlingham Hall Nursing 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 one inspector, one specialist nurse 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

Saxlingham Hall 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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all the information we held about the service, including the previous inspection report and notifications of incidents the service is required to tell us about. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and three relatives about their experience of using the service. We also spoke with the chef, two nurses (including the clinical lead), two care staff a member of the maintenance staff, the registered manager and a director who was previously the registered manager of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us easily.

We reviewed a range of records. These included eight people's care records and five medicines records. We also reviewed rotas, two staff training and recruitment records and other documents relating to the safety and quality of the service.

After the inspection

We sought clarification on some issues from the service and viewed some written feedback from a hospital professional, which had been sent to the service. We consulted the CQC Medicines team for advice about the storage of medicines at low temperature. We also contacted nursing colleagues from the local clinical commissioning group for their expert opinion on aspects of nurse training at the service.

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 good. At this inspection this key question has now deteriorated 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

- Medicines were not always stored safely. Medicines which required keeping in a fridge had been consistently stored at very low temperatures. One reading was 0.2 degrees Celsius. Staff had not taken effective action to ensure medicines kept at this temperature were still safe for people to take. Records of fridge temperatures were only kept for one week, so long term issues were not clear. The provider changed this system following our inspection.
- Stocktaking procedures were not fit for purpose. Procedures did not clearly identify discrepancies which might indicate that a person had received too much, or too little, medicine. We were unable to assure ourselves that people had received all their medicines as prescribed.
- Records showed that sometimes medicines had not been given and were described as 'contra-indicated'. The registered manager explained that this usually referred to the person being too sleepy to take the medicine safely. They told us that a GP had reviewed the medicines for one person where this was a particular issue. This person had failed to receive 11 doses of different medicines in 22 days because they were asleep.
- Sometimes medicines were out of stock. The same person had also failed to receive their steroid inhaler, prescribed for asthma, on eight occasions during the same time period. Another person had failed to receive a weekly medicine for osteoporosis on two occasions.
- Although the registered manager had recently met with the local GP practice to improve stock availability this had not been effective in the short term, and some medicines continued to run out.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines on time and could ask for pain relief if they needed it. Nurses were responsible for giving people their medicines. They received suitable training and their competence to carry out this task was checked, although one person had no record of such a check taking place.

Assessing risk, safety monitoring and management

- Some risks from the environment required more robust assessment. We found that although radiators were either covered or set at a low temperature, there were several areas of exposed pipework. Staff confirmed to us that these pipes got very hot at times and could burn a person if they fell against them. The provider acknowledged this and told us they would address this as a priority.
- On arrival at the service we were able to walk straight in. The doorbell was hidden by a plant and so we were not able to use it to alert staff of our arrival. Several staff walked past without challenging us. A corridor

containing resident bedrooms was opposite the front door. We observed a trades person come in and walk around the service trying to find out where to leave a package. This lack of security posed a potential risk.

- Other health and safety monitoring of the environment and equipment was good, and any issues were promptly actioned.
- People's care plans contained individual risk assessments and documented how a variety of risks could be reduced as much as possible, including those relating to pressure care.
- The service did not record people's repositioning on any chart. Staff told us they communicated verbally with each other but made no written note. This meant it was not possible for us to judge accurately if people were being repositioned according to their care plan. However, we did note that nobody had a pressure ulcer at the time of our inspection visit.

Staffing and recruitment

- Six people who used the service and one relative told us they sometimes had to wait for staff to answer the buzzer in the evenings and at night. However, five of these people also added they understood that some parts of the day could be very busy.
- We viewed a printout of call bell response times for a randomly selected day. This showed that a little less than half of all call bells were answered within three minutes. Some took as long as 11 or 12 minutes. Call bell response times were not routinely monitored.
- Staffing levels were set according to a dependency tool and we found that rotas matched the service's assessed safe levels. Staff told us they were busy but there were enough staff and they all worked well together.
- The service recruited staff safely, with all appropriate checks in place before people started work.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training, demonstrated a good understanding of how to keep people safe and were aware of signs and symptoms which might suggest someone was being abused.
- Staff were clear about how to raise and escalate concerns both within the organisation and externally if they suspected someone might be at risk of harm.

Preventing and controlling infection

- The service was visibly clean and staff, including kitchen and domestic staff, demonstrated a good understanding of infection control procedures.
- Staff had received training in infection control. Equipment, such as gloves and aprons, was available for staff to use when supporting people with their personal care.
- Infection control and hand hygiene procedures were audited each month. A recent audit recorded a score of 100% with no actions to take forward.

Learning lessons when things go wrong

- There were systems to learn lessons and help drive improvement. This included analysis of accidents and incidents to look for any patterns and trends to try and reduce future risk.
- Exit interviews had provided useful learning opportunities. The provider had reviewed their induction procedure following an analysis of staff comments and a new induction workbook had been devised.

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 good when managed by the previous provider. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We noted that people had signed care plans to confirm their consent to various aspects of their care and treatment. The provider told us everybody living at the service had capacity to give their consent and no applications had been made under DoLS to restrict people's liberty.
- Where people had chairs with lap restraints fitted to keep them safe, their capacity to consent to this had not always been assessed and consent recorded. We observed one person becoming distressed by having their movements restricted in this way. There was no record to confirm that the person, or their legally appointed representative, had considered the appropriate use of the chair and consented to it. Staff were aware that the provision of such chairs ensured people's risk of falls was reduced but the restrictive element of them required further consideration.

We recommend that the provider reviews best practice with regard to the provision of equipment which has the potential to restrict people's movements and updates their practice accordingly.

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

- People received a comprehensive assessment of their needs before they moved in. This was designed to make sure the service could meet these needs and to provide an initial framework for people's care plans.
- Assessments included input from relevant family members and professionals, where appropriate, to provide a holistic picture of people's needs.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles and training was appropriately refreshed. Training was delivered by external trainers, senior nursing staff and champions within the service who have

particular skills and expertise.

- Some staff's competency assessments for administering medicines were overdue. The provider told us this was an annual check but three nurses did not have a record of this in the last 18 months and one had no record. Nurses had no recent record of having had their competency to administer medicines via a syringe driver checked. The most recent syringe driver training had been held in 2016. However, the provider assured us that additional online training was completed as required, but records did not evidence this.
- New staff received a comprehensive induction and had the opportunity to shadow more experienced staff. One staff member told us, "I enjoyed the induction. [You] could take your time and make sure you understand it."
- Staff were supported to undertake the Care Certificate, a national programme which sets out standards care staff should be working to.

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

- People's healthcare needs were well managed. Staff made appropriate and prompt referrals to other healthcare professionals such as GPs, dieticians and the falls team when needed.
- The service found access to the local GP service was sometimes limited. The registered manager had held a meeting with the local GP practice to raise some issues. They continued to work hard to advocate for people and ensure they had prompt access to the professionals they needed.
- Effective systems were in place to support communication between the service and other healthcare professionals. Any advice and guidance other professionals gave was clearly documented in care plans and understood by staff.

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

- People were very happy with the quality of the food and told us there was lots of choice. One person said, "The food is very good here. There is always a good choice, even for me as a vegetarian."
- Mealtimes were sociable occasions and families were welcome to join their relatives. Staff provided sensitive support to people who needed help to eat and drink.
- The introduction of a Wednesday lunch club was successful. This gave people the chance to discuss particular topics while they ate their lunch. People who did not usually go down for lunch told us they liked to make the effort to attend this. One person said, "Last week's topic was the origin of pub names. It keeps my mind active, which is why I enjoy it."
- People at risk of losing or gaining too much weight had their weight kept under review and dieticians provided support and guidance when needed.

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

- The environment was suitable for the needs of the people who used the service. The house was homely, and people were seen to enjoy the gardens, with many having lunch outside. The communal lounge area was quite small and had chairs for less than half the people who used the service. This room was not well used as people were either outside or in their rooms during our inspection visit. However, we questioned whether the capacity of this room might be an issue in the winter months and reduce people's ability to socialise.
- There was, however, a spacious dining room with capacity for people who used the service and their relatives. Staff told us this was well used.
- There were notice boards with large displays telling people about activities that were planned and photographs of recent events. People had personalised their rooms and told us they felt at home in them. Some rooms were very large and additional radiators had been installed to ensure people did not get cold.

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 good. At this inspection this key question has remained the same. 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

- People were very positive about the staff and told us they treated them with kindness and compassion. One person told us, "The staff here are generally very caring and know exactly how I like things done for me. We don't get any agency staff which means I know all the staff well which make me feel more comfortable."
- We observed some very kind and caring interactions by staff. One person had become confused and distressed. A nurse sat down beside them, comforted them, listened to them and helped them think more clearly by giving them gentle reminders. One person commented, "They listen to you. They cannot do enough for you."
- Many staff had been at the service for several years and it was clear that good relationships had grown up in that time. People shared a joke with staff and staff knew people very well, which people really appreciated.

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

- Care records documented people had been involved in decisions about their care and treatment. People, or their legal representatives, had signed care plans to demonstrate this and people were appropriately involved in ongoing reviews of care.
- People understood they had the power to direct their own care and were given formal and informal opportunities to do this. The provider carried out an annual survey and people could raise issues which concerned them. We saw that one person had asked that staff made sure they helped them put their watch on each day and made sure the call bell cord was outside of their clothing. Actions had followed to ensure these points were shared with staff.
- All important documents were provided in large print or other suitable formats. People were aware of this.

Respecting and promoting people's privacy, dignity and independence

- The annual survey for people who used the service and their relatives covered dignity and respect. We saw that one relative had commented, 'I am impressed with the sensitive way staff deal with my [relative].'
- Staff were respectful towards the people they were caring for. People who used the service told us staff maintained their dignity and respected their privacy. Staff provided personal care sensitively and made sure people's personal care needs were met in private.

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 outstanding. At this inspection this key question has now deteriorated 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

- Care plans documented people's needs and their preferences about how they wished their care to be delivered. Staff were very knowledgeable about people's specific needs and respected their choices.
- Care plans and assessments reflected people's individual needs. A section called 'This is who I am' gave staff further details about people's past history, preferences, likes and dislikes. People, and their relatives, if appropriate, were involved in planning and reviewing their care. One relative commented, "We planned our [relative's] care and we have a regular meeting to look at the care plan to make sure that it meets [their] needs."

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.

- Where people had particular communication needs this was noted in their care plan.
- Information was displayed around the service in clear formats to help people understand. Advocacy services were available should people require this additional support.

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

- The service supported people to follow a variety of hobbies and interests. There was a programme of activities and the activities co-ordinator worked alongside care staff to deliver this.
- The activities co-ordinator held group sessions and also one to one sessions doing things like looking through photo albums, chatting and having a coffee together. This meant those who did not like group activities were also included. Each session was reviewed by staff who asked the person for feedback. We saw that a card game had been requested by one person who ended up teaching the staff member, and others, so a group of people could play.
- Sometimes external entertainers came in, which was very popular. A local Christian minister held weekly services which people told us they valued. We viewed some letters which had been written as part of a pen pal project with a local primary school. People were very enthusiastic about this project and some had met their pen pal.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place and people knew how to make a complaint if they

needed to. There had been one formal complaint since our last inspection. This had been dealt with promptly and in line with the provider's procedure.

- The new registered manager held regular coffee mornings and afternoon teas with the people who used the service. These were used to find out if people had any issues they wished to raise informally.

End of life care and support

- There was a section in people's care plans to document their end of life care wishes. We noted that one person, who was approaching the end of their life, had parts of this incomplete. However, staff were very clear about the person's needs and were working closely with the GP service to support them with any pain.
- Nurses told us they attended meetings to discuss the individual needs of people receiving palliative and end of life care. People's needs were assessed and evaluated at this meeting to ensure staff were clear about the exact support people required.
- We noted staff had been good advocates for a person who had been prescribed medicines which staff expected would not provide suitable pain relief. Staff had attended an out of hours pharmacy to secure more suitable doses of medicines for the person.

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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- There was a registered manager in post. They were well supported by the previous registered manager, who is also a director, and the senior management team. All staff we spoke with told us they worked very well as a team. One person told us, "If we worry, we put it forward and either they [the manager] will help us personally or get others to help. We will always help each other."
- The management were clear about their legal duty to notify CQC of important incidents and had done so when required.
- There was a quality assurance system in place. A suite of audits monitored various aspects of the service. However, they did not give the registered manager comprehensive oversight of all aspects of the service. Issues relating to the safety of the service had not been identified by the service's own auditing procedures.
- Where issues had been identified, actions were not always taken to reduce risks. For example, the monthly medicines audit recorded numerous discrepancies with stocktaking on the majority of this year's audits but no action was taken. Although they are the legally responsible individual, the registered manager was not able to answer our queries about medicines and told us that one of the registered nurses carried this audit out.
- The provider was very keen to begin addressing the issues we raised and new stocktaking procedures were devised for medicines whilst we were on inspection. This prompt response demonstrated a positive commitment to making the required improvements.

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

- Relatives told us that the registered manager passed on any relevant information about their family member, when needed.
- The registered manager and director understood the duty of candour and knew which issues needed to be shared. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned.
- It was not always recorded if concerns about the availability of medicines had always been shared with people, or their representatives. However, we appreciate that people who used the service had capacity to understand the issue and the registered manager told us this would have been discussed with them

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

- The new registered manager worked in partnership with the people who used the service and staff. Staff told us they felt very well supported by the organisation and felt that this enabled them to provide consistently good care to people. One staff member commented, "They look after the staff so we can look after the people who come here to live."
- Some people who used the service were not clear who the registered manager was. This may have been because the registered manager was relatively new to the role and the previous registered manager continued to work at the service as a director of the company. The registered manager was taking active steps to be a visible presence throughout the service and work as part of the team. They also carried out regular meetings for people who used the service and their relatives.
- The people who used the service had been involved in decisions about how the service should move forward. People had been asked for their feedback as part of the annual survey and informally in regular meetings with the registered manager.

Working in partnership with others

- The service worked in partnership with local healthcare professionals to help provide consistent care for people. We received positive feedback from a professional from a local hospital, praising the professional and efficient partnership working they experienced.

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 provider failed to ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g).