

East Anglia Care Homes Limited

# Sutherlands Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 2 May 2017 and was unannounced. The last inspection to this service was on the 10 and 18 August 2016 and the service was rated as requires improvement overall, with a rating of Inadequate in well led. We found that there were breaches of the Health and Social Care act 2008 in: Regulation 18: Notifications of other incidents, Regulation 11: Need for consent, Regulation 12 Safe care and treatment, and Regulation 14: Meeting nutritional and hydration needs. At this inspection things had improved significantly but we identified a repeat breach of regulation 11.

The service is registered to provide accommodation for up to 52 people who require nursing or personal care. The home is located in a residential area on the outskirts of Wymondham, is purpose built and accommodation is offered on two floors. Internally, the home is divided into four units, each with a number of bedrooms with ensuite facilities, a sitting/dining area and bathrooms. The three units on the ground floor are all linked and offer a service mainly to people who need nursing care. Minton unit on the first floor offers accommodation for up to 12 people who are living with dementia. On the day of our inspection there were thirty two people using the service.

There was a manager at the service who had been appointed since the last inspection and had applied to the CQC to become registered. 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.

During our inspection we found a well-planned, well managed service. However the service had yet to implement all the necessary improvements and demonstrate sustainability. We had every confidence in their ability to do so and felt the improvements made in a short period of time were significant. Successful recruitment meant the service was fully staffed and people received continuity of care by staff who were well supported to fulfil their roles. There were robust recruitment procedures to help ensure only suitable staff were employed. Staff were supported through an induction programme, meaningful training and regular supervision. However we found due to staff sickness staff were at times stretched and not always able to provide activities to people. Most people required one to one support and there were not enough staff to provide this across the week.

People received their medicines as required and there were safe systems in place to ensure staff were adequately trained and able to administer medicines in line with organisational policies.

Risks to people's safety were minimised through robust risk assessment and planning to ensure risks were reduced as far as reasonably possible. There was also sufficient management oversight of risk. Equipment was well maintained and the building fit for purpose.

Staff received training to help them recognise different types of abuse and take appropriate actions to

ensure people were protected from harm or actual abuse.

People were supported according to their preferences but engagement with people, their relatives and staff in the planning of care needed further consideration as did how staff supported people who lacked mental capacity. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) but this was not fully embedded and staff were not always following due processes.

People were supported to eat and drink in sufficient quantities and risks from unplanned weight loss and, or dehydration were monitored and risks reduced.

Staff were kind, caring and familiar with people's needs. They promoted people's independence as far as reasonably possible and worked in line with people's wishes.

The service worked inclusively and asked people and their relatives for their feedback to help them plan and continuously improve the service they offered.

The care plans were personalised and in good detail. However we found some gaps and felt the lack of evidenced involvement with staff, people and relatives could be a contributing factor to this. The manager was updating records and moving away from a generic to more individualised plan of care. We identified gaps in the level and suitability of activities for people. On the day of our inspection the activity staff was not at work and this had an impact. We saw some evidence of regular activity but this was limited in scope.

Since the last inspection the service has worked hard to implement and evidence how they were meeting their action plan. However the service had not implemented all the change necessary or demonstrated how they can sustain and embed the improvements already made. We did see a strong, cohesive management team who lead by example and put good systems in place to support their staff and create an atmosphere of openness and transparency. This meant that areas of improvement were identified and addressed through education rather than blame.

We found a breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 in some regulations. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was good.

There were safe systems in place to ensure people got their medicines as intended.

There were enough staff employed to meet people's needs and staff had the necessary skills.

Risks were effectively managed and reduced as far as practicable.

Staff understood what constituted abuse and how they should respond to it to ensure people were safeguarded.

There was an effective recruitment procedures in place to help ensure only suitable staff were employed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff supported people in their decision making but we could not see how staff always acted in people's best interest or how they had come about making those decisions appropriately.

Staff were supported to be effective in their role and develop the necessary skills and competencies.

People were supported to enjoy good health and eat and drink in sufficient quantities for their needs.

### Is the service caring?

Good ●

The service was caring.

Staff engaged with people in meaningful ways. They provided care in a way which respected people's privacy and dignity.

The service engaged with people about their day to day care needs and wider issues affecting the service.

Is the service responsive?

The service was not always responsive.

Care records were personalised but care plans did not reflect adequate consultation with people using the service, their families and staff.

### **Is the service responsive?**

The service was not always responsive.

Care records were personalised but care plans did not reflect adequate consultation with people using the service, their families and staff.

Daily notes were brief and did not always tell us enough of how staff were monitoring the person or delivering the care required according to the care plan.

Activities were provided but we could not see if these were in line with people's previous interests and hobbies or if they were provided regularly.

There was a clear complaints procedure which was accessible and evidence the service took into account feedback from people in how the service was run.

**Requires Improvement** ●

### **Is the service well-led?**

The service was mostly well led.

The manager was open, transparent and led a well-planned service. However there were still areas for improvements and some of the planned changes were not fully embedded.

Regular audits took place to monitor the health, safety and well-being of people and adjustments to the service were made accordingly.

The staff team were well supported and information was effectively disseminated to ensure people received continuously of care.

The provider and the senior management team had worked hard to improve their service and they have now been rated as a good service.

**Requires Improvement** ●

# Sutherlands Nursing 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 checked 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.

The inspection was carried out on the 2 May 2017 and was unannounced. The inspection was undertaken by two inspectors, a specialist advisor who was a registered nurse and a pharmacy inspector who worked for the CQC.

Before the inspection we looked at previous inspection reports, and notifications which are important events the service are required to tell us about by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was viewed alongside their action plan.

As part of the inspection we reviewed seven care plans, spoke with 12 staff including the provider, regional manager, the manager, clinical lead, care staff, catering staff, maintenance staff and domestic staff. We spoke with a visiting health care professional and three relatives. We observed the care being provided on each of the units spoke or observed the care for 10 people and carried out a medication audit. We looked at records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection to this service on the 10 and 18 August 2016 we identified concerns with medication administration, staffing levels and the management of risk.

At this inspection we noted improvements. We found there were safe systems in place for the storage and administration of medicines and people received their medicines as intended. Medicine audits, staff training and medication competency assessments for staff administering medicines were undertaken regularly and were satisfactory. Medicines were given safely by staff who were competent to do so.

However, we identified two issues which should be addressed. Medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), were stored securely. We saw that the temperatures of the storage areas were recorded regularly, but staff did not identify the maximum and minimum temperatures to ensure that medicines were stored within the temperature range recommended by the manufacturers at all times. However there were no problems with the recorded temperatures.

The medicines administration records we looked at included allergy information and a photograph of the person to make sure they were correctly identified. The records were completed to show that medicines were administered as prescribed. We saw that some people were prescribed medicines that sometimes needed to be hidden in food or drink. Records did not clearly show us how staff were doing this in people's best interest. We saw that input from a pharmacist was obtained to make sure the medicines were suitable for covert administration, but there was no guidance for staff about covert medication administration to ensure that they administered the medicine in an appropriate way.

Although information on each person's medicines was recorded in their care plan, and we saw that information was communicated between staff during their handover, there was no guidance for staff on how each person preferred to take their medicines to ensure the process was carried out consistently. Some medicines were prescribed to be taken when needed, for example for pain, and we saw that in most cases there was detailed information available to help staff identify when the medicines were needed.

There were enough staff to deliver effective and timely care. Staffing was provided according to need and additional staff were rostered on at busier times of the day. One staff member told us staffing levels were adequate and they were not unduly rushed and people had flexible routines. One staff member on a different unit said they were sometimes stretched but could ask staff working downstairs to assist.

A number of the staff including the manager and regional manager had not been in post very long. The majority of care staff had also recently been recruited so staffing was an improving picture across the service. On the day of our inspection all staff were permanent and the use of agency staff had reduced and was being kept to a minimum. Staff spoken with demonstrated the necessary skills and competencies and staff were sufficiently familiar with people's needs. We noted on the rotas that staffing levels were maintained, ensuring staffing levels were provided according to the dependency levels of people using the service. In the managers absence a rota was in place to ensure that responsibility for the smooth running of

the service would pass to the Deputy Manager. Both the manager and deputy manager had kept their nursing registration up to date.

Staff were generally positive about the changes that were starting to become evident and said that the staffing levels were much improved. They also commented that there was very little agency usage, and said that it was good to see the manager working with them on one shift/week. One person told us call bells were seen to be answered promptly by staff, "Lately it's been good – much better. You can find the nurse somewhere in one of the rooms [if you need them]". During our inspection we observed that staff were visible, not rushed and answered call bells in a timely fashion. The service used a dependency tool which helped them plan the rotas and know what staffing levels they currently needed to match the needs of the people using the service. They said they were currently operating slightly over the hours they said they needed and rotas were flexible.

There were appropriate systems in place to reduce and minimise the spread of infection. Infection control systems were evident, e.g., single use apron and gloves in every room, correct waste product disposal. We spoke with the domestic staff who showed us the checklists they completed including deep cleaning. They told us on the day of our inspection they were one staff member down, but said this did not affect the service and we did not identify any infection control issues. A number of rooms had odours but these were quickly reduced.

People received safe care and risks to people's safety had been reduced through staff training and effective risk assessments and auditing. A relative stated, "I can feel happy that [my relative's] safe. If I can't get here I don't get in a state worrying as I know there's someone here and he's safe". The manager told us in relation to one person, "Before coming here they were having a-lot of falls, but they are not having them here. I think because it is much calmer."

People had detailed care plans and risk assessments in place which showed how risks were assessed and as far as possible reduced, and, or mitigated. For example one person's mobility assessment stated that they would try to stand up as they were not aware how limited their mobility was now. We observed them doing this and observed staff being vigilant and intervening when needed. We also observed staff hoisting a person and did this slowly explaining what they were doing and ensuring the persons safety. Care plans included details of equipment needed including sling sizes and type of hoist. Staff member confirmed that moving and handling with the hoist was "Always in twos".

We observed staff moving a person and were concerned that staff were holding too much of the person's weight under the arms. Staff told us the person was due for a review of their moving and handling and we fed the observation back to the manager. We observed another person with the correct pressure relieving equipment but sheets ruffled up which would reduce the effects of the pressure mattress. Although no adverse effects were noted, the person's skin care was potentially compromised as staff did not follow all the guidance available. People's risk of developing pressure sores was identified and documented in their care plans. Checks were in place to try to ensure people were not remaining in the same position for too long in order to reduce the risk of them developing a pressure sore. People were observed to have pressure relieving equipment in place and we saw a person whose head was over to one side had a soft cushion in place to support their neck.

Other risks such as unintentional weight loss or dehydration were clearly documented and risks were monitored for each person and the manager had oversight of risk. This enabled them to monitor that staff were taking the corrective action in a timely way.

Following the recent fire in another care home which was covered by the national media. The service had



recently reviewed its fire procedures, and the training manager explained that they had carried out additional supervision sessions for staff.

The service had a full time maintenance person who showed us the checks they carried out daily, weekly and monthly. They carried out fire checks, servicing and drills and water temperatures. There were some things they were not responsible for but knew who was and told us how staff communicated concerns through handover and through resident of the day. They said when they had resident of the day rooms would be checked thoroughly but there were also daily visual checks.

There were systems in place to reduce the risk of harm and or actual abuse. Staff received training and were knowledgeable about safeguarding procedures and who to report to. Some staff knew about the role of external agencies, other staff were less clear. Staff knew the importance of keeping records and using body maps to record any unexplained bruising or changes to a person's skin condition. The manager had a good understanding of safeguarding and carried out audits to assess the safety and effectiveness of the care provided. They told us about one safeguarding issue they were dealing with. They had raised it with social services to ensure the matter was fully investigated and the necessary protections were put in place. The manager was highly visible in the service and staffs practices were observed. They operated an open door policy and met regularly with staff, relatives and helped deliver care which helped them know what was going on in the service.

## Is the service effective?

### Our findings

At the last inspection we identified concerns about how staff supported people to have an adequate diet and fluid intake and we had concerns about staff training and how this enhanced their working practices. At this inspection we found this had been addressed.

We also had concerns at the last inspection about staffs understanding and implementation of the Mental Capacity Act, The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were deprived of their liberty, safeguards were in place and DoLS applications had been made to the local authority, approved and held on file. All viewed were within date. People were consulted about their day to day care and asked to make decisions. Where people found this difficult others were involved in best interest decisions. We found the provider had policies and procedures on the MCA and staff had received appropriate training.

However we still had a number of concerns about this area. Staff mostly worked lawfully to support people in terms of consent but we did identify issues with covert medication administration. The process for assessing and recording capacity and best interest decisions when considering covert administration was unclear. Some people had instructions on their medication administration record to administer covertly in certain circumstances such as when agitated or when they declined their medicines. Staff knew to offer people their medicines but when this failed to administer it covertly. The GP has been involved in the decision but people's records did not show that a best interest's decision making process had been followed or if they had consulted with others as part of their decision making processes.

We saw bedrails risk assessments and consent was sought although in one case a relative had given consent where a person's physical disability meant that they could not sign the form. This needed to be made clearer to demonstrate the person's agreement. We saw in people's care plans that staff were reminded to offer people choices and be encouraged to make decisions about what they wore, ate and other day to day issues.

One person's care plan described their needs well but stated they sometimes slept in their chair overnight. This has obvious risks to the person's skin integrity and risk of oedematous legs but this was not documented. There was nothing in their care plan about how the staff should promote a good night's sleep with the persons preferred routines. The service had not considered what was in the person's best interest or able to demonstrate that they had considered this in relation to this persons care. People's records did not

clearly show whether people had capacity to make decisions all of the time. Records stated staff should act in the person's best interest but it was not clear how they were doing this.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people on the nursing floor had come from a hospital setting and had information regarding their preferred priorities of care towards the end of life and what they would wish to happen. Do not attempt resuscitation (DNACPR) requests were in place for some people, and this was discussed with people when they moved into the service. End of life care was discussed with the manager and the services policy was for each person to have an individualised plan according to need, where possible complying with the wishes of the person and family.

At this inspection we found staff were knowledgeable and competent and some staff were new to their role and still settling in. One new staff said, "I'm still on probation, I have worked on all the units and shadowed more experienced staff. I was familiarised with the building and health and safety." A new system of training and clinical supervision was being introduced by the manager, starting with the introduction of "mini stop sessions", bite sized ten to fifteen-minute training sessions following handover, followed by more in depth sessions over the next two to three months. Two staff members were completing their NVQ training, Subjects covered to date included Mental Capacity Act, DoLS, Pressure Area care including cause and effect, Distress Reactions, Dementia Awareness. Staff questioned were aware of these sessions and found them useful. The service had a training officer who had been at the service for twenty years and was extremely knowledgeable, knew people well and tailored training around the needs of individuals. They told us they regularly observed staff particularly when giving personal care. They said this was done with people's consent and helped ensure staff were observing high standards of care and upholding people's dignity.

Staff confirmed that training was delivered before they started their job. One said they had finished their induction, "I did all the important training the week before I started". They stated they had six weekly supervisions. New staff were supported through an induction which included some basic training, shadowing more experienced staff until they felt confident to work on their own and completing the care certificate if new to care. This was a nationally recognised induction which went through all the core standards and skills required for care staff.

The manager told us they had introduced a no blame culture for mistakes, which dependent on the issue, meant that problems were being tackled within supervision with the emphasis on education to improve practice. Disciplinary action was only being considered as a last resort.

People were supported to eat and drink enough for their needs and any risks to hydration and nutrition were monitored. We observed drinks in easy reach. One newly arrived person told us, "The food is quite nice – what I've had of it." A person at risk of malnutrition was observed as having additional calories such as milkshakes and their daughter confirmed she had two a day. We saw that people were promptly referred to dieticians when their weight fell below a certain threshold. Evidence was seen of individualised nutrition plans for people and staff were observed helping people at lunchtime where relevant, and encouraging hydration.

The meal observed appeared nutritious and balanced; staff appeared knowledgeable with regard to any special dietary requirements. Lunch was run over a number of hours and was relaxed with most people getting appropriate support in an unhurried way. However, we noted people in their rooms did not always get timely support. In one instance we observed a person with a tray of food and they were sleeping so were

not getting the supervision they needed. We also noted another person was feeding themselves and staff came along and started to assist them without first asking the person for their consent this did not uphold their dignity.

On the day of inspection the kitchen was short-staffed but the relief cook demonstrated a good knowledge of people's dietary needs and preferences. They were able to tell us about people who needed a pureed or fortified diet and how they accommodated their needs. Ten people had a diagnosis of diabetes and, although they had not received training related to diabetes, they showed an understanding of the issues related to people's dietary requirements. One person was vegetarian and the service offered a vegetarian option at each mealtime. Another person had a preference for soft food and we saw them eating a soft diet.

The manager confirmed they completed regular audits and anyone losing weight of more than two kilograms would automatically have a nutritional care plan in place showing what actions had been taken to prevent any further unplanned weight loss. The manager had weight trackers and could see at a glance if people were nutritionally compromised. This helped them have an oversight of risk and take actions.

People's health care needs were well met and staff had the necessary skills to meet people's needs. We observed a person with a percutaneous endoscopic gastrostomy (PEG) tube in place and feeding through the tube which goes directly into the stomach was observed. Staff were aware of why the person was fed through a tube, the risks involved and the correct procedures to follow. Staff were aware of risks associated with choking and the correct procedure to follow.

We saw evidence of satisfactory care audits, for areas such as: urinary tract infections, chest infections, infection rates, falls, pressure sores, and continence records. This meant the manager had oversight and could investigate anything affecting a person's well-being and could look for themes, patterns and trends which could then help them try to actively reduce them.

The manager said a record of continence aids was present but required updating. Plans were in place to address this. We noted where people had aids to promote continence there were no pad sizes recorded. People were also described as being able to use the toilet but were still using incontinence products which meant people were not supported appropriately to manage their continence. It was not clear when pads were appropriate to use as there was no assessments in place to advise staff. Ill-fitting incontinence pads could compromise their skin integrity. However we were confident this was being addressed.

On admission to the nursing home, with their or their families consent, all people were registered with the local GP practice who did a weekly "care visit" to everyone to ensure on-going healthcare support. This was something the provider paid for to ensure people's health care needs were being met. Staff described a very good relationship with the local surgery. Relatives were aware that the GP was in the building and staff told them the GP was available to talk about their relative. We later observed the GP chatting to them and their relative. On talking to a visiting healthcare professional (Occupational Therapist), and visiting relatives, all were happy with the standard of care given and had no complaints.

## Is the service caring?

### Our findings

At the last inspection we identified concerns around people not being given enough choice within the service.

At this inspection we identified positive relationships between staff and people using the service and visitors. A nurse on duty told us; "Here it's all about the residents" A relative was very positive. They told us. "They were very good at supporting when [relative] passed away. The care my relative received was excellent. They helped [my relative] grieve and us too as a family. They are so good. Two weeks after I brought him here he said, "That's alright here. I'm alright." Another family member said "This is now [my relative's] home, and we feel comfortable visiting. We can come in all the while and that's how it should be."

We observed staff calming and distracting a person who was becoming anxious as their relative was coming to visit but they were confused about the time. Staff got down to the person's level. Held their hand and reassured them. They brought them a drink and then made sure they popped by to make sure they were still ok. Another person was very anxious and calling out continuously. Staff were mindful of the persons needs and frequently checked them and reassured them, not leaving them unattended for more than a few minutes.

Staff were caring of each other. We asked one staff member if they were leading the shift and they told us, "No we work together as a part of a team." We observed effective communication on shift and staff being asked to take regular breaks and supported to work effectively.

People and their next of kin were consulted about issues affecting them and the care provided. This was an area where the current manager was proactively trying to improve. Relative and carers feedback events were being introduced; one had taken place recently, with plans for more to follow on a regular basis. Multidisciplinary team meetings were occurring on an ad hoc basis at present but there were plans to formalise later. Where possible people and families and carers were involved in care planning and this was documented in the records and was being expanded.

People's privacy was respected and we observed staff offering people appropriate choices. On arriving at the service we saw that some bedrooms had no net curtains and rooms were easily visible from the car park. This could compromise people's dignity. We observed staff knocking on doors and waiting for people to respond. We saw them uphold people's dignity and provide care in a sensitive, timely way.

## Is the service responsive?

### Our findings

At the last inspection to this service concerns were identified including: care plans not always being up to date or reflecting people's needs and complaints not always being responded to.

At this inspection we found improvements had been made to people's care plans. This was work in progress as the manager had updated all the care plans following the last inspection to ensure that they held basic information about people's needs. The manager and care staff were now in the process of reviewing and updating them to ensure that the care plans were personalised and more detailed. Records did not always show who had been consulted in terms of their implementation and review. However the manager told us they always invited relatives to give feedback as part of the admission process. They also held monthly reviews and asked people and families to be involved where possible.

We found some care plans had very little information about people's life experiences, previous occupation and family life. The manager told us some families did not provide this information on request but in time staff learned about people's needs. We felt this information was important in providing care to people and would enhance staff's understanding of the person's needs. Staff said they spoke with families and gleaned information about people's needs from them. This information was not always added to care plans because care staff had not always been involved in implementing and updating care plans. This work was now underway.

Care plans were regularly reviewed but we found daily notes had limited information so it was not possible to see how staff were meeting people's needs or following their care plans. We found information was kept in different places and not cross referenced which meant staff did not have access to all the information they would need before delivering the care. This could impact on the level of care provided. The manager said nurses had access to a need to know sheet where basic information about each person was collated and would help a new member of staff see at a glance what the person's main needs were. The manager told us they were constantly changing and updating the care plans. They said it had been difficult to update the care plans as previously they had been generic and not specific to the person which explained why it was taking time to provide detailed, personalised information for each person.

For people recently arrived to the service we saw they had a clear care plan which outlined their basic needs. It identified what they could do for themselves as well as what help they needed and their preferences. It stated they liked their clothes to match and preferred skirts. We observed them to be smartly dressed with matching clothes.

Another person's care plan told us they had dementia and gave us information about the type of dementia they had and detailed their behaviours when they became distressed, possible reasons for their distress and how staff should respond in the least restrictive way possible. This meant staff could work consistently with people and understand more about why they might behave in a certain way. We saw staff working in a calm way and responding to them. The care plan also set out what the person could do for themselves and how staff should offer them a choice and promote their independence as far as possible.

Activities were provided on the day of inspection but we observed these to be fairly limited due to the high level of need and cognitive impairment for some people using the service. This meant that some people would require significant input to benefit from activities and some activities were not suitable. The manager told us after our visit that they had set up a reminiscence lounge. It contained memory boxes, reminiscence items, sensory equipment and a range of activities and support equipment. This area was used to hold reminiscence activities sessions. However staff told us it was sometimes difficult to engage people and there were limited items people could look at. The staff we spoke to were not all clear about the equipment available to them to support them in engaging people in meaningful activity.

Staff confirmed that there were activities taking place every day. The manager said they were currently advertising for weekend activity staff to enhance people's experiences. Staff said people did painting, art and crafts played games, ball activity and went out around the grounds. They said they had singers and a number of volunteers did this. We observed staff engaging people in meaningful activity but these interactions were short as staff were busy. They said things were quieter in the afternoons but we observed little to engage people on the dementia care unit. We observed a number of people who were extremely frail and who were not supported in meaningful engagement. We also observed a number of people in the unit for people living with dementia who spent long periods of time with no staff interaction at all. Daily records did not always reflect how people spent their time and what was provided to alleviate social isolation and enhance people's well-being. Some records contained more personalised information but records were not consistently recording information about people's activity and well-being. Following the visit we were provided with additional information which was not seen at the inspection because the activity co-ordinator was not there. This provided additional information about activities that take place when the activity co-ordinator is present.

There was a complaints policy and procedure in place. One formal written complaint had been received since our last inspection and one verbal complaint. Both had been appropriately responded to and the matter resolved in a timely manner: We spoke with relatives. One told us "Everywhere has problems but you speak to the manager and it's sorted. She doesn't try to cover it over and she says, 'That's not right, we'll sort it' and she does".

We noted resident/relative meetings have not been taking place in recent months but this has been noted and a new set of meetings had been arranged and the first one taken place. Only two relatives and two service users attended but the hope was that the meetings would be better attended and more widely publicised in the future. Feedback from the most recent meeting was positive.

As a result of feedback the provider told us that they are going to put a 'You told us, we did this' board up in the reception area to show how the service has responded to suggestions and informal issues raised by people using the service and relatives.



## Is the service well-led?

### Our findings

At the last inspection of the service, there was no registered manager and no effective system of audits to ensure continuous improvement and effective management of risk.

Although progress had been made to improve the overall effectiveness and quality of the service provided some of these planned changes had not yet been made or were not fully embedded which is reflected in the rating for this key question. We have sought additional assurance from the provider that they will continue to monitor the service and make the changes required. Care plans were being updated by the manager. We discussed with them the need to transfer ownership to the staff which they had already recognised. To get staff on board with this they had begun to delegate some of the review processes to nurses and senior staff. Resident of the day had been brought in to focus on all aspects of a person's care on a particular day. The provider saw this as a key strategy in ensuring the quality of care remained high.

The manager had only been in post since November 2016 and the deputy manager was also relatively new to the service. Both had considerable experience of working in care settings. On speaking to other staff members, there were a relatively high proportion of new starters, but again all had considerable experience of working in care settings. Staff and relatives had confidence in the new management team. Staff were very positive about the manager and the changes they had implemented. One said, "I can chat to them. I know she's the manager but you can talk to her. She's good". One relative described the manager as, "A lovely girl with excellent management skills." Staff told us they were well supported and new staff said when joining the service they were made to feel welcome. One staff told us, "The managers amazing, they are supportive. The manager has implemented a lot of changes, more routine, more structure staff handovers, meetings, supervisions and working alongside staff."

The manager told us they were well supported by the provider and regional manager and the provider expressed confidence in the new management arrangements and gave them the autonomy to manage. The service was working towards meeting its action plan and everything we identified had already been identified by the provider and actions were in place to address it. The manager said there were more staff in post and no agency usage. They said they closely monitored sickness and had a massive recruitment drive. Once in post they were supporting staff to develop their professionalism and feel part of a team. They felt the service was stabilising and there had been a culture shift resulting in improved care through greater cohesiveness and consistency.

We noted on arriving to the service there was a book of compliments available and on view. All compliments have been anonymised. Surveys had been sent out to people using the service, professional and relatives and people were encouraged to rate the service on a national website and leave any reviews. Monthly managers meeting had been held and the manager was trying to encourage more relatives to become involved and give their feedback.

The manager was proactive in supporting their staff and told us they were looking to develop champions for nutrition, training infection control and dementia. They were waiting to see if people put themselves forward so they could be sure they have a particular interest in doing this.



They were also developing a charter of values and had asked the staff to contribute their ideas. They had made a box for staff to post their ideas in so that they could hear from those who do not have the confidence to push their ideas forward in a meeting for example.

A new electronic recording system meant that focused quality audits could be analysed to look for patterns and trends. Audits were in place to help ensure people received a safe, effective service through regular monitoring and taking actions when shortfalls were identified. The new compliance manager had completed two compliance audits over five weeks since coming into post. These audits were very thorough and actions to address the issues identified were in progress. This resulted in an improving service.

The manager was able to tell us how they had adapted the service to meet people's needs. For example, the dementia floor currently only supported men and reasons for this were explained. The manager told us with the right interventions how some people now experienced better outcomes and had less falls or incidents of behaviours which negatively impacted on them or others.

The service had systematically worked through the action plan they submitted to us following the previous inspection. Most areas had been completed and those still yet to complete were well underway. We have highlighted these areas in the report. Additional training had been provided to staff in key areas such as dysphasia training and staff had to demonstrate that they could thicken drinks to the required consistency correctly in order to reduce the risk of choking.

Audits had brought about changes and improvements by identifying areas for training and improvement. For example a diabetes audit identified that staff had a good knowledge of what to do if a person's blood sugar was too low but the service had no stocks of glucose tablets so these were promptly purchased. The new audit system meant the provider had good oversight of people's weights and falls and was able to easily analyse trends and take prompt action.

Recently the pre admission assessment had been identified as being too brief and new one had been drawn up and has started to be rolled out. The new form goes into greater depth and information will more easily be disseminated to staff once it is placed on the electronic record.

A real commitment to ensuring quality auditing process was improved. An operations manager post was created and a new quality assurance system implemented. The provider invited a representative from Norfolk County Council to carry out an unannounced quality assurance audit. This identified an improving picture. The provider trusts the management to run the service on a day to day basis and has good oversight of significant issues affecting the service.

A health and safety audit had been carried out by an external agency on recently and all items identified for action, such as training for first aiders and provision of spillage kits had already been actioned.

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 11 HSCA RA Regulations 2014 Need for consent  The service did not always document how they were making decisions in people's best interest and if they had sufficiently involved and consulted with others in making those decisions.