

East Anglia Care Homes Limited

Sutherlands Nursing Home

Inspection report

136 Norwich Road
Wymondham
Norfolk
NR18 0SX

Tel: 01953600900

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sutherlands Nursing Home is a residential care home providing personal and nursing care in one purpose-built property. The service can support up to 52 people, they were providing care to 37 older people at the time of the inspection. A unit on the first floor specialises in care to people living with dementia.

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

People were happy with the care home and the staff that provided their care.

People felt safe living at the home and staff knew how to report possible harm. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. The provider obtained key recruitment checks before new staff started work and there were enough staff working at the service.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff used protective equipment, such as masks, gloves and aprons, the service was clean and measures had been taken to reduce the risk of transmission of infection.

Systems to monitor how well the home was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

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

Rating at last inspection

The last rating for this service was good (published 27 October 2018).

Why we inspected

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

The inspection was prompted in part due to concerns received about assessing risks, staffing, medicines, and infection prevention and control. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Sutherlands Nursing Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sutherlands 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors.

Service and service type

Sutherlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. We contacted the service a few minutes before the inspection visit. This was because we needed to know the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection.

This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service, and four staff members, including the registered manager. We spent time observing interactions between people and staff, and how people spent their time. 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.

After the inspection

We spoke with a further five people, two relatives and a further six staff members by telephone.

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records. This included four people's care records and medication information. We looked at information for three staff files in relation to recruitment. We also looked at a variety of information relating to the management of the service, including auditing and analysis of records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel safe as I can't see but I know staff will be there when I need them." A relative told us they knew who to speak with if they had any concerns about their family member's safety.
- Effective safeguarding systems were in place. Staff told us they had received safeguarding training and they understood what to do to protect people from harm, and how to report concerns. One staff member told us, "I know I can go to the manager and (registered) manager. If needed, I could call the safeguarding team (local authority)." We received appropriate notifications about incidents of possible harm, and the registered manager had made referrals to the local authority safeguarding team for all of these.

Assessing risk, safety monitoring and management

- We received information before our inspection that equipment did not always work properly. Staff assessed risks to people's health and welfare in areas such as, behaviour that challenges, or moving and handling. They followed actions to reduce risks and these assessments, as well as care plans, provided guidance about how to support people during these times. A staff member told us, "It's about doing things properly and safely. I was shown information about each person's risks such as choking, pressure sore, mobility, independence and equipment such as airflow mattresses, hoists and slings." We saw that staff supported people to stand safely when they needed help with this.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment, such as pressure relieving mattresses. Staff told us they checked mattresses to make sure they remained safe for people to use. Fire safety equipment was in place and regular safety checks had been carried out.

Staffing and recruitment

- At the time of our visit, there were enough staff on duty to support people. We received information of concern before this inspection that there may not have been enough staff working at the service. People told us staff were usually available when they were needed. One person said, "Staff come quickly to help me. If they are busy they tell you roughly how long they will be." Another person told us, "[Staff] tell me why they may be a little while. If it's urgent ... they are there straight away."
- Staff responded to call bells promptly during our visit and they told us that there were enough staff available. One staff member said, "We never have to rush," and another staff member told us, "We always have enough staff."

- The registered manager told us they made sure there were always two staff members present on the first floor (dementia unit). This was the case for most of our visit to the unit. We spoke with the registered manager about a short period of time after lunch when there was only one staff member present. They said they would speak with staff to ensure there were always two staff members available.
- The provider made sure required pre-employment checks had been obtained before new staff started working at the service. A staff member confirmed the checks, such as Disclosure and Barring Service (DBS) checks, had been requested and returned before they were able to work. They also told us they had worked with an experienced staff member until they knew people and the care and support they needed well.

Using medicines safely

- We received information before this inspection that medicines were not always given as prescribed because people were asleep. The registered manager had identified this issue through their auditing process. They took action to improve by asking for a medicine review or a change to the time of the medicine administration where possible.
- Staff had received training and they completed competency checks to safely give medicines. There were instructions for giving medicines that needed to be taken in a specific way or as required. One person told us, "Staff give me my medicines. I have some with a glass of water."
- Medicines were stored securely, and action taken to make sure they were kept in the correct conditions. Staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- People told us that they lived in a clean and tidy environment. One person said, "They keep my wheelchair clean." The home was clean, tidy and smelled pleasant when we visited. Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. We were assured that the provider was promoting safety through the layout and hygiene practices in the home.
- We received information before this inspection that staff were not using personal protective equipment (PPE) appropriately. Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They all used PPE in the correct way to help prevent the spread of infection. We were assured that the provider was using PPE effectively and safely.
- There were clear information and guidance for staff about infection prevention and control changes since the start of the Covid-19 pandemic. The registered manager had managed new admissions to the home and taken action to reduce any risk of the spread of infection. They had arranged whole home testing for staff and people living at the home so that action could be taken promptly to isolate infection. We were assured that the provider's policies were up to date, they promoted safety through the layout and hygiene practices and that testing was available.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these and the registered manager completed an analysis to identify such things as increases or decreases in behaviour that challenged or whether actions had been effective.
- Details of learning from incidents was passed on to staff, so they knew what action they needed to take to change their practice. One staff member told us, "The management team tell us about any learning to be had." They went on to describe a minor issue that we had seen during our visit and that what they had been asked to do as a result.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We received information before this inspection that there was not always a positive culture at the service. The registered manager and staff worked hard to develop a person-centred culture within the service. Staff told us they liked working at the home, one staff member said, "I feel one hundred percent supported in my role. It's a really friendly place to work. The staff work as a team. We help each other out. All staff are very professional." Another staff member told us, "[The managers] are very good at showing us how to do things properly. I feel supported in a positive way and have never felt that I couldn't raise an issue."
- Staff were committed to providing high-quality care and support. They understood their responsibilities to ensure people received the care they needed and stepped in to support other staff when needed. One staff member told us, "They [nurses and manager] show you exactly what to do and how to do it to keep people's care as good as it can be."
- Staff were positive about the skills and abilities of the registered manager and other senior staff. One staff member told us, "The nurses and managers are brilliant." Other staff said they were confident they could speak with the registered manager about any concern.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things.
- The service displayed their inspection rating on their website and at the home.
- Relatives told us they were contacted and updated with information about their family members, such as if they had a fall. This meant the registered manager was open and honest with people, their relatives and stakeholders about what had happened and how they had addressed the issue.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us people and their relatives were usually invited to a regular monthly meeting for their views of the service. Since the Covid-19 pandemic this changed to individual conversations

with staff via electronic systems. Relatives told us staff contacted them to keep them up to date with what had been happening. One person told us they still had meetings every month with the registered manager and another person said, "The manager does ask us every day how we are."

- A relative told us they had been involved in a review of their family member's care, which provided them with the opportunity to feed back about the service the person received.
- Staff told us they could discuss issues with a variety of other staff, which gave them support and information was shared with them.

Continuous learning and improving care

- The registered manager completed audits of the different areas of the home each month, such as health and safety and care records. Other senior staff were also responsible for completing audits of information about the care provided to people, such as the records staff kept about the care provided and equipment checks. They had identified an issue with medicines and taken appropriate action to improve.
- The registered manager had taken action to identify where improvement may be needed and we found staff were positive and created a caring atmosphere in the home. They had identified areas in relation to infection prevention and control where changes reduced the touching of surfaces and made cleaning of furniture easier.
- Records of accidents and incidents were analysed to find trends or themes, such as the cause or contributing factors. This enabled the registered manager to take action where needed and reduce reoccurrence.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority and Public Health England. The provider and senior staff contacted other organisations appropriately and we found they communicated clearly when working with health colleagues.