Sanford House Limited

# Sanford House Nursing Home

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 15 December 2015.

Sanford House Nursing Home is a care home that provides accommodation and nursing care for up to 40 older people, some of whom may be living with dementia and/or a physical disability. The home is on one floor and is split into two wings. These are a nursing wing that can accommodate up to 25 people and a dementia wing that can accommodate up to 15 people. On the day of the inspection, there were 39 people living at the home, 24 in the nursing wing and 15 in the dementia wing.

There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

Some areas of the home and equipment being used were not clean and the staff did not always follow good infection control practices. The principles of the Mental Capacity Act 2005 had not always been followed when decisions had been made on behalf of people who could not make them for themselves. Therefore, their human rights may not have been fully protected.

Staff treated people with kindness and compassion. However, some staff did not always treat people with respect.

People who were able to provide us with their feedback on the care they received and the relatives we spoke with were happy with the care provided at Sanford House Nursing Home. They recommended it as a place to live.

People's care needs and individual preferences of how they wanted to be cared for had been assessed and were being met by the staff. There were enough staff to provide people with the care they needed and they knew the people they cared for well and people felt listened to. People received their medicines when they needed them.

People received enough food and drink and they were quickly referred for specialist advice if there were any concerns about their health. The staff had received enough training to give them the knowledge to provide people with effective care and they felt supported in their job. The staff knew how to protect people from the risk of abuse and people had access to activities to complement their hobbies and interests.

People and their relatives knew how to complain if they were unhappy about anything and were confident to approach the staff or registered manager if they had any concerns. People and their relatives were encouraged to be involved in the running of the home and were regularly asked for their opinion regarding this. The quality of care that was provided was monitored regularly.

There was one breach of the Health and Social Care Act 2008, Regulated Activities (2014) and you can see what action we have told the provider to take at the back of this report.

We have made a recommendation regarding following the principles of the Mental Capacity Act 2005 when making best interest decisions on behalf of people.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Some people's bedding and rooms were unclean and some staff demonstrated poor infection control practice.

There were enough staff to meet people's needs and the provider had systems in place to reduce the risk of people experiencing abuse.

Risks to people's safety and the premises they lived in had been assessed and were being managed well.

People's medicines were managed safely.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

The principles of the Mental Capacity Act had not always been followed when making decisions on behalf of people in their best interests.

Staff had received training to provide people with the care they needed.

People had a choice of food and drink and they received enough to meet their needs.

People were supported to maintain good health.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

Staff were kind and compassionate but on occasions, people were not always treated with respect.

People and their relatives where required, were involved in making decisions about their care.

People were supported with their spiritual or religious needs.

## Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences had been assessed and were being met.

Staff supported people to access activities to complement their hobbies and interests and to enhance their wellbeing.

The provider had a system in place to investigate and deal with complaints.

## Is the service well-led?

Good

The service was well-led.

People and relatives were happy with the care that was being provided.

Staff felt supported in their role and were able to raise concerns which were listened to and dealt with.

People and their relatives were involved in making decisions about the running of the home.

Links with the local community had been established to improve people's wellbeing and the quality of the care being provided was regularly monitored.

# Sanford House 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor who was a nurse by profession 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.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

Most of the people living at Sanford House were unable to communicate their views to us about the care they received. Therefore, we spent time observing the care and support they received. As well as general observation, we also 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. We obtained feedback from four people who lived in Sanford House about the care they received and four relatives who had family members living in the home.

We spoke with six care staff, two nurses, the chef and the registered manager. The records we looked at included eight people's care records, nine people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We also looked at maintenance records in

respect of the premises and equipment and records relating to how the provider monitored the quality and safety of the service.

Requires Improvement

# Is the service safe?

## Our findings

When we entered the home, there was an unpleasant odour present within the reception area. This odour continued into the nursing wing and was present throughout the day. We therefore checked four people's bedding and rooms to ascertain the level of cleanliness within these areas. All four people's mattresses were unclean. Two of them had debris on them and two of them had a strong smell of urine. All four people's beds had been made over the top of the mattresses. We also found that one person's pillow case had a stain on it. The floors in two people's rooms were unclean and had debris on them.

One of the communal toilets was unclean. We observed that there was faeces on the pan that remained for the duration of the inspection. Some of the chairs in the dining room had food debris on them and required wiping. We also saw that some staff demonstrated poor infection control practice. One staff member was not wearing a protective apron when they were handling soiled linen. Therefore there was a risk that their uniform would become contaminated. Another member of staff was seen stroking someone's hair and then handing another person a snack using the same hand without washing their hands first. One of the relatives we spoke with told us that they were concerned about the level of cleanliness within the home reulsting in them regularly cleaning their family member's toilet and room.

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

We told the registered manager about our findings and they agreed to investigate into this matter immediately.

The four people we spoke with had mixed views about whether there were enough staff available to meet their needs and preferences. Two people were satisfied that there were enough staff. One person told us, "I think so. I have a buzzer and I know they're [the staff] there and will come". Another person said, "Oh yes, they are there when I need them." However, the two other people we spoke with said they did not feel there were enough staff to meet their needs. One person said, "The staff are always rushed. I woke up early [this morning] but it was 9:45am before they got me up. I had had nothing to drink or eat either and was thirsty and hungry." They added, "Washing me is rushed. They [the staff] are not thorough enough. There is never any time for them to chat except when they are doing things for me." Another person said, "They [the staff] are a bit stretched at times. They do well but they never have time to talk or chat".

We also received mixed views from the relatives we talked with. Two relatives were satisfied there were enough staff but two were not. One relative told us, "Yes I think there are. [Family member] tries to be as independent as possible." But another relative said, "No, I don't think so. In the mornings the staff are always rushing. It depends who is on but they [care staff] are mostly in a hurry. [Family member] wishes they would slow down, not rush her as much and be a bit more thorough with her wash routine."

The majority of staff told us that they felt there were enough staff to meet people's needs and preferences. However, one staff member did say that they often felt rushed and could not provide the level of care that they wanted to, particularly in relation to personal care.

On the day of the inspection we observed that the staff provided people with care when they required it. Call bells were answered promptly and people received assistance with personal care and to eat and drink. We also saw that staff had time to talk with people in the dementia wing on the afternoon of the inspection, although there was little interaction taking place with people within the nursing wing.

The registered manager told us that the staffing levels were calculated based on people's individual needs using a dependency tool. They stated that they had more staff working than the dependency tool had calculated was required. There were no staff vacancies at the home and there were systems in place to cover any unplanned staff absence. Although we saw on the day of the inspection that there were enough staff to meet people's needs, we asked the registered manager to review their staffing levels to ensure that the staff were deployed effectively to meet people's needs all of the time. This was in response to the feedback we had received from some people who lived at the home and their relatives.

The required checks had been completed by the registered manager when recruiting new staff to the home. This included obtaining character references and checking with the Disclosure and Barring Service that the staff member was safe to work with people. It also included checking that the nurses were correctly registered with the Nursing and Midwifery Council and that they had no restrictions on their practice. This reduced the risk of employing staff who were unsuitable to work within care.

All of the people and relatives we spoke with told us they felt safe living at Sanford House Nursing Home. One person said, "I used to live with my [relative] but worried a lot when she went out. In here, there's always someone around." A relative told us, "I have no problems with [family member's] safety here."

The staff we spoke with were able to demonstrate that they had a good knowledge of what abuse was and they were clear on the correct reporting procedures if they suspected that any form of abuse had taken place. We saw that the registered manager reported incidents of abuse or suspected abuse appropriately to the necessary authorities.

There were some people who lived in the home who often became distressed and upset. There was clear information within these people's care records giving staff guidance on what may trigger this behaviour and how they could assist the person to calm down to reduce the risk to their own and other people's safety. The staff we spoke with had a good knowledge regarding the techniques they would use and we observed this in practice. Where people regularly became upset and distressed, this information was recorded and action taken. For example, two people had been referred to specialist healthcare professionals for advice on what support they needed. Extra staff were also supplied when necessary to give some people one to one care. We were therefore satisfied that the provider had systems in place to reduce the risk of people experiencing abuse.

Risks relating to people's safety had been assessed. These included areas such as falls, helping people to move, the use of bed rails, pressure care, choking and nutrition. There were clear actions documented within people's care records detailing what actions staff needed to take to reduce the risk of harm. We saw that staff followed these actions. For example, one person had been assessed as being at a high risk of choking when eating. To reduce this risk, staff were to provide the person with a special diet and make sure they were sitting upright when eating their meals. Another person was at risk of falling out of bed and potentially injuring themselves. To help mitigate this risk, the person had a bed that was low to the floor. Risk assessments were reviewed regularly to make sure that the staff had up to date information on how to reduce risks to people's safety.

Risks in relation to the premises had also been assessed and regularly reviewed. We saw that fire doors were

kept closed and that the emergency exits were well sign posted and kept clear. Some areas had been identified as containing items that could be harmful if used inappropriately such as a cupboard containing cleaning fluids. We saw that these areas were kept secure and locked to prevent unauthorised entry. Testing of fire equipment and the fire alarm had taken place. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or finding someone unresponsive within their room. The equipment that was used to support people to move such as hoists had been regularly serviced to make sure they were safe to use.

Staff understood the process that needed to be followed when a person experienced an accident or an incident in relation to their care. Records had been kept in relation to these and the registered manager had investigated each one. Actions had then been taken to reduce the risk of these accidents or incidents from happening again in the future. For example, one person who had experienced some falls during one month had been referred to the specialist falls team for their advice and support.

The people and relatives we spoke with told us that medicines were received when needed. We found that people's medicines were managed safely. All of the medicine records that we checked indicated that people had received their medicines as requested by the person who had prescribed them. Medicines were stored securely so that they could not be tampered with or removed. The staff had received training in how to give people their medicines and their competency to do this safely had been regularly assessed by the registered manager.

There was clear guidance in place for staff to help them give people their medicines safely. This included information about allergies people had, a photograph of them to help staff make sure they were giving the correct person their medicines and also on how and when to give people 'as and when required' medication. We saw that people had their medicines reviewed each year or when it was necessary to make sure they were appropriate.

Requires Improvement

# Is the service effective?

## Our findings

The staff and registered manager told us that there were a number of people living in the home who lacked capacity to make decisions about their own care. Therefore, they had to work within the principles of the Mental Capacity Act (MCA). The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with told us they had received training in the MCA and DoLS. From conversations with them, it was clear that they had a varying knowledge regarding the subject. Some staff had a clear understanding of the MCA and DoLS and how this legislation impacted on their care practice, whilst others did not. Some staff that were supporting people on a one to one basis and who had a DoLS in place did not understand what a DoLS was. However, all of them were clear about the importance of offering people choice. They understood that any decisions they made on behalf of the person had to be in their best interests if they were unable to make the decision themselves.

We observed throughout the inspection, that most care staff followed the principles of the MCA when making day to day decisions for people in their best interests. This included asking people for their consent before performing a task to ascertain if they could consent to it and supporting people to make decisions about their care needs, such as what to wear or eat.

For more specific decisions about people's care, we saw some evidence that meetings or discussions had taken place with the relevant people when the staff at the home were making decisions in the best interests of people. For example, decisions to give people their medicines covertly (hidden in food or drink) had been discussed with the person's GP and a pharmacist and those close to the person. However, we found other examples where best interest decisions had not been documented.

For example, one person was receiving one to one care from the staff and also had a sensor mat in their room to alert staff of their movements and another person had bed rails on their bed. There was a general MCA assessment within their care records around the person's ability to make their own decisions. However, there was no evidence to show that the registered manager had assessed whether these people had the ability to consent to these specific decisions regarding their care. There was nothing to show what support the person had received to make these decisions, whether any less restrictive actions had been considered or who had been involved in making this decision in the person's best interests.

The registered manager had applied for permission from the local authority supervisory body to deprive some people of their liberty in their best interests. Where these had been granted and conditions had been attached by the supervisory body, these were being followed by the staff. However, for some applications

that had recently been made to the supervisory body for their assessment, an MCA assessment had not always been conducted first. We also found that the registered manager had applied for a DoLS for two people whose MCA assessments had been conducted but these stated that they had capacity to make their own decisions. This would mean that a DoLS would not be necessary. We saw that one of these applications had been rejected by the supervisory body because of this. Therefore improvements are required regarding the application of MCA and DoLS to make sure that the MCA principles are fully followed to protect people's rights.

We received mixed views from the people and relatives we spoke with regarding the competency of the staff who cared for them or their family member. Two people and two relatives told us they felt the staff were well trained. One person said, "Yes they are good but of course it depends who's on." A relative said, "It's good if they're consistent staff. I have never doubted they've been trained well". Another person said, "There's the odd one or two [staff] that are not satisfactory."

All of the staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the home. We checked the staff's training and saw they had received training in a number of subjects including the safeguarding of adults, infection control, health and safety, dementia and first aid to give them the skills they needed to provide people with effective care. Staff who had recently been employed by the home were also receiving training in falls prevention and diabetes care. The registered manager told us that it was their intention for the existing staff to also receive training within these areas. The nurses had received training in venepuncture, catheterisation, using a syringe driver, wound management and more recently in how to support someone who received their nutrition and fluids via Percutaneous endoscopic gastrostomy (PEG) tube. This is a feeding tube that allows nutrition, fluids and/or medications to be put directly into the stomach. We observed a nurse providing a person with their food via the PEG and this was completed correctly. We also saw staff using correct techniques when assisting people to move, but some staff were seen using poor infection control practices.

The nurse's competency in relation to the administration of medicines had been completed recently. Any issues identified in relation to their practice had been followed up with the nurses. The registered manager said that the care staff's competency to perform their role was assessed informally through regular observations and that any issues found were addressed immediately.

New staff were completing the Care Certificate. This is a recognised qualification for staff working within the care industry. The registered manager advised that all new staff spent time shadowing experienced staff and only provided care to people when they were competent to do so. All of the staff we spoke with told us they received regular supervisions with the registered manager where they could discuss their training and development and any issues that they had.

There were a number of 'champions' in place at the home who specialised in certain areas and then passed their knowledge onto the other staff. For example, one nurse was the 'dementia' champion and another the 'tissue viability' champion. The staff told us that the training they received from the nurses was good and helped them provide people with safe and effective care.

In the main, the people and relatives we spoke with were happy about the quality of the food that was provided. One person told us, "Yes, the food is very good." Another person said, "Yes we get plenty to eat and drink. I mostly like the food." A relative told us, "[Family member] seems to enjoy the food mostly. I think they get enough to eat and drink. I do know [family member] can ring the bell and ask for a cup of tea when they like." However, one person said, "The food is plain and it depends which chef is on."

There was a choice of two main meals during the day. People told us that their choice of food was catered for and that the chef would provide them with alternatives if people did not like anything on the main menu. One person told us, "I have a cooked breakfast every morning, bacon and egg, it's very good". Another person said, "I mostly like the food and expect they would offer me an alternative if I asked." A relative told us, "They do give [family member] yoghurts now, which she does like."

The chef and the staff we spoke with had a good understanding of people's likes and dislikes in relation to food. One staff member told us how they encouraged one person to eat by offering them food that they knew they liked. Snacks were available throughout the day. We saw people being offered quiche or pork pies in the morning and cakes in the afternoon.

People's individual dietary needs were catered for. This included people who wished to have a vegetarian diet, who were living with diabetes or who required a pureed or soft diet on the advice of a speech and language therapist. People who were at risk of not eating were receiving extra support with their food intake. Their foods were being fortified with extra calories and/or they were receiving food supplements. People who required assistance to eat their food received this from the staff.

People had access to a choice of drinks throughout the day including cold and hot drinks. They were encouraged to drink regularly and people in their rooms had their drinks within their reach. Where the staff were concerned that people were at risk of not drinking enough, this was being closely monitored.

People told us that they were able to see their GP or other healthcare professionals when they needed to. One person told us, "I need new eye drops so I'm seeing the GP today. The optician came in a few weeks ago and the chiropodist comes regularly. I've seen a nurse for my leg as well". Another person said, "Oh yes, the doctor comes in regularly." A relative told us, "[Family member] had the doctor in. They [the staff] called him in specially."

Records confirmed that the staff contacted the GP or other healthcare professionals such as dentists and opticians where necessary for their advice or to provide treatment.  Specialist advice had been sought when necessary to help support people who became upset and distressed regularly or who needed help with their eating and drinking. We saw that this was requested in a timely manner. This meant that staff supported people to maintain their health.

We recommend that the service considers current guidance in relation to applying the principles of the MCA 2005 before making decisions on behalf of people in their best interests.

Requires Improvement

# Is the service caring?

## Our findings

People told us that the staff were kind and caring. One person told us, "Oh yes, I am well cared for, the staff are lovely." Another person said, "Oh yes they're [the staff] are very caring. Mostly they're kind and committed." A relative told us, "I find them helpful, kind and understanding. They respond well to requests. When I ask them to come and make [family member] more comfortable, they come straight away."

We saw some good examples of staff being caring, kind and compassionate to people who lived in the home and treating them with respect. One member of staff spent lots of time with people trying to establish what choice of music they would like to listen to and we saw staff sitting with people and talking to them. People were observed to be comfortable in the staff's presence where they smiled and were happy with the interaction. During the lunchtime meal, the staff who were supporting people to eat did this in a kind and dignified manner. They spoke to people about their food, encouraged them to eat and drink and went at the person's own pace. On the dementia wing, the staff were seen to engage regularly with people in conversation and to treat them as an individual and with respect.

However, we also observed on occasions, that people who lived in the nursing wing were not always treated with respect.

For example, we observed one staff member move some people in their wheelchairs with no prior notice or verbal interaction. Another member of staff had spent some time with people ascertaining that they wanted to have the radio on in the communal lounge area within the nursing wing. People were seen to be enjoying the music. However, another staff member entered the room and said that the television must be on in the morning and not music. They switched the radio off and put the television on without asking people if this was what they wanted. We also saw that one person who was in bed had a number of continence pads on their table which was near the open doorway in full view of passing visitors. Another person's daily care records had been left in the communal lounge within the nursing wing during the lunchtime period. These could have been accessed by visitors, therefore compromising the person's right to confidentiality. Some people's beds had been made when the mattresses were unclean. Therefore improvements are required to ensure that people are treated with respect at all times.

The staff we spoke with knew the people they cared for well. They understood people's individual preferences such as what time they liked to get up in the morning, what they liked to eat and where they liked to spend their time within the home. Staff were able to demonstrate they understood that it was important to provide people with care based on their own individual needs. People's care records had information within them about their life history. Staff told us that this information helped them to get to know the person and engage in conversation with them.

Some people who lived at the home were either unable to communicate verbally or had difficulty doing so. We observed the staff using various forms of communication with these people. There was clear information within people's care records about how the staff could support people with their communication needs and we saw this being put into practice.

People's dignity was protected when providing personal care or assisting people to move. Staff placed blankets over people's legs when they were assisting them to move. The staff we spoke with were able to demonstrate that they understood how to protect people's dignity.

Where people did not have any visiting relatives and they lacked capacity to make some decisions about their care, the home sought an advocate for people to help support them.

People and relatives told us that they felt involved in the planning of care before they/their family member moved into Sanford House Nursing Home. They also advised that they were able to make decisions about how they were cared for and that this was respected by the staff. One person who was sitting in the dining room told us, "I am very happy here. I like sitting here on my own, I like my own company. The staff help me to come here when I ask them to." Another person said, "They [the staff] do listen. If I don't want to do something they're very good mostly". A relative told us, "I like the staff, and they do listen to me." Where people were unable to give us their feedback regarding this, their relatives agreed that they were involved sufficiently in their family members care. One relative told us, "[Family members] care plan is reviewed annually. We're all involved including [family member] herself. If I wanted to look at [family member's] care plan, they [staff] unlock the cupboard and let me have it to read".

Meetings were held with the people who lived at the home and their relatives every two months to ask them for their opinion on the care they received. A dementia support group had also been set up for both the relatives and people who lived in the home. Specialist speakers attended these meetings to provide advice and support in relation to dementia.

People were supported to continue with their religious faith. Representatives from various faiths visited the home regularly. The provider's policy regarding this issue had clear guidance for staff to help them support people of many different faiths.

Good

# Is the service responsive?

## Our findings

People's individual needs and preferences on how they wanted to be cared for had been assessed. The people that were able to speak with us told us that their individual needs and preferences were usually met. This included areas such as what times to get up in the morning and to go to bed at night and how they wanted to spend their time during the day.

We observed that staff were responsive to people's needs throughout the inspection. This included assisting them with personal care when they required it or providing them with regular drinks. Staff made sure that people had access to a call bell so they could call for assistance when they needed it and checked on people in their rooms or within communal areas regularly where they were unable to use a call bell. The staff we spoke with told us that people received the care that they had been assessed as requiring and we observed this to be the case.

Care records were in place to provide the staff with guidance on the care that people required. These had clear information within them about people's needs how staff could meet these. We saw that these records had been regularly reviewed to make sure that the information within them was up to date and an accurate reflection of people's current needs. These care records were large and contained a lot of information. The staff told us that they did not often access these care records due to their size and that therefore, there was a smaller version of the care record held within people's rooms that they used for guidance. However, we found that some information within these records was not accurate. We also found that records in relation to the amount of food and drink people had received were not always updated accurately. We mentioned this to the registered manager who agreed to review this information immediately to make sure that it was accurate.

The people we spoke with told us they felt supported with their interests and hobbies. One person told us, "Yes I have enough to do, we do quizzes and games." Another person said, "I like the entertainment. A singer comes and someone plays the piano, I always enjoy that. I like to go along the corridor and talk to [fellow resident's name]." A further person told us, "I like to join in and enjoy the entertainment. We've recently been out for lunch in the mini-bus which takes my wheelchair." A relative told us, "[Family member] enjoys the outings. They've just been to the school for the Lions Club Christmas party which was very good. [Staff name] who runs activities seems very good. She [activities coordinator] arranges the entertainment. [Family member] enjoys the music and the singer."

A visit from the community minister was made during our inspection. A short service was held that included the singing of Christmas carols. The opportunity to join in the carol service was not attended by many of the people living within the home. When asked, the staff told us that there had been a breakdown in communication and that no one had let other people within the home know it was happening. The staff told us that they did know of some people in the dementia wing who would have enjoyed the opportunity to join in. This was echoed by the minister who conducted the service who knew some people within that area of the home well.

On the day of the inspection, the activities co-ordinator was not working and the staff member who was to replace them was unwell. We therefore observed that there were long periods of time where people were sitting in the communal lounges within the nursing wing with no interaction. We also saw little evidence of activities occurring within the dementia wing. However, the registered manager told us that this was unusual and that there were a number of clubs that people could join in with including a pub and games club, a cinema club, beauty and pampering club, and arts and crafts. One person we spoke with confirmed this and told us they enjoyed being part of the pub and games club.

The registered manager said that music therapy was regularly held within dementia unit, as was flower arranging and reminiscence therapy. Another person who lived in the dementia unit would entertain the other people by playing their guitar. They added that they had tried to encourage people with activities such as cake making and plant potting but that people did not want to do this. The staff we spoke within confirmed that there were usually a number of activities occurring throughout the home for people to participate in and that they tried to encourage people to take part in activities to complement their individual hobbies and interests.

People told us that they were supported to maintain relationships with those who were important to them. One person said, "I phone people and my relatives can come when they like." Another person said, "My family come regularly and I go out with my [relative] who comes most days." All of the relatives told us that they felt welcomed by the staff when they visited their family member and that there were no restrictions on visiting hours.

The people and relatives we spoke with told us that they did not have any complaints and that they felt confident to raise a concern if they needed to. One relative told us, "There's been no need but if necessary I would talk to the manager." Another relative told us, "That would be new ground. I would speak to the manager or go to Head Office."

Records showed that people's complaints or from those that were close to them had been recorded and fully investigated.  Feedback had been given to the person who raised the concern. We were therefore satisfied that people's complaints were investigated and responded to effectively.

Good

# Is the service well-led?

## Our findings

Most of the people we spoke with were happy living at Sanford House Nursing Home and all of them told us they would recommend it as a place to live. One person told us, "Oh yes. I lived with my daughter but worried about having an accident when I was at home on my own. I always have people around and help here". A relative told us, "Yes, we would recommend it,100%."

People and their relatives told us that they knew who the registered manager was and were happy to speak with them if they needed to. They also told us they felt the home was well led. One person told us, "Yes, [registered manager] calls in to see if everything's alright." Another person said, "Yes, [manager's name] is around sometimes. I think the home is managed okay." A relative told us, "[Manager's name], is approachable. I see them occasionally. Yes, the home is managed well." The staff also told us that they felt supported in their jobs and understood their individual roles and responsibilities. They said they could raise any concerns with the registered manager without fear of recrimination and were confident that actions would be taken in response to these concerns. This demonstrated that the registered manager had an 'open door' policy where people, relatives or staff could approach them when they needed to.

The staff told us that their morale was good and that they worked well as a team to provide people with care. They also said that the communication between themselves and the registered manager was good so that they had a clear understanding of people's care needs.

People and their relatives were involved in the running of the home in a number of different ways. One person told us, "Oh yes, they have relatives and residents meetings and there are minutes and actions that are noted, dated and reported back on. There's also been a company survey." A relative told us, "Yes, they have relatives meetings. I go when I can."

We saw evidence of these meetings where suggestions had been sought on how to improve the quality of the care that people had received. Some people and relatives were also involved in the recruitment process of new staff to the home. People and relatives were able to give their opinion on whether they thought the person applying to work at the home was suitable or not. Also, people, staff and people's relatives were asked each year in a formal survey for their opinion on the care that was being provided. The last survey was in March 2014 and we saw that this information had been analysed and actions taken to address any suggested improvements. The registered manager told us that a new survey was being sent out a few days after our inspection visit.

The home had been accredited by Norfolk Health and Community Care in the six steps to success in providing high quality end of life care.

Some new initiatives had recently been implemented to involve staff in the running of the home and to recognise their achievements. A staff council had recently been set up at the request of the staff. This was a forum for staff to express their ideas about how improvements to the quality of the care provided could be made and to discuss any issues or concerns they had. This was in the early stages and the first meeting was

yet to be held. 'Employee of the month' had recently been introduced by the provider. Relatives and residents had voted for who they wanted to win this 'award' and we saw that this was published on the provider's website to give this staff member some recognition.

The registered manager had developed a number of links with the community and was looking to increase these. These included links with representatives from the local church who visited often to see people and on the day of the inspection, a carol service was taking place in the home. Children from a local dance school often visited the home to provide entertainment to the people who lived there and some people had been for Christmas lunch to the local school.

The registered manager monitored the quality and safety of the care that was provided in a number of different ways. This included regularly walking around the home, speaking to the people who lived there and their relatives and observing staff practice. We saw this happening on the day of the inspection. The registered manager told us that spot checks of staff practice were also carried out although records were not always kept in relation to the outcome of these checks. Staff training was also closely monitored to make sure that staff had up to date knowledge to provide people with safe and appropriate care.

A number of audits to help the registered manager identify areas that required any improvement were also conducted. These included audits of people's medicines, care records and the environment. Action plans were put in place following these audits. We saw that the registered manager monitored progress against these action plans to make sure that any required improvements were made.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Some areas of the service and equipment that people used were unclean, increasing the risk of the spread of infection. Regulation 12 (1), (2) (h). |