

East Anglia Care Homes Limited

Sutherlands Nursing Home

Inspection report

136 Norwich Road
Wymondham
Norfolk
NR18 0SX

Tel: 01953600900

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15 June 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sutherlands nursing home provides personal care and support for up to 52 people in a purpose built building. At the time of our inspection the service was not providing any regulated nursing support and there were 27 people using the service.

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

When people had experienced falls, referrals to the specialist falls service had not always been made. This placed them at risk of repeated falls due to a lack of specialist involvement.

Care plans did not always contain details about how to keep people safe and provide consistent care to meet their identified needs.

Medicines were not consistently managed to ensure people received their medicines as prescribed.

Effective oversight had not been maintained by the provider to ensure regular auditing of documentation and practice had taken place since our last inspection.

Staff had not completed all the required training to ensure they could effectively meet people's individual health care needs.

The provider and operations manager had implemented an action plan prior to our inspection to make improvements to the service. We saw this action plan was beginning to take effect but would take time to be fully embedded at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 24 November 2020)

Why we inspected

We received concerns in relation to the oversight of this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of

this inspection.

You can see what action we have asked the provider to take at the end 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.

We have identified breaches in relation to safe care and treatment, including the management of medicines and record keeping and the good governance and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

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 and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sutherlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sutherlands Nursing Home is a care home currently without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on the first visit. The second visit was announced.

Inspection activity started on 14 June 2022 and ended on 28 June 2022 when inspection feedback was provided. We visited the service on 14 and 15 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with nine staff, including the nominated individual. (The nominated individual is responsible for supervising the management of the service on behalf of the provider). We also spoke to five people who used the service and six family members of people receiving support. We reviewed six people's care records, 10 medicine administration records (MAR) and two staff employment records. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Records were not kept of all safeguarding concerns that had been identified. A new safeguarding log had been introduced at the service, however, this had not captured historical safeguarding concerns. Therefore we were not assured appropriate action had been taken to mitigate risks and keep people safe.
- Appropriate referrals had not always been made when a person experienced multiple falls, placing them at risk of injury due to a lack of appropriate action being taken by the provider.
- Care plans that were in place within the service were not detailed and did not give clear guidance to staff to safely and consistently support people with their care.
- People living with health care conditions such as epilepsy, did not have personalised care records in place. This did not ensure staff knew how to recognise or respond in the event of seizure activity happening.
- Where people required repositioning to reduce the risk of skin breakdown, and required support to monitor their food and fluid intake, these records lacked detail. Daily recording did not give a clear overview of how the person appeared that day or what level of support the person had received.
- Care plans in place were not easy to navigate and to find key information. This would make it difficult in an emergency to find important information.

The care provider had not ensured people's care records contained enough detail for staff to be able to safely meet their needs and mitigate risks where identified. Daily recording was not sufficient to ensure that people received quality care on a daily basis. This placed people at risk of harm. This was a breach of regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection the provider had begun to implement a new system for formulating care plans. Examples of new format care plans were shared during the inspection. These care plans were more personalised and detailed and would give greater guidance to staff when supporting people. These care plans still required finalising and imbedding at the service.
- The provider had completed a recent falls analysis and ensured falls referrals were now being made. This was a new process and needed time to become fully embedded.

Using medicines safely

- Medicines were not always managed safely, Medicine errors identified during this inspection had not been identified by the staff administering the medications and was identified by a visiting healthcare professional. This placed people at increased risk of harm.

- Medicated patches were not applied as per manufactures guidance. Staff were not consistently recording the location the transdermal patch had been applied or removed from. If routinely applied to the same part of the body, there is a risk of overdose from some patches.
- Protocols were in place for medicines prescribed to be given on a when required basis (PRN). However, staff informed us they were not aware of these. Staff did not have the information to tell them what the medicine was for or when someone may need it. When staff had administered PRN medicines, they had not recorded the outcome for the person who received the medicine. This meant the efficacy of the medicine could not be reviewed.
- Completed medicine administration competencies of staff were not able to be produced to enable the standard and the quality of these processes to be reviewed or to ensure that any actions from these competencies were followed up.
- Correct processes had not been completed to identify those who should receive their medicines covertly. Covert administration is when medicines are administered in food or drink without the knowledge of the person. Staff informed us they were unsure if they were giving medicines covertly correctly as there were no records of assessments or best interest meetings held for people.

The care provider had failed to ensure all medicine processes were completed to maintain people's safety. This was a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were aware processes had not been completed in relation to covert medicines and they were now working closely with external healthcare professionals to rectify this issue.
- There were systems in place to ensure medicines were ordered and stored safely and securely. However, staff informed us of issues they encountered with community pharmacy, such as not receiving medicines in a timely manner. They took appropriate action to resolve these.
- Staff carried out assessments to reduce the fire risk associated with emollient creams.
- We observed staff administer medicines to people. They carried this out safely and supported people with dignity. Records were kept when medicines were administered.
- People were safely supported to be independent with their medicines where appropriate.

Staffing and recruitment

- Staff were safely recruited, and checks were made on their character from previous employers and on their suitability through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Whilst, on the day of the inspection, there were enough staff deployed. However, staff, people and their families all told us how busy the staff were and at times they felt there wasn't enough staff.
- Rotas reviewed demonstrated a consistent level of staffing made up of a team with required skill mix each day. Dependency assessments were completed by the nominated individual and reviewed monthly to establish staffing levels.
- The nominated individual told us that job roles had been redefined following this inspection, to ensure that staff were better deployed and utilised across the service to strengthen the support being given to people and to add to the oversight and leadership on a daily basis..
- Not all staff had the training required to support people with their individual needs. For example, we identified that no staff had epilepsy training at the time of the inspection, but there were people living at the service with this known healthcare need. This was highlighted to the nominated individual and operations manager and this training was being sourced for staff to ensure people with this diagnosis could be kept safe and their epilepsy well managed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- A log of all DoLS applications that had been made was in place at the service, detailing the reasons for these restrictions and the date they were granted and due to be reviewed to ensure people's movements were not illegally restricted.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Although visitors to the service confirmed they were having to complete a lateral flow test (LFT) before visiting the service. On the day of the inspection neither of the inspectors were asked to provide confirmation of their COVID-19 status.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. This policy was under review at the time of the inspection.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

Visiting was taking place within the service in line with government guidance. People's relatives confirmed they visited the service regularly to see their loved ones and they felt staff were following government guidance and keeping practices under review.

Learning lessons when things go wrong

- Prior to this inspection and following a visit from the local authority, the operations manager and nominated individual created an action plan for the service. The action plan had identified some of the areas for improvement we have identified during this inspection. Areas identified had begun to be embedded at the service and a clear timescale was in place for further developments. The nominated individual told us they were, "Committed to making improvements at this service".

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 our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At this inspection we identified a lack of oversight and auditing of key documents, such as care plans, daily records and medicine administration records. Due to these records not being audited medicine errors and a lack of detail had not been identified and care plans were not easy to navigate, meaning key information could be missed.
- Required policies had not been maintained and did not give clear information for staff to follow and did not ensure that best practice had been followed at all times.
- Training had not been effectively managed to ensure that staff were suitably trained to support people safely and appropriately based on their individual health care needs. A staff member told us "I do not feel competent in my role, I am safe but a bit more training would be helpful."
- Provider's have a regulatory responsibility to be open and honest when things go wrong. A family we spoke to felt concerned that communication was not clear in these instances, they told us "My loved one had a fall yesterday and I still don't know what has happened to them as staff couldn't confirm any details".
- Families we spoke to did not feel well engaged by the service or kept updated on changes with management. A family member told us, "The management team prior to COVID-19 was well serviced and organised. Since COVID-19, the management team has become secretive. I understand we are customers but there has been so many changes, with no one explaining what is happening. The owner I know, was previously open and friendly, now nothing."
- The service had experienced numerous management changes within a short period. This includes two operations managers leaving, the registered manager and a home manager in quick succession. These changes have made it difficult to imbed governance and leadership within the service.

The care provider did not ensure effective systems were in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no current registered manager in place at the service. The current operations manager was

directly managing the service whilst a new registered manager was appointed.

- The provider had engaged openly with CQC both before and during this inspection. An action plan was developed and shared prior to this inspection and regular updates were given to us, by the provider on improvements that had been made.
- Staff gave mixed feedback on management arrangements in place at the service. Some stated that the operations manager and nominated individual were approachable and would listen to them others felt if they had concerns, no actions would take effect and they would not be listened too.
- Regular meetings with people residing at the service had not been taking place to give them the opportunity to provide feedback on the service or to receive updates from the provider. A person told us, "I have no concerns but then I don't know who I would talk to either."
- The operations manager confirmed that surveys would be sent to gather people and their families' views in July 2022 to gain their feedback on the care provided, and recognised there had been shortfall in sourcing feedback formally

Working in partnership with others

- The service engaged with healthcare professionals to seek advice, resolve issues and review people's medicines and health care needs, such as people's GP's.
- Documented evidence of health care professional engagement was evidenced within the electronic care plans in use at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The care provider did not always ensure that people were consistently kept safe. Risks to people were not always well managed, including with medicines management and the quality of their care records. Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The care provider did not always have good governance and leadership in place. Audits and quality checks were not consistently identifying risks and shortfalls. Regulation 17 (1) (2) (a) (b)