

Healthcare Homes Group Limited

Saxlingham Hall Nursing Home

Inspection report

The Green
Saxlingham Nethergate
Norwich
Norfolk
NR15 1TH

Tel: 01508499225

Website: www.saxlinghamhallnursinghome.com

Date of inspection visit:

14 June 2022

16 June 2022

Date of publication:

06 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Saxlingham Hall Nursing Home is a care home providing personal and nursing care to up to 36 people. The service provides support to older people. At the time of our inspection there were 31 people using the service.

Saxlingham Hall accommodates people in a large period manor house in a rural setting. Bedrooms have en-suite toilets and a communal dining and living area is available on the ground floor. The extensive grounds are accessible to people.

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

We have made a recommendation that the provider review staffing levels. This is because people and staff did not always feel there were enough staff, however this did not impact significantly on people and how their needs were met. People were not always provided with opportunities to provide formal feedback on the support provided or delivery of the service. This meant person-centred care was not fully underpinned and culturally embedded within the home. Written records did not always evidence people's wishes and needs. Some areas had not been updated when people's needs had changed.

Staff and the management team understood principles of person-centred care and recognised further work was required in this area. Whilst further work was required people and relatives provided examples where the delivery of care was person-centred because staff listened and knew people well.

People received their medicines safely and as prescribed. People were supported to stay safe as staff took action to identify and respond to risks. In some instances, risks had been managed very well and so people's quality of life had improved. Very few safeguarding concerns or incidents had occurred; when they had appropriate actions had been taken to help keep people safe. People were living in a clean and hygienic environment. Appropriate actions were taken in response to infection control.

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. People were supported to eat and drink enough although some people felt the food provided did not fully meet their preferences. People were supported by competent and knowledgeable staff who were well supported to meet people's needs. People were happy with the accommodation provided and the physical environment met their needs.

Staff were kind and respectful, they knew the people they supported well. Staff listened to what people had to say and responded to any issues or concerns they raised.

People, staff, and relatives were positive about the activities on offer. Where people preferred to spend time in their rooms this was also considered and one to one social visits were provided. Staff ensured people

were comfortable at the end of their lives and this included making sure anticipatory medicines were available.

A new management team was in place. Whilst they had only been in place for a few weeks they had a good understanding of the needs of the people living in the service and what needed to be improved. Staff were positive about the support and changes planned. Governance systems were in place to help ensure oversight of the service and drive improvements.

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

Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, (published on 14 October 2019).

The previous provider completed an action plan after the last inspection to show what they would do and by when to improve.

At our last inspection we recommended that the previous provider reviewed best practice in using equipment which restricts people's movements. At this inspection we found no issues in this area under the new provider.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have made a recommendation that the provider reviews staffing levels.

Follow up

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 safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well-led	Requires Improvement ●

Saxlingham Hall Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Saxlingham Hall 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. Saxlingham Hall is a care home with 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 a registered manager was not in post.

Notice of inspection

This inspection was unannounced.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and eight relatives of people using the service. We spoke with one nurse, four health care assistants, the manager, the deputy manager, the administrator and the operations manager. We received feedback via email from three health and social care professionals. We reviewed five people's care records and six medicines records. We also reviewed two staff training and recruitment records, and other documents relating to the safety and quality of the service.

Is the service safe?

Our findings

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

At our last inspection of the previous provider we rated this key question requires improvement. At this inspection under the new provider the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Feedback from staff and people using the service raised some concerns about staffing levels. Staff told us they felt additional staff on the rotas would be of benefit. People also told us they sometimes had to wait for assistance. However, no one spoken with felt this impacted significantly on people's safety or needs.
- The provider had a staff calculation tool in place to help them assess and determine staffing levels. Staff confirmed shifts were not short staffed and gaps were covered either by the staff team or some use of agency staff.

We recommend the provider review staffing levels in the service including engaging with staff and people to assess this further.

- Staff were recruited safely. This included ensuring appropriate checks such as Disclosure and Barring service checks (DBS) were undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

At our last inspection the previous provider had failed to ensure medicines were managed safely This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was not in breach of this regulation

- Regular daily checks were carried out on people's medicines to help staff ensure medicines had been administered correctly.
- Medicine records showed people had received their medicines as prescribed. People and relatives told us they felt medicines were managed well. One person said, "The nursing staff keep a good eye on me as I have a few complex medical needs that I take medication for."
- Medicines were stored safely.
- Staff had received training in medicine administration and their competency had been assessed.

Systems and processes to safeguard people from the risk of abuse

- Very few safeguarding concerns or incidents had occurred in the service. Where concerns had been

identified staff had taken appropriate actions including onward referrals to the local authority safeguarding team.

- Staff had received safeguarding training and confirmed they knew how to report any concerns both internally and externally.

Assessing risk, safety monitoring and management

- People's written records did not always fully evidence how risks were being managed. However, it was clear from reviewing information and from staff discussions that in practice risks were well managed.
- Environmental risks were largely well managed. We found some radiators were uncovered in some rooms, however records showed the provider was aware and work to address this was underway. We also identified some minor improvements with water safety this was also an area that staff were aware of and measures were in place to address going forward.
- We found people's individual risks had been managed very well and as a result people's quality of life had improved. For example, significant wounds had healed and people at risk of malnutrition had been supported to put on weight. One person told us, "When I came here I wasn't expected to live but I've put on weight."
- People and relatives told us they felt risks were managed well. One person told us, "I wouldn't get this level of care in a hospital. [Deputy manager] especially is top notch." A relative said, "[Family member] is safe and well looked after there, without doubt."

Learning lessons when things go wrong

- A system to report and review incidents was in place. This also included reviewing if lessons could be learned and what changes needed to be made following incidents.
- One staff member gave us an example where they had been involved in an incident and the management team had supported them to reflect and learn.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People and relatives told us they were able to visit and were supported to keep in touch with each other.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection of the previous provider we rated this key question requires improvement. At this inspection under the new provider the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

At our last inspection we recommended the previous provider reviewed best practice with regard to the provision of equipment which has the potential to restrict people's movements and updates their practice accordingly. This was because where people were using chairs with lap restraints to keep them safe, their capacity to consent to this had not always been assessed and consent recorded. The new provider had made improvements.

- The majority of people living in the service had the capacity to make decisions regarding their care and support. Written consent had been sought by staff from people living in the service regarding how staff were to support them.
- Where capacity issues had been raised staff had a good understanding of how to use the MCA to assess if the person had capacity in relation to the matter in question.

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

- Whilst holistic assessments of people's needs were carried out we found pre-admission assessments were not as comprehensive. These were more focused on people's immediate physical care needs. We discussed this with the management team who told us they would review the assessments.
- Care was delivered in line with best practice. Nationally recognised tools were in place and used to assess a range of needs.

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

- People and relatives spoke positively about the competence and knowledge of the staff team. One person told us, "The nursing staff are very knowledgeable, and you only have to ask them." Another person said, "[Staff] just do everything right."
- The competence and skills of the staff team were exemplified by some of the positive outcomes people had experienced with their health needs. Several relatives and one person gave us examples where staff had identified or improved health conditions which had improved their family member's quality of life.
- Two health and social care professionals told us they had noted improvements with staff proactiveness in identifying and managing health conditions.
- Staff worked well with other health and social care professionals. Information was shared where required. Regular weekly meetings were held with the service's GP practice in order to review people's health and related risks.
- Staff told us training was available and met their needs however this had been delivered electronically and some felt they would prefer more face to face training. The operations manager told us this had been impacted by the COVID-19 pandemic, but arrangements were now being made to offer this.
- Nursing staff had their competency assessed in a wide range of areas. However, assessed competencies for non-nursing staff were much narrower. The operations manager told us the provider was in the process of reviewing this and looking at introducing more care-based competencies for all staff.

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

- People were supported to eat and drink enough. We observed people had access to fluids and staff kept people's weights under regular review to help monitor for signs of malnutrition.
- Where people were on restricted diets this was catered for accordingly. One relative told us, "[Family member] wasn't doing well with eating and they realised [they] had developed swallowing difficulties, so [family member] is now on a pureed diet. I have to say though, that the meals look appetizing and colourful and it's not just one pile of mush, but shaped food. [Family member] really enjoys it. There is even a doily on the tray and nice cutlery."
- We received mixed feedback about the quality of food on offer. People told us whilst they were offered choices regarding what to eat from the menu, they had limited input in to the development of the menu. As a result, some people told us the meals on offer didn't fully meet their preferences.
- The manager told us they had identified prior to our inspection that this was an area to develop. They had already met with the kitchen staff and detailed to us the actions they were going to take. This provided us with assurance that improvements in this area would be made.

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

- People told us they were happy with their accommodation and it met their needs. Some people had been supported to bring their furniture from home. One person told us the service was, "So cosy and homely." Whilst another person said, "I couldn't not be happy with my room. Its big, high ceilings, 3 big windows that overlook the beautifully manicured gardens which are first rate. It is warm enough too, despite the high ceilings. I have three radiators in here."
- The management team had reviewed the layout and use of the building and had plans in place to make changes to aid the delivery of the care provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider we rated this key question good. At this inspection the rating under this new provider has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind respectful staff. One person said, "The staff are absolutely darlings they couldn't do more for you." However, some feedback provided by two people suggested on occasions the staff approach could be task focused which did at times impact slightly on how they felt.
- From speaking with staff and feedback from relatives, it was clear staff cared about the people living in their service but felt at times they didn't always have the time to spend getting to know people and attending to people's social needs. One staff member said, "I always look at it as what would I do for my mum and how would I like to be cared for?" A relative told us, "[Family member] has never been so liked and well looked after."
- Staff knew people well, this included not just their physical care needs but details about who they were as a person. One person told us, "A lot of the staff are local to Norfolk, so you can have some really good conversations about local things, which I enjoy, and we have got to know each other." A relative said, "All the staff from the management to the receptionist, to the nurses to the carers to the housekeepers have taken time to get to know [family member] and [their] interests so that they can chat away to [them]."

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

- Systems to help involve people in their care and supported required further strengthening. Resident and family meetings had not been held regularly. From reviewing care records, it was not clear that these were shared and reviewed with people and their relatives to ensure their views were captured and considered.
- Despite this people and relatives did tell us they felt supported and involved in the care they received. One person told us how they had raised an issue with staff about how comfortable a piece of equipment they had to use was. They said staff listened and straight away addressed the concern by bringing a different piece of equipment which was much comfier. A relative told us, "We had a 6-week review with [staff member] and it went well. I really feel included in [family member's] care."

Respecting and promoting people's privacy, dignity and independence

- Our observations showed staff treated people respectfully in a way that promoted their dignity and privacy. This was confirmed when speaking with people. One person told us, "[Staff] don't make you feel embarrassed, it's a job they do with kindness and care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Written records did not always evidence person-centred care as information was not always up to date and did not always capture people's wishes and feelings about their care. However, staff knew people well and this included how to meet their needs.
- Staff understood and were committed to the principles of person-centred care, however they told us some practice and structures needed to be changed in order to support this better.
- The management team told us this was something they also agreed with and recognised. From our discussions it was clear they understood some changes were required and how they might achieve this.
- Whilst we noted some improvements needed in strengthening systems to support person-centred care, we were confident from feedback from people and relatives there was minimal impact. This was because we received numerous examples from people and relatives that illustrated staff listened to people's preferences, thought carefully about these and ensured these were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with accessible written information on the service.
- Communication care plans were in place which provided guidance for staff on how to meet people's needs in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activities co-ordinator was new in post. People, staff, and relative spoke very positively about the difference they had made. One relative told us, "There are now lots of activities and more things involving families and being out in the garden. There was a falconry display the other day." Another family member said, "There wasn't much in the way of activities before, but the new [activities co-ordinator] has got the place moving and there is lots going on. I especially enjoyed seeing everyone, including families at the Jubilee party recently. I think everyone really enjoyed it."
- A number of people preferred to spend time on their own in their bedrooms engaging in activities of their choice. Records and feedback demonstrated the activities co-ordinator considered these needs and looked to ensure people in their rooms had dedicated one to one time. A staff member told us, "Activities [staff

member] is a god send, it makes a difference the one to one for people."

Improving care quality in response to complaints or concerns

- No complaints had been made in the last year. A complaints process was in place and information on how to complain was available to people and relatives.
- People and relatives told us how when minor issues had been raised with staff these had been responded to promptly and resolved.

End of life care and support

- Staff provided effective end of life care and support. Records reviewed showed staff were attuned to people's needs in this area and took action to ensure people were made as comfortable as possible
- Staff ensured anticipatory medicines were in place and they worked with the service's GP practice to ensure people at the end of their life were regularly reviewed.

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 under the previous provider we rated this key question requires improvement. At this inspection under the new provider the rating has remained requires improvement. This meant the service management and leadership had been inconsistent. The culture created did not always support the delivery of person-centred 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

- Further work was needed to strengthen systems that underpinned the principles and delivery of person-centred care. No recent resident or relative meetings had been held and there was little opportunity for people and relatives to regularly review and discuss their care.
- People's care records did not always contain enough person-centred detail to support staff to ensure care was delivered in a way that met their preferences and needs. In some cases we found people's care needs had changed but care plans had not been updated to reflect this.
- People living in the service and staff said that they were not regularly asked their opinion on the care provided and what improvements they thought might be needed.
- There was a lack of formal opportunities and structure to ensure people were involved in menu and activity planning.
- A newly appointed management team were in place. They recognised this was an area of further work and provided us with assurances that they would address this area.

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

- Due to changes in the management team we found one historic incident had occurred in the service which we should have been notified of but had not. The manager told us they would ensure we were notified retrospectively and would review historic incidents to ensure nothing else had been missed.
- Incident analysis records did not always evidence if duty of candour had been considered and if the person and their relatives had been informed. However, relatives told us they were kept well informed. One relative said, "We are being kept well informed about all the changes, but to be honest, we think everything is excellent."
- We found the management team were open and honest including about issues or areas where things had gone wrong, this also provided reassurance in this area.

Working in partnership with others

- Due to COVID-19 pandemic some established links with the local community had been lost. For example, no religious services were taking place as had happened previously. A staff member told us action had been taken to restart this recently.

- The staff team worked well with each other and external professionals.

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

- The new management team had only been in post for a few weeks prior to our inspection. Despite this they demonstrated a good understanding of the needs of people living in the service and the areas of the service that needed further improvement.
- People, relatives, and staff told us the new manager and deputy manager were visible in the service. One relative said, "The new manager introduced [themselves] to me on [their] first day and seemed very confident and open about everything. The new deputy manager seems excellent too and really knows all about the residents."
- A quality assurance system was in place which was underpinned by a range of audits carried out across the service. We found audits identified issues and fed into a wider action plan although this had a narrow focus on making improvements to individual issues identified rather than across the service. Further development of this would help ensure improvements were made.
- The staff team were positive and enthusiastic about the changes the new management team would bring. It was clear from speaking with the staff and management team they were committed to improving and ensuring the quality of care provided. One person told us, "I have met the new manager and [they] seem to have some good ideas." A staff member said, "If you were to address a problem with [manager] and [deputy manager] they would take it and run with it."