

Saxlingham Hall Nursing Home Limited

Saxlingham Hall Nursing Home

Inspection report

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Date of inspection visit:
08 November 2016

Date of publication:
13 January 2017

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Saxlingham Hall Nursing Home provides accommodation and nursing and personal care for up to 41 older people. There were 32 people living in the home on the day of our inspection.

This inspection took place on 8 November 2016 and was unannounced.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been recruited safely and had been well trained. There were enough staff on duty with the skills and knowledge to provide people with the care and support they needed. Staff received regular supervision sessions and felt supported in their roles. The turnover of staff was very low and many of the staff had worked at the service for a number of years.

Appropriate plans were in place to guide staff in how to minimise risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. They were encouraged to raise and report any concerns they had about people through safeguarding and whistleblowing procedures.

Staff were very well trained; some staff had received additional training in order that they carried out extra roles such as in the provision of activities. Staff were eager to learn and use their skills within the home to ensure that people were receiving exceptionally good personalised care. People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People had plentiful choices of the food and drink they ate. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The registered manager and team worked effectively and in partnership with healthcare professionals and was pro-active in referring people for assessment or treatment whenever it was required.

There was a friendly and welcoming atmosphere within the home; Visitors were made warmly welcome and encouraged. People were supported to maintain contact with family and friends, in some cases using additional technology such as email and video links.

Care plans detailed people's specific support requirements. People and their relatives were involved in the reviews of their care according to their individual preferences.

Staff involved and treated people with compassion, kindness, dignity and respect. The high standard of care enhanced people's quality of life and wellbeing. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy

and dignity were respected and promoted. This provided them with a sense of purpose and wellbeing.

There was a strong culture within the home of treating people with respect and of high quality care. The views of people and their relatives about the quality of care provided at the service were regularly sought and acted on. Information was given to people about how to raise any concerns they may have and where concerns were raised these were dealt with speedily and in depth. Relatives said they felt welcomed at the service and would highly recommend it to other people.

The home was extremely responsive to people's needs. Staff potential to deliver additional tasks such as activities was recognised and promoted. Activities were planned by staff who worked closely with people to establish their individual and unique preferences. People were supported to take part in activities of their choosing, based on their specific requests.

The home was exceptionally well led. There were very effective quality monitoring processes in place which covered all areas of the home and care delivered to people. Staff retention was very good; staff enjoyed their jobs and the care they delivered to people. Staff were extremely positive about the way the home was managed and were happy in their work. There was a clear management structure in place; staff understood their roles and responsibilities. The home was organised and well run and the culture was open and transparent.

The registered manager was very approachable and took action promptly if changes were needed. Staff were encouraged to raise ideas and suggestions and demonstrated the core values of the home during the inspection. A considerable number of audits of people's care and the systems in place to support the delivery of care were in place. The audits enabled the registered manager to make continuous improvements where necessary to ensure the continued high standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to help protect people from the risk of abuse and harm. Staff knew how to recognise and report concerns and were confident to do so.

People were supported by staff that had been recruited safely with appropriate pre-employment checks.

People's medicines were managed safely and they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was respected and promoted.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

The service was very responsive.

People received person centred care from staff who promoted their needs in an individualised way.

People were able to participate in activities of their choice.

People and their relatives knew how to raise concerns.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff.

Outstanding 

Is the service well-led?

The service was very well led.

Good leadership was demonstrated at all levels.

The manager actively sought, encouraged and supported people's involvement in the improvement of the service.

People and relatives had confidence in the management team. The management was visible and accessible.

The manager monitored the service to make sure it met people's needs effectively.

Outstanding 

Saxlingham Hall 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 was 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 8 November 2016 and was unannounced. The inspection team consisted of two 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.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also 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. We also requested feedback from the local authority quality assurance team and the local clinical commissioning group.

We looked at the care records of four people in detail to check they were receiving their care as planned. We also looked at records including two staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with six people who live at the home, four members of care staff, the chef, the operations manager and the registered manager. We also spoke with relatives of three people currently living at the home.

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with said, "Yes I do feel safe goodness me, they keep the door open in case I fall, I only have to ring the bell and the [care staff] are here." Another person told us, "I feel safe here because there is always somebody here. They know what to do. You are told; if you need anything, just ring the bell."

People visiting their relatives at the home also told us that they felt their relatives were safe. A relative told us, "Safe? Yes my [relative] is safe here; there is a good ratio of staff to people. There is always a staff member around. The staff here don't just rush past the door; they take the time to make sure my [relative] is okay." Another relative said, "I think my [relative] is safe here, the staff seem to look after them well, and there appears to be enough staff around, it all seems to be very well organised." Staff we spoke with told us that they carried out and recorded half hourly observational checks on people who needed this level of support to ensure they were safe. We saw that these records were available and saw them being updated as planned during our visit.

Our observations showed, and staff confirmed to us, that people were supported by sufficient numbers of staff. Staff told us that they had time to meet people's needs and to spend time talking to people. We observed this happening regularly throughout our visit. The registered manager advised us that they calculated the number of staff they needed based on people's individual needs. We were told that these were reviewed regularly. Systems were in place to cover any unplanned staff absence such as sickness.

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. Staff were confident to report any concerns relating to people's safety. During the inspection we saw staff using safe moving and handling practices to support people to transfer. People were provided with appropriate equipment to help to keep them safe, such as walking frames, pressure relieving equipment and hoists.

Action had been taken to support people where risks had been identified. Care files included appropriate individual risk assessments in areas such as falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, there were plans in place to support them with eating and drinking. In another example, where people were at risk of falls we saw records confirming staff had been monitoring their safety on a regular basis.

We saw records and risk assessments were in place for all areas of the general environment and policies were in place for ensuring compliance with health and safety regulations. Records showed that that equipment had been serviced in line with the manufactures' instructions. There were systems in place in the event of an emergency.

Staff we spoke with were able to tell us how to recognise the signs of abuse and had received appropriate

training in how to keep people safe. Staff understood the provider's policy's for keeping people safe and knew how to report and record any concerns relating to people's safety. One staff member told us, "I know who I would report any worries about anyone to. I would speak to the nurse in charge, the manager. I know that there is also a number I can call if I was concerned. We have information in the office with the details we need."

Falls, accidents or incidents were monitored to look for patterns or trends which could be addressed by the management team. The registered manager had a system which was used to record and monitor accidents and incidents. We saw that this information was being analysed in an attempt to prevent accidents and incidents from re-occurring.

Safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

There were suitable systems in place to ensure the safe storage and administration of medicines at the home. Each person had two locked medicine cabinets within their bedroom, one for their medicines and one for creams and ointments. One person told us, "They [nursing staff] bring the form with them and read off what tablets I have and then give them to me". Another person said, "They [nursing staff] come during the night if I have a pain and give me a tablet"

The nurse in charge informed us only registered nurses were responsible for administering medicines to people and that care staff administered external topical creams. All medicines were administered by staff who had received appropriate training. The medicines training was followed up with a competency check and observation of staff practice administering medicines.

Medicine administration records (MAR) were in place for the recording of medicines administered to people. The MAR's were clear and demonstrated when people had received their medicines. We found that there was sufficient guidance for staff to follow to help them give people their medicines correctly. We were told that monthly medicines audits were carried out by a senior nurse and that an annual medicines audit was carried out by an external pharmacist. We saw evidence of these audits within the records.

Is the service effective?

Our findings

People were supported by staff that had the knowledge and training necessary to meet their needs. Staff told us they received a range of training that supported them with their roles. These included; first aid, infection control, dementia care, nutrition, end of life care and moving and handling amongst others. One member of staff said, "The training I have had helps me to do my job. For example, I have undertaken training in living with dementia. That training helps me to see the difference in how people are who are living with dementia and understand why their mood may change."

Staff told us that they were supported by face to face supervision meetings and staff meetings. One staff member told us, "I have a mentor, they are just amazing. I am supported so much. I have supervision regularly. I also get regular training." Another member of staff said, "I speak highly of this home. They have supported me on a work and personal level."

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 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 is called the Deprivation of Liberty Safeguards.

People we spoke with told us that staff respected their rights to make their own decisions. They also advised us they had been involved with planning their care and making decisions about how it should be delivered. There was documented evidence of this in care plans we looked at. Where possible, people had given written and verbal consent to their care and support.

Training had been provided for staff in understanding the MCA and DoLS. Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently. Throughout the inspection visit, we saw staff asking people for their consent before providing support to them. All of the staff we spoke with told us that they sought people's consent before they carried out care tasks and supported people to make choices wherever possible. One member of staff told us, "We always ask people. What they like and don't like. What they want and don't want. If people can't tell us, I watch their face for a reaction. That will give me an idea if they are happy with something, or not. I also look for a reaction such as having my hand moved away by [people] if they don't want something like a drink, for example."

People and their relatives spoke positively about the quality and choice of food available. One person told us, "The food is of a really high quality." Another person said, "The food is wonderful. It is all homemade and I mean everything, from the cakes to the meals."

We observed the lunch time meal in the dining room. This was seen to be a pleasant and social time with

people chatting with each other while they waited to be served their meal. People were offered a choice of alcoholic or soft drinks to accompany their meal. People were offered the day before, a choice of three main courses, a meat, fish and vegetarian option. We were told that people were offered again at the time of the meal to ensure that they were still happy with their chosen preference. Staff we spoke with told us that alternatives such as omelettes would be prepared by the chef if people requested them. We saw a number of people had their meal in their bedrooms through choice. The meals were taken to people by staff who ensured that the plates were covered to keep the meal hot. We talked with the chef and the kitchen assistant who were both able to tell us clearly about people's dietary needs and preferences. Within the kitchen we saw an information board where people's preferences and specific nutritional needs were recorded.

Staff told us that people who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks. Staff told us that when needed, records were in place to record what people ate and drank. A member of care staff that we spoke with told us, "We offer drinks throughout the day. There are regular drinks rounds and people can also have a drink at any other time they would like."

People's weights were monitored regularly to ensure they were within the appropriate range. If needed, the community dietician provided regular support and advice to the staff team. We saw from records that one member of staff had attended training in relation to nutrition and living with dementia. As a result of this training increased amounts of finger foods were being introduced to support people to remain independent.

People were supported to maintain good health and to access healthcare facilities. People and relatives said that they always had access to health care where needed. One person said, "Staff are very good. They noticed I needed a doctor, they called one to see me." We saw that people were registered with a GP who visited the service on a regular basis. One person's relative told us, "They get a doctor when they need to. [Relative] was unwell and they got a doctor straight away, they keep us family involved too."

Is the service caring?

Our findings

People were supported by staff who provided kind, caring and compassionate care. We received positive feedback from people about the care staff. One person told us, "Staff are so caring quite a few give me a hug, we have some good laughs, staff listen to me, one of the care staff came to see me in hospital" A person's relative told us, "The staff are very caring [care staff] is lovely to [relative]. They just chat normally to them, they don't always get an answer but they chat to them anyway." Another relative said, "The staff are just so caring, they are really kind and nothing is too much trouble."

We observed interactions between staff and people throughout the course of our visit. We overheard staff talking to people in a respectful manner. People looked relaxed and comfortable in the company of staff. Staff spoke positively about people. Staff were able to tell us about people, their interests and what was important to them. This meant meaningful professional relationships had developed between people and care staff.

All the people we spoke with told us the level of care they received from staff was excellent. People were seen enjoying humour with staff, they were laughing and smiling at various times throughout the inspection. There was a serene and calm atmosphere within the home, staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly.

During interaction we observed that staff always approached people with gentleness and kindness and offered them choices. People were not made to hurry to do anything. One person's relative told us, "Staff are just so caring, they are really kind and nothing is too much trouble."

People told us that staff knew how they liked to be helped and their preferences. One person said, "The [care staff] know what I like but they always ask me, just to double check. They are good." We saw that there was some information within people care plans titled 'This is who I am'. 'This is who I am' was a document within people's care plans which identified who the person was, their likes, dislikes and what was important to them. This was important as it enabled staff who were supporting the person to have a greater understanding of them. The registered manager told us, "Staff knowing about people's past and them as a person promotes conversation. It means that staff can chat with people."

People also told us they were encouraged by staff to maintain as much independence as they could. One person told us "They encourage me to do things for myself, get me moving and keeps me motivated!" A member of staff reiterated this and told us how they supported people to retain their independence. They said, "I encourage people to do things for themselves, I offer a flannel for example so they can try and wash their own face. Little things like that make a difference."

We noted that staff knocked on bedroom doors before they went in and that doors to rooms were closed when personal assistance was being provided. Staff we spoke with confirmed that they always respected people's privacy. We were told by a staff member, "We have 'care in progress' signs which we place on people's doors when we are helping them with personal care. We make sure their door is closed, curtains

closed and we make sure we cover people up as much as possible to protect their dignity." We observed this to be the case during our inspection where a number of people's doors were closed and 'care in progress' signs were clearly displayed. Another staff member said, "We always have to knock before we enter a room. If there is a 'care in progress' sign on the door we just peer around the door after knocking to make sure it is okay to go in before just walking straight in." Another staff member described how staff respected people's right to confidentiality saying, "We never discuss people or their care in front of other people or their visitors. We are very careful."

It was evident that family members were encouraged to visit the home when they wished and were also made to feel welcome. We were told this without exception by all the relatives we spoke with. One relative told us, "We call in anytime. We don't always tell them we are coming. We are always made to feel very welcome. [Relative] is always well cared for. The personal care is of a high standard here."

Is the service responsive?

Our findings

The service was very responsive to people's needs. People were cared for by a team of staff that knew them well and that had an in-depth understanding of their care and support needs. Staff spoke with pride about the people they cared for. One member of staff said, "I love my job here. I honestly think we do everything really well." Another member of staff said, "Staff try really hard to make sure people love living here."

Without exception, all relatives were wholly complimentary about the responsiveness of the registered manager and staff team. One relative we spoke with in praise of the home and staff, told us. "It's the attention to detail that makes it stand out. [Relative] is always supported to be smart. Their bed is made beautifully every day and everything is so homely. There is nowhere else like this or up to this standard. When my time comes to need care, I wish I could come here!"

Before people moved to Saxlingham Hall Nursing Home, the management team carried out an assessment to make sure their needs could be met. This assessment was carried out in partnership with people and their families. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. This included background information about people's lives and what was important to them. The registered manager and staff spoke to people to find out their likes and dislikes so they could be incorporated meaningfully into an activity for each person. One person's relative told us how they were contacted by staff in order that they could contribute to their family member's life story book. A life story book was a way of staff learning about the person's past and what was important to them was completed in addition to the 'this is me' information within each person's care plan. A member of staff told us that this additional information enabled them to easily strike up meaningful conversations with people. Staff also told us that it often placed people at ease during care tasks such as personal care.

People were able to maintain hobbies and interests that they enjoyed prior to moving to the home. One person and their relative told us about how important it was to them that they had access to a garden as gardening had always been the person's passion. At the home, access to the garden was freely available; plants were growing in the pots outside on the patio which the person had full view of. Staff were aware of how important this was to the person and told us how they supported them to look after them. Several visiting relatives told us about how important it was to their family members that they could continue to feed the birds and enjoy wildlife whilst living at the home. The attractive and rural grounds at Saxlingham Hall encouraged this and brought pleasure to a number of people.

Everyone had a care plan in place. The care plans covered people's nursing care needs as well as their social support needs and wishes. Examples of records completed regularly included daily notes and repositioning charts. Care plans were clear where people required additional nursing care such as with medical interventions. Care plans were subject to regular review in line with people's personal preferences and were audited to establish whether the information was up to date and reflective of the person's changing needs. Reviews to check that the care plan was still accurate took place. This was important to make sure important information about the person that might have impacted upon the rest of the care plan, remained

up to date.

People were involved in the review of their care plan to the level they wished and there was a strong emphasis of taking people's views into account. People told us they were involved in the development and review of their care plan and they felt able to discuss with staff how they would like to be supported. One person's relative told us how they were always invited to attend care plan reviews, "We are always invited. Yes, we feel we can speak up and they do ask us what we think."

The people we spoke with told us how the staff had an excellent understanding of their individual needs which resulted in them receiving personalised care. People told us that staff knew what their preferences were and how they liked to be supported. One person said, "The staff are excellent. They know what I like and how I like things to be done." One staff member we spoke with told us, "People have choices here. We offer choices such as what meal they would like. Whether they would like help with a shower or wash. Whether they would like their lunch in the dining room, lounge or their own bedroom. We always offer choices to people." Another member of staff said, "We [staff] all respect that this is people's home. We treat it like their home and we enter with respect."

One member of staff described to us how the home was responsive to people's specific requests. We were told how one person had said they would like a takeaway meal. In response a regular monthly takeaway was now available for all people who wished to participate in this.

Staff recognised the importance of welcoming and valuing people's diversity and empowering people to live their life in a way they preferred. One member of staff told us, "Not everyone gets up or goes to bed at the same time here. They go when they want to. It's up to them. Some people like to lie in bed during the morning sometimes which of course they can do. Not everyone likes the same thing, we know and respect that." One person had a sign on their bedroom door asking that staff did not disturb them prior to a particular time in the morning. Staff told us they respected this. One member of staff said, "We always ask people if they are ready to get up before we help them. It's their choice; they may not want to get up at that time. Some people do like a lay in." Another member of staff told us, "Not everyone goes to bed at the same time. It's all about what they would like."

The home was responsive to people's individuality and respectful of their specific support needs. Where people required support from staff to meet their nutritional needs the level of support they required was discreetly identified through the use of colour coded tray and napkin rings. The aim of which we were told was to ensure staff were responsive to people's support and care needs whilst doing so in a discreet manner.

People's specific support needs were met in a responsive manner. The registered manager and staff had recognised that there were a number of people who due to their physical support needs and the pain they experienced needed to remain seated in their wheelchair and could not use alternative sofas or armchairs. The registered manager told us that in response the company had purchased several specialist seating chairs which enabled people to sit in comfort and not be dependent on their wheelchairs. On the day of our visit we saw people sitting and using this alternative seating. This enabled them to spend time out of bed in comfort.

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. One person said that if they chose to stay in bed in the morning, staff would come back later on to support them. We observed a sign on one person's door asking staff not to disturb them until after a particular time that day. Staff also told us that people's choices were respected.

People chose where they wanted to have their meals and we saw that people were either in the main dining area or their own rooms depending on their preference. A staff member explained how they supported a person to make choices about what they wore by offering and showing them alternative clothing. People could choose to have their hair styled at the home. There was a hairdressing salon on site. Some staff were also hairdressers and took time to offer this additional service where people requested.

A weekly activity programme was displayed in the service and an individual copy was provided to each person so that they could choose the activities that were of interest to them. One person told us, "I have a sheet with all the different activities for the month, I like to attend as many things as I can, I like going to the exercise class and particularly Songs of Praise and communion, my faith and religion is very important to me it has been since I was a child." Another person said, "I put a mark on the activity sheet on the activities I want to attend and then when I have been I cross them off, I like the exercise classes, I read the newspaper every day, and I have my sewing box with me I like to repair things. In the better weather I like to sit outside on the bench"

The programme for the month during which we visited included reflexology, exercise classes, film and talk session and lunch club. Several people told us that the lunch club was one of their favourites. We were told that was known as Wednesday lunch club and it was a great opportunity where people who chose to could get together for lunch and a social chat.

We found that staff went to far reaching efforts to ensure that people felt listened to and were treated with courtesy. One member of staff said, "Some staff will stay behind at the end of their shift or come into the home on their day off to spend time with people. We use this extra time to spend with people and take them out into the gardens or village." We observed one member of staff who was leaving their shift being called by a person into their room. The staff member despite having finished their shift and about to leave the premises took the time to sit and talk to the person in a non-hurried way.

The continuous training and development that the staff received had embedded a culture of promoting people's individuality and of staff exploring what was important to people. It also meant that staff could be responsive to people's needs. One member of staff told us, "I have a mentor at work. My mentor gives me additional information if I want to learn something new. That helps me to look for signs when caring for people that something may not be quite right. For example it helps me to look for the early signs of a person experiencing a stroke." The registered manager did not employ specific staff to carry out activities with people; instead they recognised that staff had the skills to carry out this role. In response, some staff had received specific training around the provision of meaningful activities for people. Staff told us this enabled them to develop their own knowledge and skills for the benefit of people living at the home. A member of staff said, "I have received additional training, it has taught me how to involve people in activity planning."

We found people were treated with respect as individuals with unique life histories, interests and needs. Staff were innovative and came up with new ideas to help people. A member of staff told us how they spent one-to-one time with people to carry out activities or tasks of their choosing and that people were central in deciding what activity was to take place. We found that this time was used creatively, flexibly and at the choice of the person. We were told by a staff member, "One person wanted to use their time to declutter their room. We had a couple of bin bags and they [person] were able to sort out what they wanted to. They told me it really helped them and they enjoyed it. People can use their time for whatever they want it to be used for." The registered manager told us that staff also supported people with tasks of their preference such as internet shopping where there were opportunities to browse and make choices at the person's own pace. A member of staff told us, "I have had some additional training in activities. It has taught me how to involve people in activities. We talk with people to find out what they like."

People's relatives were also very complementary about the opportunities and range of activities on offer and the staff and manager's approach, One relative said, "There are lots of activities going on. [Relative] will often say they don't want to go. However the staff will encourage and always offer. The activities are there if [relative] wants to participate." Another person's relative said, "There are lots of activities going on, a real range of things."

The registered manager told us about how people who did not want to or couldn't join in group activities were not excluded from still participating if they chose to. We were told about how there were activities such as birds of prey being brought into the home for people to learn about and hold. The registered manager told us about how this was also shared with people in their rooms where they wanted this. Another example of this was during an activity where people made photo coasters which they could keep or give away as gifts. Staff made sure that people who remained in their rooms were also able to participate.

People were able to maintain relationships with those who mattered to them and avoid social isolation. Where people's family and friends lived far away or where they were unable to visit the person regularly, they were able to use electronic devices to contact and see them. The registered manager told us how one person was supported by staff to use their computer to send family regular correspondence. Another person was supported with receiving and reading of daily emails from a family member. People also benefited from access to webcam communication over the internet. We were told that people who wished to communicate with relatives who did not live locally could do so via the internet. The registered manager told us that this was enjoyed in particular by people with relatives who had young families as it enabled them to see younger generations of their family.

Staff and the registered manager knew that some people liked to be able to entertain their guests and visitors when they came to the home. As a result a kitchenette had recently been installed. People told us that they could freely use this facility to enable them to offer their guests drinks and snacks.

People's personal relationships were also supported. A relative told us, "Family occasions are so important to us and the staff work so hard to make these events personal and special. They host family parties for us on birthdays; they supply the catering and even a homemade birthday cake. The manager will always put extra staff on shift for special events like family parties to make sure it can happen." A member of staff we spoke with reiterated this. They said, "Birthdays are such a special occasion here. There is always a homemade birthday cake, to such a high standard. All the staff sign a birthday card for the person."

People were actively encouraged to express their views about the service and were given clear information about how to make a complaint without fear of recrimination. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. We looked at the complaints log and found that any complaints received had been investigated and responded to in line with the provider's complaints policy. The registered manager was open and transparent about complaints received. We saw that where a complaint or concern had been raised they had been addressed and followed up with a lessons learned information sharing session with staff. This enabled the staff team to learn where necessary. One person's relative told us about their experience of raising a concern, "Just once I had to nip to the office and speak to the manager. It was a minor issue but it was dealt with so very quickly. No fuss or bother and within 10 minutes it was rectified."

The registered manager told us how they tried to uphold a presence and link within the local community despite the home being very rural. We were told how people were able to access the local community for walks and also several people used a local taxi firm when they wished to go out and about. Community links were in place with the local school and children's clubs who performed at the home on special occasions

such as Christmas. We were also told how the local Women's Institute came into the home to hold talks such as about the history of Saxlingham. Village information was displayed around the home for people to access freely, for example the local village magazine with events happening. This demonstrated that the home was proactive in building community links.

A visiting healthcare professional we spoke with was very complimentary about the home and the responsiveness of the staff. We were told, "They contact us in good time for people when needed. I have never come in here and thought why didn't they call sooner? Likewise they don't overreact either. The nursing staff have experience and levels of intuition that deliver excellent care. I would live here myself!"

Is the service well-led?

Our findings

People and their relatives were extremely complimentary about the management team at the home and the positive culture they had developed that ensured people were at the heart of where they lived. We were told by one person, "I think it is run very well, and I would recommend it, I am very happy living here it is so lovely and the [staff] are lovely" A visiting relative told us, "This is the best home for miles." Another relative said, "They [staff] always go over and above. My [relative] is so happy and well cared for, we couldn't ask for more, we really couldn't."

Saxlingham Hall Nursing Home had a warm, tranquil and homely atmosphere where collectively all people and their relatives were clearly extremely happy with the care being provided. There was a caring and considerate ethos, promoted by the management team which resulted in a compassionate staff team who told us they felt valued and motivated to be at work. The registered manager was supported by one of the owners who visited the home. The whole of the staff team were committed to providing a service that ensured people received the best care. The registered manager told us that the mission statement of the home was to 'provide compassionate, person centred care in a safe and friendly environment that exceeded expectations'. We found that the mission statement was being placed into action as people told us they received the care they wanted. One person told us, "I am very happy living here I have a tremendous view which makes it such a lovely room" another person said, "I am happy to be living here I know I can't look after myself now, I would recommend it here"

The home was run by an experienced and skilled registered manager who had been working at the home for a number of years. The registered manager had led the home over the years through a number of CQC inspections and visits where they were judged to be fully compliant. We found the registered manager's leadership in the home was excellent with a strong emphasis on promoting first rate care for people. Our discussions with people who lived at the service, relatives and staff and our observations showed the registered manager instilled a positive, inclusive and open culture. People told us the registered manager was proactive and provided a highly visible, daily presence. One person said, "I think it is very well led , all the staff have a smile on their face, the manager is around to be seen, it seems a nice calm happy atmosphere"

The home had undergone recent refurbishment which resulted in the environment both internally and externally being very well maintained and decorated to a high standard. One person's relative told us, "Just look at the grounds and the environment. We couldn't ask for more. It is the location that really just makes it It's so beautifully maintained."

We asked staff about the culture and values of the service. Staff told us that they felt part of a team. They also told us they felt valued, supported and encouraged and that they really enjoyed their work. They were passionate about their jobs and the ethos of the home. One member of staff said, "I wouldn't change anything here. It's a very well led, caring home for people who need care. Staff try really hard to make sure people enjoy their lives here." Another member of staff said, "Morale is really good here. I speak very highly of management at Saxlingham Hall Nursing Home. I feel 100% supported. The manager is always around

and if ever I had a problem I know they would take the time to talk to me." Another staff member said, "Staff get on really well with each other here. We work hard to give the people who live here the quality of care they need and should have." A third member of staff said, "It is honestly such a good workforce here."

The registered manager and staff demonstrated a commitment to continuously improving the quality of the service people received. There was a very well developed system of quality monitoring and auditing. People, their relatives and staff told us that the home was exceptionally well run. One member of staff said, "It's a well-run home. If I have ideas they are always willing to listen and they are always looking for new ideas. Morale is really high." Another staff member said, "It's just really well run. Everything is place that is needed. The manager is really good but firm too. The manager will listen and is easy to talk to but when they need to be serious they will be, which I think is important."

The registered manager played a pivotal role in ensuring that standards of care were positively implemented at the home. The registered manager told us they worked to continuously improve services and provide an increased quality of life for people who used the service based on the feedback that they regularly sought from people. This feedback was gathered both informally through chatting with people on a daily basis and more formally through surveys, reviews and meetings. A member of staff told us, "The manager is out and about within the home. They [the registered manager] are visible and know people. They [registered manager] are always interacting with the people who live here."

We found quality monitoring systems were well established and used for evaluating information about the service. The monitoring systems were underpinned by a comprehensive range of audits and reviews in place which focused on positive outcomes for people. These were carried out in wide number of areas such as care planning, accidents and incidents, monitoring of falls, medicines, skin integrity, infection control and nutrition and hydration.

Monitoring of the service was very thorough. The registered manager described the quality assurance process that they used and that was in place. We were told that questionnaires were sent to people, their families and staff to complete. We saw copies of the questionnaires sent to people and their families as well as external stakeholders. The most recent survey had been carried out in February 2016. The registered manager showed us the action plan for the service that been produced as a result of the quality assurance process. We saw that the majority of the feedback had been extremely positive. We also saw that where an issue had been raised it was clearly recorded that action had been taken. For example in one person's survey we saw that they had asked a question about call bell response time. Under the actions taken we saw that a full audit of all call bell response times had been carried out. This audit had identified that in the previous month 0.02% of call bells had been answered outside of the managers target time of 10 minute timespan. We saw that the manager had followed up their findings with the person raising the initial question. We saw in another questionnaire completed by a family member that the choice of food available was queried. Action taken by the manager included inviting the relative to attend a menu planning meeting so they could be involved and were able to contribute.

The home was part of a company consisting of two homes in total. The other home, situated approximately 20 miles away also had a registered manager. The two managers used this working relationship to monitor and audit each other's care homes. This meant that a 'fresh pair of eyes' was looking at, checking and reviewing the home on a regular basis. This process also formed part of the extensive auditing undertaken.

People told us that they were able to attend and be involved in annual residents meetings. A 'residents and relatives forum' was last held in February 2016. We were told that people had the opportunity to express their views. Meeting minutes from residents meetings we viewed showed the range of topics discussed We

also saw that people had the opportunity to feedback on the home menus. This meant that people were being consulted with and their opinions sought.

A relative told us that they received a newsletter written by the registered manager and staff in the home. They told us that their newsletter was informative, contained photographs of some of the activities and events which had taken place at the home. They also said that they really appreciated receiving this information which enabled them to feel involved despite living a distance away from their family member.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

All of the feedback we received was wholly positive and people expressed great satisfaction with the care they received. We found there were strong, mutually respectful relationships between people living in the service and staff. The staff team were very enthusiastic and dedicated to their work and were all very friendly and helpful throughout the day of our visit. Staff confirmed that they received exceptional support from their managers and they told us that their training was varied and of a high quality. They demonstrated an excellent understanding of the values and ethos of the home in the way they interacted with and cared for people. When asked, one staff member said about the registered manager, "It's a really well run home. They [managers] always take on board what we as staff say."

Clinical and care tasks were delegated to senior members of staff who led in their specialised areas such as infection control, nutrition and dignity. Senior staff we spoke with demonstrated an understanding of their responsibilities and other staff spoke positively of the support they received from them. One staff member told us, "At our last staff meeting we were all asked if there were things we wanted to find out more about and additional roles we want to do. It means that we can all learn and be involved." Senior staff were able to offer support to their colleagues which in turn improved the quality of service for individuals in their care.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.