

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Saxlingham Hall Nursing Home

The Green, Saxlingham Nethergate, Norwich,
NR15 1TH

Tel: 01508499225

Date of Inspection: 02 January 2013

Date of Publication: January
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	A T Bird
Registered Manager	Mrs. Theresa Parfitt
Overview of the service	Saxlingham Hall provides long term care for the elderly, respite care, convalescent care and palliative care for up to 41 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 2 January 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with four people who used the service. All expressed their satisfaction with the service provided. One said, "I am most impressed" another said, "I came for a short time but I decided to stay."

We saw that staff interacted with people who used the service in a respectful, caring and professional manner. Staff were attentive to the needs of people and responded to requests for assistance promptly.

We looked at the care records of four people who used the service and found that people experienced care, treatment and support that met their needs and protected their rights.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

During our visit to the service we looked at five plans of care. We found that people who used the service understood the care and treatment choices available to them. We saw that the plans of care were complete and contained personal, health and social information.

We saw that staff had a monthly discussion with the person or their representative regarding their care. This meeting was recorded in the care plan and signed by a staff member. We saw that on the risk assessment forms there was a box which was ticked by care staff to show that the person or their representative had been consulted. The provider might like to note that a signature from the person who used the service on the risk assessment and the monthly meeting record would show that they had been involved in their care planning.

People were supported in promoting their independence and community involvement. We saw that the service provided a variety of activities for people. We saw copies of monthly activity programmes which included a garden party to celebrate the royal wedding, a Christmas Carol concert and a local band attending the service.

People expressed their views and were involved in making decisions about their care and treatment. We saw the minutes of the twice yearly residents and relatives meeting and a resident survey about the food. We saw that the service had listened to views expressed and had adjusted provision where appropriate.

We observed staff knocking on peoples' doors before entering. We saw lunch being served and saw that staff engaged with people in a kind and friendly manner. This meant that people's privacy and dignity was maintained and respected.

We spoke to four people who used the service. All were complimentary about the service they received. One said, "I am most impressed" another said, "Living here is very

pleasant".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. One person we spoke to said, "I came here originally for a short time but I decided to stay".

We looked at the care records held for five people living in the service. We noted that everyone had an individual plan of care that recorded their personal details. They explained the health history of the person, the care and support they needed, monitored their general health and held a daily record of their wellbeing. They showed that people had their needs assessed before they moved into the service to ensure their nursing care and support needs were understood and could be met. During a person's stay their plan of care was regularly reviewed and amended where necessary to reflect their changing needs.

We noted that the plans of care did not contain reference to the care to be provided for individual conditions such as parkinsons disease. The provider might like to note that a record of this type would ensure staff were fully aware of the medical needs of specific conditions.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care records included risk assessments which identified how the risks in their daily living were minimised. These included risks associated with moving and handling, pressure area prevention and nutrition.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw clear policy and procedure documents for the management of alleged abuse.

We looked at records which showed that staff had been trained in the past year in safeguarding issues. We saw that training on the different types of abuse was included in the induction course when staff first joined the service.

We spoke with two members of staff who all confirmed they had received training on safeguarding of vulnerable adults. The staff knew how to recognise different types of abuse and could describe appropriate actions they would take. They also told us they would have no concerns approaching a member of the management team to report abuse. They also confirmed they would have no concerns in whistleblowing but expressed their view that their experience with the management of the service demonstrated that whistleblowing would not be necessary.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw that the service had a comprehensive training programme. This included infection control, manual handling, safeguarding, nutrition and dementia. A system was in place to ensure all staff were up to date with their training.

New members of staff went through an induction process which included training on equality and diversity, duty of care and communication.

We looked at the service policy regarding supervision and at four files recording staff appraisals and supervisions. We found that the service policy stated staff would receive six supervisions a year, including their annual appraisal. The staff records showed that the four staff members had had their annual appraisal. However, the staff records showed that only one staff member had received the appropriate number of supervisions during the preceding year.

Staff were able, from time to time, to obtain further relevant qualifications. One care worker we spoke with told us that the service had assisted them to gain further qualifications in care.

We spoke with two staff members who told us they felt supported by the management.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw the results of a resident satisfaction survey undertaken in March 2012. The results had been analysed and broken down being displayed as coloured charts. An action plan had been completed to deal with the issues raised.

We saw the results food surveys carried out in March and August 2012. We also saw the minutes of a meeting held in October for care and kitchen staff. This meant that the service was assessing and monitor the quality of service provided.

We saw that the service carried out regular quality assurance audits. These included infection control, medication and cleaning schedules. We also saw that there were processes in place to ensure that all audit findings were closely monitored and action taken to remedy any issues was recorded

During our visit we observed a local general practitioner and physiotherapist visiting the service. This showed that the service obtained relevant professional advice where appropriate.

The service had a complaints procedure. No complaints had been recorded in the preceding year. We asked two people who used the service about the complaints procedure and both said they knew how to make a complaint but they were very satisfied with the service they were receiving and had not needed to make a complaint.

We looked at five plans of care. All contained a number of risk assessments including those related to moving and handling of the person and the physical well being of the person. This meant that the service was identifying and managing risks relating to the safety of people using the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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