

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: 19 November 2013

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

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Saxlingham Hall Nursing Home Limited
Registered Manager	Mrs. Theresa Parfitt
Overview of the service	Saxlingham Hall provides long term care for older people, 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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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 19 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During this inspection, we spoke with seven people who used the service, two nurses, three care staff and the registered manager.

We found that people were happy with the care they received and were asked for their consent before the staff performed a task.

People liked the food and told us they had a choice of food and drink. The service monitored people for the risks of malnutrition and dehydration and took action when people were identified as being at risk.

The service was clean and free from offensive odours.

People told us that the staff were caring. The staff also told us that they were happy working for the service. We saw that the required checks had been completed before staff started working for the service to ensure that they were of good character.

People told us that they did not have any complaints and that they would be confident to talk to the staff if they were unhappy about anything.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the service acted in accordance with their wishes.

Reasons for our judgement

The people we spoke with told us that staff asked them for their consent before performing any tasks such as personal care. One person said, "They always ask for my consent."

During our observations, we saw staff knocking on people's doors to gain consent to enter into their rooms. People were asked what they wanted to have for their lunch and how they wanted to spend their time during the day. Staff helped people who required assistance with their food and drink in a kind and respectful way. This demonstrated that staff respected people's right to choice and asked their consent before performing a task.

We saw that people's rooms were furnished with personal items such as photographs and ornaments. This meant that people could choose to have personal items within their room if they wished to do so.

We looked at four care records. We saw that these contained a 'consent to care' document that was signed by the person who used the service or a relative, to confirm that they had consented to their care. People had a choice regarding how often they wanted their care to be reviewed by the service. All of the care records we looked at contained records to show that a review of the person's care had occurred when they had requested it and that they had been involved in this process. This demonstrated that the service had given people and/or their relatives an opportunity to be involved in the planning and review of their care.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We asked people for their views on the food and drink that was provided. Overall, we were told that the food and drink was sufficient for their needs and that they were happy with the food that was served. One person said, "There is plenty of food and we get endless cups of tea." Another person said, "The food is good." A further person said, "They (the staff) will always do you a drink if you wish, they know the type of drink I like and how I like it." However, two people told us that on occasions, the food was not prepared to their own personal standards.

People were provided with a choice of suitable and nutritious food and drink. There was a menu available for people to view and we saw that there was a choice of different meals on offer each day. People told us that they could choose the food they wanted. One person told us, "They will make me something else if I want it" Another person said, "There is always something I like to eat, including beef and chicken." A further person told us, "I have not had to ask for anything different on the menu but if I had to, I would be confident that they would make me something else." This demonstrated that people were able to make an informed choice about what food they wanted to eat.

We observed that the people who lived at the service had access to a variety of drinks throughout the day. Jugs of water and various fruit squashes were always seen within people's reach and their glasses kept full. The food that was served was freshly prepared and contained fresh fruit and vegetables. This meant that people had access to fluid and nutritious food to help them maintain good hydration and nutritional intake.

We spoke to the kitchen staff who told us how they prepared the meals and met people's individual dietary requirements. We saw that there was a board within the kitchen that detailed people's food likes and dislikes and whether they required assistance with eating and drinking. This also showed which people required a specialist diet for conditions such as diabetes or those who required a soft diet. From talking to people who used the service and our observations, we saw that this information was correct. This meant that we could be assured that people's individual food choices were being respected and that those who required a specialist diet were receiving food that met their individual health needs.

The staff we spoke with were able to demonstrate a good understanding of nutrition and told us about people's individual dietary needs and how they met these. We saw that the

majority of staff had received training regarding nutrition. This meant that we could be assured that staff had sufficient knowledge to meet people's nutritional needs safely.

We checked four people's care records. We saw that their risk of malnutrition was assessed regularly. Where people were identified as being at risk, we saw that steps had been taken to manage this risk. For example, we saw that some people were receiving fortified drinks and snacks such as milkshakes and ice creams to increase their calorific intake. Where required, people's food and fluid intake was carefully monitored and other health care professionals such as dieticians and speech and language therapists were consulted for specialist advice. This meant that the service monitored people for the risk of malnutrition, identified those who were at risk and responded effectively to reduce this risk.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The people we spoke with were happy with the cleanliness of the service. One person told us, "They keep my room clean and tidy." Another person said, "The home is kept clean, it's very good." A further person told us, "My room is always kept clean, I have never seen it dirty."

During our observation of the service we saw that all areas including communal areas, the kitchen, toilets, bathrooms and shower rooms were clean. We looked in six people's rooms and saw that these were also clean. There were no offensive odours detected. This demonstrated that the service have taken steps to protect people from the risk of the spread of infection and ensured that people lived in a comfortable and clean environment.

The staff we spoke with were able to demonstrate a good knowledge of what steps to take to prevent the risk of the spread of infection. They told us that this included good hand hygiene and wearing glove and aprons when providing personal care. They advised us that they had enough personal protective equipment to assist with this and described what actions would be taken if an infection outbreak occurred. We saw that the majority of staff had received training in infection control. This showed us that staff would take the appropriate action to protect people from the risk of the spread of infection and that they had sufficient knowledge regarding the subject to protect people from harm.

There were effective systems in place to reduce the risk and spread of infection. The service conducted a number of audits to ensure that it remained clean and to reduce the risk of the spread of infection. These included audits of hand hygiene, people's rooms, personal protective equipment such as gloves and aprons, waste management, the laundry area and other equipment including lifting equipment. Records were kept to show that daily checks of people's rooms and the environment were also being conducted.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The people we spoke with told us that the staff were caring. One person said, "The staff are polite." A further person said, "I am perfectly happy here, the staff, I like them. They treat me very well. They are friendly and I can have a laugh with them." Another person said, "This home is very good. The staff take good care of you. This is one of the very best homes. It is just like being in a family."

We spoke with five staff members about working at the service. They were all happy and told us that the morale amongst the staff was good. One staff member told us, "It's really nice here, I love it. It is the best place I have ever worked, I feel well supported." Another staff member said, "It is a nice place to work."

We checked the recruitment records of four staff working at the service. We found that the required checks had been completed. These included photographic identification, references, a full employment history and information relating to the staff members health. Disclosure and Barring Service (DBS) checks had also been completed to ensure that the staff employed were safe to work with vulnerable adults. We checked the registration of the nursing staff and found that they were all registered with their regulatory body, the Nursing and Midwifery Council. This meant that we could be assured that the staff employed by the service were of good character and that those employed as nurses were able to provide nursing care.

The staff we spoke with told us that they felt they had received enough training to meet the needs of the people they cared for. The training records kept by the service showed us that the majority of staff had completed training in a number of areas including: moving and handling; infection control; palliative care; the safeguarding of vulnerable adults; the mental capacity act (2005); the deprivation of liberty safeguards; fire safety; dementia; pressure and wound care; nutrition; health and safety; first aid; Parkinson's and stroke; continence and diabetes. This demonstrated that staff had received training to enable them to provide safe and appropriate care to the people they cared for.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The people we spoke with told us that they did not have any complaints about the service and would feel confident to speak to the staff if they had any concerns. One person said, "I have no complaints." Another person said, "I am quite happy. I don't have any complaints. They are very accommodating." A further person told us, "I could talk to the staff if I was unhappy about anything."

Information was available for people to guide them on how to make a complaint. This information could be found in the residents guide about the service and also in a separate leaflet. Both of these documents were on display within the service and were available for people and their relatives to read/take if they wanted to.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw that the service kept records of any complaints or concerns that were received. One complaint had been received this year. We saw records to show that this had been fully investigated and a response sent to the person who had complained with an apology. A meeting had also been held with the parties involved. This demonstrated that the provider was responsive to people's concerns and complaints.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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