

East Anglia Care Homes Limited

Sutherlands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sutherlands nursing home provides personal care and support for up to 52 people in a purpose built building. At the time of our inspection the service was not providing any regulated nursing support and there were 16 people using the service, all residing on the ground floor.

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

Medicines were not well managed. We identified a number of concerns relating to the correct storage of medicated creams, in addition to required paperwork to ensure people received their medicines as intended.

Although governance at the service showed some signs of improvement since our last inspection, enough had not been done at this inspection and we were still concerned that full oversight had not been established.

Healthcare professionals gave mixed feedback on their experience of the service. Some identified failings that had occurred with seeking and following healthcare professionals direction to keep people safe, others felt improvements were now being made and this was supporting people to live safer, more fulfilling lives.

People and family members we spoke with were happy with the support now being offered. They felt staff were approachable and kind and that the manager was contactable if they required support.

Care records had improved since our last inspection. Daily recording evidenced the support people were receiving and sufficient detail was captured to ensure people could be supported consistently.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We observed people being offered choice during both days of inspection, and people told us they were offered choice. However, we identified that capacity assessments themselves required further review and expansion to ensure correct processes were taken when assessing a person's capacity.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 July 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider has made some improvements but remains in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 14 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment of people and the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sutherlands Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and the governance of the service at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sutherlands Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 2 inspectors. An Expert by Experience supported with telephone calls to people and their families. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sutherlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sutherlands Nursing Home is a care home with nursing care. At the time of our inspection the service was not providing any regulated nursing support. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

The first day of inspection was unannounced. The second day was announced.

Inspection activity started on 24 January 2023 and ended on 07 February 2023. We visited the service on 24 and 25 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We reviewed information received from the provider, including their ongoing action plan. We used all this information to plan our inspection.

During the inspection

We spoke to 4 people receiving support and 7 family members of people receiving support. We spoke with 12 staff in total, this included care staff, home manager, operations director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care and medicine administration records (MAR) for 6 people and 2 staff personnel records. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

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

Using medicines safely

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Written guidance was available for staff to refer to about medicines prescribed for use on a when-required basis (PRN protocols). However, these had not been reviewed and were due for review in November 2021. Therefore we could not ensure the information detailed remained correct. PRN protocols themselves described to administer variable doses, such as 1-2 paracetamols. Protocols did not detail how to establish which dose would be required to ensure adequate administration at these times.
- Topical creams were not stored in a suitable manner. Topical creams in people's bedrooms were within a locked cabinet, however the key for these cabinets were accessible to individuals who had not received medicines training. Temperatures were not monitored within these cabinets to ensure items were not stored above manufacturer's directions. In addition, risk assessments had not been completed for flammable paraffin based topical medicines. This caused further risk of harm to people.
- Topical creams were found to be in use when the prescription label directions, including the person's name, had rubbed off and dates of opening were not visible to ensure the medicated creams had not expired. Topical application records were not in use within the service to ensure staff were clear on where and when to administer prescribed creams. Records were not always completed by staff to show the topical creams had been administered as prescribed.
- On both days of our inspection visits we identified medicine pots and other equipment with medicine residue inside. There was a risk that the residue could be ingested by people by contamination when given their medicines.
- We identified a person's prescribed medicine that had been removed from their original packaging and placed inside a plastic container within the medicines trolley. Although this plastic container was labelled with a person's name, we could not be sure the medicine stored within this container belonged to this person.

Medicine processes had not evolved since our last inspection to ensure safe medicine practices were taking

place. This placed people at risk of harm. This was a continued breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since our last inspection, a new electronic care planning and daily recording system had been implemented to support with record keeping and oversight.
- Care plans gave clear guidance on supporting people with their care needs and risks to people were documented within these records.
- Daily recording evidenced, where required fluid and nutritional intake, in addition to regular repositioning as recommend by healthcare professionals.
- A safeguarding log had been implemented to ensure safeguarding's that had been raised were detailing outcomes and actions taken. This record was in its early stages but set a clear process for future use.
- Processes for monitoring incidents and accidents were in their early stages. The home manager had monitored incidents and taken steps to reduce their likelihood. However a clear tracker was yet to be implemented to ensure all evidence could be clearly recorded to maintain the safety of people following all incidents.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Mental Capacity Assessments did require further review to ensure these records were robust and detailed all required information.

Staffing and recruitment

- Staff personnel files reviewed, did not detail a full work history. This had already been identified by internal auditing and a tool had been devised and steps being taken to rectify this area.
- Personnel files held professional references to ensure staff were of the right character and confirmed Disclosure and Barring Service (DBS) checks had taken place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Training had been expanded since our last inspection. Additional external training had been sourced to improve staff knowledge and understanding. Additional training was still being arranged to further improve this area. The training matrix itself was newly developed and required further review to ensure all completed training was fully listed.
- On both days of our inspection visits, sufficient staff were deployed to safely support people. Staff were observed talking to people with kindness and compassion and assisting them in a personable way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family members visited their loved ones, in line with current government guidance. Family members visited the service during our inspection.

Learning lessons when things go wrong

- Since our last inspection the nominated individual had taken appropriate steps to begin to improve the compliance and experience people received. External specialist support had been sought to support with this. The nominated individual communicated openly and regularly with us on plans to improve the service. Although compliance had not been achieved at this inspection, there was an action plan in place to continue this process.
- During this inspection areas requiring attention had been highlighted to the home manager by the inspector, they took immediate action to improve the safety of people and accompanying documents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

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

Enough improvement has not been made at this inspection and the provider remains in breach of regulation 17.

- At our last inspection, we highlighted shortfalls in relation to medicines practice and the paperwork supporting this. At this inspection we continue to highlight concerns in this area. Medicines had received multiple audits, however this area of the service had not become compliant and risks remained.
- We identified items that could cause harm if ingested being unsecured within the building and required risk assessments relating to the environment not being completed, even though auditing of the environment had been implemented by means of daily walkarounds.
- External audits had taken place, in addition to an ongoing internal action plan being implemented and updated. However, we identified areas that were indicated as complete on the action plan that still required further review and action.
- Feedback received from healthcare professionals highlighted their concerns in relation to the competency of those employed at times, highlighting delays in seeking support on occasions and not responding as directed by all healthcare professionals.
- This is the second consecutive inspection where the domains of safe and well led had not achieved regulatory compliance.

Systems had not been established to ensure all auditing was meaningful and supported the service to improve their regulatory compliance and to ensure people were safe. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection, where we had highlighted concerns.

Taking appropriate steps to remove and secure non safe items. External support had been sourced in relation to medicines to seek additional guidance.

- Since our last inspection the nominated individual sought support from an external compliance agency, who completed external audits and developed an action plan. A new operations director and home manager had recently joined the service.
- The service had not had a manager registered with us since 05 April 2022 and since this time there had been multiple leadership changes within the service. The current home manager had begun the process of registering with ourselves at the time of inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The newly appointed manager was observed speaking to people in a meaningful way and gave clear guidance to their staff team on both days of our inspection visits. A person told us, "There is a new manager. Most mornings [they] talk to us, we did not have that before."
- Staff were observed to be attentive to people's needs during both days of inspection and were observed spending time talking to people and offering them choice. Healthcare professionals told us the attitude of staff had improved since the new manager had been in post.
- The manager spoke with passion describing ways they wanted to support people to improve their daily life. Since our last inspection, activities being offered to people had improved, and people had been supported to access the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Healthcare professionals raised concerns that since our last inspection staff had not always been clear and consistent in the manner in which they supported people. However, they identified this was starting to improve since the new manager was in post and staff were following the positive influence set out by the manager.
- Family members confirmed they felt communication had improved and they were kept updated. A family member told us, "The manager is good at communication. They tell me at once if [loved one] has a fall."
- Meetings with family members and people had taken place to ensure they were kept updated on the current compliance rating of the service, improvements made and to seek suggestions on further improvements people wanted to see. A relative told us, "Recently the home has started to get in touch, they sent some photographs and the minutes of the relatives meetings."
- The management team were open to feedback and had been open to challenges they had faced prior to the inspection. The provider voluntarily shared their ongoing action plan with CQC regularly to evidence steps they were taking to improve compliance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely to ensure all risks to people were mitigated. Required documentation regarding medicines were not robust. Regulation 12 (2) (g)

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