

Sanford House Limited

# Sanford House Nursing Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Sanford House Care Home is a care home providing personal and nursing care for up to 40 people aged 65 and over, some of whom were living with dementia. At the time of the inspection, 39 older people were using the service. The service accommodates people in two areas. Shannon unit provides care to people who are living with dementia and Carrick unit provides care to people who have nursing needs.

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

People were cared for in a clean, safe environment. There were enough well-trained staff to meet people's needs. Risks to people's safety had been assessed and actions taken to reduce them as much as possible to keep people safe. People received their medicines when they needed them. If things went wrong, incidents were recorded, and action taken to improve things for the future.

People's needs were holistically assessed, and the service worked in partnership with healthcare professionals to meet people's needs. People's different dietary requirements were catered for. The environment was adapted to people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives gave very positive feedback about the staff and we observed them to be kind and caring. They knew people well and involved them in their care, supporting them to be as independent as possible.

People's care was personalised and regularly reviewed. There was a full programme of activities based on the choices and preferences of individuals. People were given the opportunity to participate in activities both within the home as well as in the community. The service regularly supported people at the end of their life and there were procedures in place to ensure that people's wishes, and preferences were met with compassion and kindness.

The service was well managed, and managers promoted a positive person-centred culture throughout the home. There were robust systems in place to observe and monitor the quality of care. There was an open and honest culture throughout the home that encouraged an ethos of continual learning and improvement. The service engaged people and staff in the development of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection: The last rating for this service was Good (published 23 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sanford House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Sanford House 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 Care Act 2014.

#### Inspection team

The inspection was conducted by an inspector, a specialist advisor in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sanford House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the commissioners. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the area manager, deputy manager, senior care workers, care workers, cleaners, maintenance and the cook.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We gained feedback from with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding and knew how to identify and report signs of abuse. The registered manager had investigated any concerns raised them appropriately with other authorities.
- People told us they felt safe using the service. One person told us, "The care home uses a hoist to get me into and out of bed, I always feel safe as the staff seem to know what they are doing."
- Visitors to the building had to sign in when they arrived, and we saw a member of staff question a visitor who they did not know. They asked them to sign in and identify who they were visiting.

Assessing risk, safety monitoring and management

- Care plans contained individual risk assessments relating to people's care. These included falls, skin viability, choking, behaviour and moving and handling. There was clear guidance for staff on how to manage and mitigate the risks.
- Staff were aware of the risks relating to people's care and had acted to monitor or reduce risks. For example, checks on people who were unable to use their call bell, or repositioning people at risk of pressure ulcers.

Staffing and recruitment

- People and their relatives told us there were enough staff to meet their or their family member's needs and people didn't have to wait long for assistance.
- Staff told us that most of the time there were enough staff on duty. Some commented that if there was staff absence or when there were new staff still undergoing training this could put additional pressure on staff.
- The service had their own bank staff to cover absences, but occasionally used agency if their own staff were unable to cover.

Using medicines safely

- People received their medicines when they needed them. Each person had a support plan which described how they preferred to take their medicine and a picture which enabled staff to identify that the correct person was receiving the medicine. One person told us, "My diabetic medicine I like to think is a shared responsibility between me and the home."
- There was guidance for staff on medicines people needed as and when required (PRN). We observed the nurse checking if people were in pain and required PRN pain relief medicines.
- People's medicines were regularly reviewed, and we saw records which included the involvement of the GP, Nurse Practitioner and Pharmacist.
- Procedures and systems were in place for the safe storage, stock control and disposal of medicines.

### Preventing and controlling infection

- The home was clean and tidy in the communal and public areas and people's rooms. Cleaning schedules were in place which included deep cleaning of people's bedrooms and furniture.
- Some of the storage areas were not on the schedule and were not always clean. The deputy manager told us they would ensure these were cleaned and put onto the cleaning schedule.
- There had been an outbreak of an infection recently. The home had implemented their infection control procedures which had managed this effectively. They had also reported the event to the appropriate authorities.
- Staff told us there was always Personal Protective Equipment (PPE) available such as aprons and gloves to help with infection control and we saw staff using them when supporting people.

### Learning lessons when things go wrong

- All incidents and accidents were recorded and reported to management.
- Immediate actions taken to reduce the risk of the incident re-occurring were implemented. The registered manager also added any ongoing or follow up actions such as continually monitoring a person after a fall.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A detailed assessment was carried out when people first came to the home under the heading 'Your journey into the home.' This was a holistic assessment which included areas such as communication, anxieties as well as immediate care needs, nutrition and health.
- People's preferences were recorded which included people's interests and their life history. This enabled staff to gain a rounded picture of the person and how they liked to be supported.

Staff support: induction, training, skills and experience

- Staff told us they had the training they needed to do their job and to support people. Staff mentioned 'Living in my World' training, which focussed on supporting people living with dementia, as particularly interesting and helpful in their role.
- Staff felt supported by managers and had regular supervisions. These are one to one meetings with their manager.

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

- There was a varied healthy menu in place which catered for people's allergies and special dietary requirements. The menu was chosen by people and their relatives. One person told us, "I always enjoy lunch there is not too much choice, so I don't get confused in choosing, rarely is there something I don't like but they have other things to offer me."
- People who were identified as at risk of malnutrition had 'lunch boxes.' The chef told us these were prepared each day, "To build people up". They included 'finger food' snacks such as cheese, crisps and scotch eggs.
- 'Tasting days', where people could try different foods, were used to help the chef find out what people liked. This was helpful for people living with dementia who may not remember the names of food but could say whether they liked food when they tried it.

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

- The service liaised with other professionals to improve people's wellbeing.
- There were strong links with the local GP's surgery and the GP and nurses regularly visited people at the home.
- There had been an outbreak of an infection and we saw records showing the service had worked with a range of health professionals to address concerns and improve people's health.
- We received positive feedback from health and social care professionals who described the registered

manager and deputy as "proactive" and "responsive."

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

- The home was adapted to people's needs. Hand rails were available to assist people with limited mobility.
- Signage was in a visual format to help people find their way around, using pictures rather than words. People's rooms were identified by a picture of the person as well as other pictures relevant to the person's life and interests.
- There were murals on the wall which one person told us, "Reminds me of my childhood days."
- There was a secure garden area where people could access outside space and which was also used for communal activities such as BBQ's.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make their own decisions where possible, and staff had a good understanding of the MCA. We observed staff gaining people's consent before supporting them.
- Files contained information on how to support people in their best interests and where people had a DoLS authorisation, this was clear in their files.
- Where family or friends had legal status such as power of attorney, this was clearly recorded in care plans. Record showed these individuals were involved in people's care.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received very positive feedback about the staff from people and relatives. They told us, "The staff have a real sense of humour, it makes this home." A relative said, "The support of the staff to the residents is exceptional, I have never seen a raised voice from the staff."
- We observed staff engaging with people in a calm manner. This was particularly effective when one individual became agitated which could impact on other people living in the service. However, the approach of staff defused the situation which helped people stay calm and relaxed.
- Staff understood the importance of treating people fairly. One member of staff described how if they were having a chat with one person and another person came into the room, they would make sure they were introduced to the conversation.

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

- People were involved in their care. One person we spoke with told us, "This morning the staff asked me if I wanted to get up, as it was a shower day I said not just yet I'm reading, they came back ten minutes later when I was then ready."
- We saw from the records that relatives were involved appropriately in people's care. One relative told us, "The care home tells me in the morning when I arrive if anything has happened and I am certain that they would phone me if there was a serious problem."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible and understood the importance of small things that could make a difference. For example, one member of staff told us how if a person was unable to drink from a cup, they would put the cup in their hand and then guide their hand to their mouth, rather than just hold the cup for them. This gave the person a sense of doing this task themselves.
- Staff understood how to maintain people's privacy and dignity by ensuring doors and curtains were closed when providing personal care. A male carer said they would always make sure women were happy with a male carer, especially for personal care tasks. They told us, "If I was in that position and didn't feel comfortable I'd like to know I'd be able to speak up and change it."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised to meet people's needs. A relative told us, "I think the resident quality of life is greatly improved here, I don't think they sometimes appreciate what a struggle it was living in their home. [Name] has a lot more colour in their cheeks and is a lot more lively too."
- People had choice and control of their lives. For example, one person told us, "I enjoyed my breakfast this morning, sometimes I have it in my bedroom, other times in the dining room."
- Daily shift handover meetings ensured that staff were up to date with any changes in people's care needs. There were also daily 'flash' meetings attended by the heads of departments, to handover anything that had arisen from the morning daily checks.
- Care plans were regularly reviewed to make sure that there was up to date guidance for staff on people's needs. Staff told us they were kept up to date when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in different formats to assist people with communication needs. For example, the menus were shown to people at meal times in picture format to help them decide what they would like to eat.
- Posters and information on noticeboards used pictures to describe activities and events.
- People's communication needs were recorded clearly in their care plans.

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

- There was a full and varied programme of activities within the home and some people were also supported to access their local community. One member of staff told us how they supported a person who didn't have many visitors to go in to town.
- We observed a quiz in the Shannon unit where people living with dementia were encouraged to participate using pictures of people they may remember from the past. The activities worker was very skilled at engaging all the people in the room, including those who had previously been quite withdrawn in the group.
- In the entrance hall there was a 'wish tree' which was used to display information about wishes that had been granted for people. For example, one person had been granted a wish to go to London and we saw

pictures of their trip to Buckingham Palace.

- Relatives were encouraged to be part of the home life and a 'Friends of Sanford' group had recently been set up for relatives of people who had passed away.

Improving care quality in response to complaints or concerns

- People's file contained a service user guide and information about how to complain or raise a concern.
- People told us they felt comfortable to raise any concerns with the registered manager.
- We saw that complaints had been dealt with appropriately and in a timely manner.

End of life care and support

- The home specialised in supporting people at the end of their lives and were accredited through a recognised programme.
- The home offered people support to complete an advanced care plan which described how they wanted to be supported at the end of their life, including any specific wishes and spiritual needs.
- Staff had attended training and understood how to support people at the end of their lives and the importance of making sure people were comfortable at this time.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive, person centred culture throughout the home, led by the management. People and relatives told us they would recommend the care home to other people.
- People and staff told us managers worked well together. One relative told us, "The management team compliment each other...it works very well here."
- Staff told us there was good morale amongst the team. The provider recognised staff through a carer of the year and had also nominated a carer for a national award by the provider.

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

Continuous learning and improving care

- Staff and managers were clear about their roles. People and staff told us the management were open and approachable.
- There were systems and processes in place to monitor the quality of care through audits and observation.
- There was an action log in place for the organisation which used the outcome from audits to learn from situations when things went wrong, so that things could be improved for the future.
- Issues for improvement were discussed at staff meetings to ensure that this was communicated to all staff. For example, staff had been reminded about completing records when applying people's creams.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged in the service through regular resident and relative meetings. Suggestions from people and relatives had been used to develop the activities programme.
- People using the service and relatives were invited to complete a questionnaire to give feedback about the service. The registered manager used this information to identify actions for improvement. For example, they had done work to the garden area based on feedback from residents and relatives.
- There were regular staff meetings where issues such as policies, quality of care or updates to the staff team were discussed.
- The organisation worked in partnership with the local community. For example, children from the local school and a local nursery regularly visited the home which people enjoyed.