

Saxon Lodge Residential Home Limited

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Inspection report

30 Western Avenue
Bridge
Canterbury
Kent
CT4 5LT

Tel: 01227831737

Website: www.saxon-lodge.co.uk

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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

Saxon Lodge is a residential care home providing personal care to 15 older people some who may be living with dementia, at the time of the inspection. The service can support up to 23 people in one large adapted building.

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

People told us they were happy and felt safe living at the service. The service had a manager in post who was completing their registration with CQC. They had previously been the registered manager at the service but had de-registered while they took a leave of absence. An interim manager, from one of the provider's other services had been based at Saxon Lodge during their absence.

Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to mitigate risks. Accidents and incidents had been recorded, analysed and action taken to reduce the risk of them happening again. People received their medicines as prescribed.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff had received training appropriate to meet people's needs. People's health had been monitored and staff had referred people to healthcare professionals when required. Staff followed the guidance given to keep people as healthy as possible.

People were supported to eat a balanced diet. People's dietary needs were catered for including pureed meals. People had access to activities they enjoyed and kept them as active as possible.

People met with the manager before they moved into the service to make sure staff were able to meet their needs. People were treated with dignity and respect. People were supported to express their opinions on the service and be involved in developing their care plan. People's end of life wishes were recorded. Staff worked with GP's and district nurses to support people at the end of their lives.

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.

There was a complaints policy in place. People told us they knew how to complain, there had been no formal complaints since the last inspection. The environment had been developed to support people living with dementia following good practice guidelines. People were given information in a way they could understand.

Checks and audits had been completed on the quality of the service and action had been taken when shortfalls were found. The manager attended local forums and training sessions to keep up to date with

developments and continuously improve the service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 27 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 completed by one inspector.

Service and service type

Saxon Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 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 about their experience of the care provided. We spoke with five members of staff including the provider, manager, senior care worker, care worker and activities co-ordinator. We observed staff interaction with people in communal areas.

We reviewed a range of records. This included three 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 and looked at training data.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- At the last inspection there had not been enough detail recorded about the reasons why accidents and incidents occurred. This had improved at this inspection.
- Accidents and incidents had been recorded. These had been analysed to identify any trends or patterns. There had been very few accidents, but appropriate action had been taken to prevent reoccurrence. These actions had been effective.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff understood their responsibilities to keep people safe abuse and discrimination. Staff were aware of how to recognise and report any concerns they may have. They were confident the manager would take appropriate action.
- The manager understood the process of referring concerns to the local safeguarding authority. The manager had not received any concerns they had needed to refer.

Assessing risk, safety monitoring and management

- Potential risks to people health, welfare and safety had been assessed and there was guidance in place for staff to reduce the risks. Some people were living with diabetes. There was clear guidance in place about what the person's normal blood sugars were. There was information about the signs to look for if they were unwell and the action to take.
- Some people required assistance to move around the service. There was detailed guidance for staff about how to use the equipment to keep people safe. Staff were observed moving people safely. When people were at risk of developing pressure sores, there was appropriate equipment in place to reduce the risk. Staff checked to make sure the equipment was set correctly to remain effective.
- Regular checks were completed on the environment and equipment used to make sure people were safe. This included checks on the fire alarm and equipment, staff attended regular fire drills using the equipment available within the service. Water temperatures had been recorded to make sure they were below 44 degrees to reduce the risk of scalding.

Staffing and recruitment

- There were enough staff to meet people's needs. The manager used a dependency tool to calculate the number of staff required. Agency staff were used to cover vacant posts. The manager told us they employed agency staff on long term contracts to provide continuity. There was currently one agency staff member who had a three month contract.
- People told us there were enough staff. One person told us, "The staff are good, they are always about when I need them." Staff told us, they worked well as a team and there was enough staff to support people

as they wanted. Staff were observed having time to spend with people.

- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they were of good character to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. Staff had received medication training and their competency had been assessed. People received their medicines as prescribed. There was a system in place to order, store and dispose of medicines safely.
- When people were prescribed 'as and when' medicines such as pain relief, there was guidance in place. This included when to give the medicine, how often and the expected effect of the medicine, to make sure people received the medicine consistently.
- Records of medicine administration were accurate. The temperature of the room and fridge where medicines were stored had been recorded to make sure it was within the recommended safe range. Some medicines were prescribed as liquids and stored in bottles. Once the bottles were open, the medicine was effective for a limited period. The bottles had an opening date, so staff knew when to dispose of the medicine.

Preventing and controlling infection

- The service was clean and odour free. There was enough domestic staff to maintain the cleanliness of the service. Staff had access to gloves and aprons, and these were used appropriately.
- The manager had kept up to date with national guidelines to prevent the spread of infection. They had involved people and visitors to promote systems to prevent the spread of infection.

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

- People met with the manager before they moved into the service, to make sure staff would be able to meet their needs. A pre-admission assessment was completed covering all aspects of people's lives including their spiritual, cultural needs and sexual orientation. This assessment was used to develop people's care plans.
- People's care needs were assessed using recognised assessment tools in line with national guidance, including nutrition and skin integrity. The outcome of the assessment was used to form part of the person's care plan.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Staff received training in different formats including online and face to face. The training was refreshed regularly so staff remained up to date. Staff told us, they had the skills and knowledge to complete their role. One person told us, "They know what they are doing, I feel safe with them."
- New staff completed an induction. This included working with more experienced staff to learn about people's choices and preferences. Care staff completed the Care Certificate, nationally recognised set of standards for care staff. Their competency was checked before they worked independently.
- Staff received regular supervision and appraisal to discuss their practice. Staff told us they felt supported by the manager and were confident to speak to them about any concerns they had.

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

- People were supported to eat a balanced diet. People had a choice of meals and were offered an alternative if they did not like the choice. People had jacket potatoes and meals made especially for them. One person told us, "I like the food there is always plenty of it."
- Some people required a special diet such as pureed or soft were catered for. Meals at lunchtime looked hot and appetising. Pureed meals had each element separated.
- People who required assistance with their meals were supported by staff. Staff spent time with people, letting them eat at their own pace and offering them drinks between mouthfuls.

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

- Staff monitored people's health and referred them to health professionals when people's needs changed. People had been referred to the dietician when they lost weight. Staff followed the guidance given to keep people as healthy as possible. People told us they were referred to their GP quickly when they became

unwell.

- People had access to health professionals such as dentist and opticians. Staff were receiving oral health care training and care plans were being developed.
- People were supported to be as active as possible. People were supported to take part in activities that meant they moved and stretched to keep them as healthy and active as possible.

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

- The service was a large adapted building. There was a lift to all floors of the building. People had access to a courtyard garden, containing raised flower beds. People had been involved in picking the plants and developing the area.
- The service had been decorated in line with best practice guidelines for supporting people with dementia. There were pictorial signs showing where communal areas were. People's bedroom doors had pictorial signs showing whose room it was and their hobbies and interests.
- People's rooms had been decorated in line with people's choices and preferences. The corridors were decorated with pictures that reminded people of past film and music stars. Some walls had interactive buttons. When pressed they played various sounds, including bird song and music from the 1950'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.

- Staff understood how to support people to make their own decisions. People were given the information they needed in a way they could understand. We observed people being supported to make decisions. Staff asked people which juice they wanted, some people were asked if they wanted orange or red. Some people responded to this rather than being asked to choose between orange and blackcurrant.
- Some people had DoLS authorisations in place. There had been no conditions placed on the authorisations. The manager had a matrix to show when authorised DoLS needed to be renewed and this had been completed appropriately.
- When people were unable to make their own decisions, these were made in the person's best interest. These decisions involved people who knew the person well and considering their previous preferences. Some people had given permission for others to be their representative through a Lasting Power of Attorney. There were copies of these in people's records and were adhered.

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

- People told us staff were kind and compassionate. One person told us, "The staff are kind and treat us well, seem to care about us." Staff approached and spoke to people in a way that met their needs. They knelt to be at eye level when speaking to them. Staff spoke to people discreetly and privately when required.
- We observed staff spending time with people and chatting to them about their family, interests and their lives before they moved into the service. Staff understood how to support people to reduce their anxiety or when people were becoming agitated. Staff explained the situation, reassuring them, asking if they understood what had been said and if they had questions.
- People's different beliefs were supported. Services were organised for people when required.

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

- People were encouraged to be part of developing their care plan. Staff supported people to make decisions. One person wanted to go to the shop independently. Staff explained that because of their poor eyesight this would put them at risk when crossing the road. They suggested staff went to the shop with them, the person agreed to this and made regular trips to the shop.
- People's decisions were respected. One person living with diabetes, liked to eat biscuits and cakes. It was explained to them the risks and they understood these. The person and staff worked with the GP and district nurse to develop their care around their diabetes.
- Where possible, people were involved in discussions about their care with GP's and other specialists. People's choices and preferences were recorded and respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. We observed staff knocking on people's doors and waiting to be asked in. Staff maintained people's dignity when supporting people in communal areas.
- People were supported to be as independent as possible. People used walking aids to mobilise independently around the service. People were given specialist cutlery to enable to eat their meals independently.
- Care plans included details of what people could do for themselves and how staff could support them to maintain the skills.

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

- Staff knew people's choices and preferences including how they liked to be supported. Staff described people's choices for dressing and food. One person told us, "I can not have cream and they know that." Staff confirmed the person's dietary needs and why their lunchtime meal did not have a sauce.
- People told us staff supported them in the way they preferred. One person told us, "They know what I like and always do what I want." We observed staff anticipating what people wanted around them when they went to sit in the lounge. People were pleased and thanked staff for their kindness.
- Each person had a care plan, this detailed people's choices and preferences. New staff told us they had read the plans and thought the plans helped them to know people.

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.

- People were given information in a format they could understand. This information was displayed around the service in pictorial form. There were pictures of the menu for the day and the activities available around the service.
- The electronic system used for care planning provided pictorial information about people's care plans. Information was provided in large print when people needed it.

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

- People were supported to take part in activities that they enjoyed. Leisure therapists had been employed to develop the activity programme. One told us, they had spoken to people about their interests and what they liked to do. They described how one person liked to do things and feel useful. They asked the person to put pairs of socks together and fold napkins. The person told us how much they enjoyed this.
- People had been asked the type of activities they wanted to do. The leisure therapists had organised painting, biscuit decoration among other activities. People told us how much they enjoyed the weekly visit from the Pets as Therapy dog.
- People were supported to maintain relationships with their family and friends. Visitors were welcome at any time, people told us their families were always made welcome. The manager worked to support family contact. One person's wife had undergone an operation and was unable to visit. A mobile phone was purchased so they could ring their husband whenever they wanted.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. There was a system in place to record, investigate and respond to complaints. There had been no formal complaints recorded since the last inspection.
- People told us they knew how to complain; the procedure was displayed around the service. One person told us, "I speak to the staff and it is always sorted. It is never much they know how to look after me."

End of life care and support

- The service supported people at the end of their lives. When people were becoming frail, staff worked with the GP and district nurse to put plans in place for their future care. Medicines were reviewed and medicines to help keep people comfortable were made available.
- People were asked what their end of life wishes were. When people had been happy to discuss this, these wishes had been recorded.

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 Requires Improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection the improvements that had been made within the service had not had time to embed. We could not be sure if the improvements would be sustained. At this inspection the improvements had been maintained.
- The service did not have a registered manager. Since the last inspection the registered manager had taken a leave of absence, as it was unknown how long this would last for, they had de-registered. They were away six months, returning to the service in February 2020. They were now in the process of registering with CQC again. During their absence the service had been managed by the provider's relief manager.
- There were checks and audits completed on all aspects of the service including recruitment, training and the environment. Audits were completed by external auditors including medicines. When shortfalls were found an action plan was put in place and reviewed at the next audit.
- Services that provide health and social care to people are required to inform CQC of events that happen, such as serious incident, so CQC can check that appropriate action was taken to prevent people from further harm. The service had submitted all notifications as required and in a timely manner.

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

- Staff promoted a person-centred approach to people's care and support. People were involved as much as possible in developing their care.
- People were encouraged to develop their own personal space. People had decorated their rooms with personal items that were important to them. The leisure therapist was developing empowerment meetings for people to increase their involvement in the service.

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

- There was an open and transparent culture within the service. The manager had an 'open door' policy and staff told us they were comfortable to speak to the manager about any concerns.
- People knew the manager and were happy to chat with them. People approached them with their questions and to ask for advice. People told us the manager treated them with respect and spoke to them honestly when they asked questions.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Quality assurance surveys had been completed by people, staff and professionals who visited the service. The results were mainly positive. Where concerns had been raised action had been taken, such as wanting more activities. An additional leisure therapist had been employed to support providing more activities. Staff had asked for more involvement in care plans. The manager had now put training sessions in place to support this.
- People attended meetings to express their views and any concerns they may have. Staff had regular meetings to discuss their practice and training they needed to improve the service.

Continuous learning and improving care; Working in partnership with others

- The manager attended local forums to keep up to date with developments in social care. They received updates from national organisations to promote improvements. The manager had booked to attend a variety of training events including dementia care to continuously improve the service.
- The service worked with other agencies to provide joined up care for people and meet their needs.