

Saxby Care Ltd

# Saxby Lodge Residential Care Home

## Inspection report

124 Victoria Drive  
Bognor Regis  
West Sussex  
PO21 2EJ

Tel: 01243828615

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Saxby Lodge is a residential care home providing personal care to up to 19 people. The service provides support to people with a range of care needs including Parkinson's disease, frailty of age and people living with dementia. At the time of our inspection there were 11 people using the service.

Saxby Lodge accommodates 19 people in one adapted building.

### People's experience of using this service

People were not always provided with safe care. Some people's health and associated risks were not appropriately assessed and planned for. Some care records lacked important detail to guide staff on how to make people safe. Staff practices were not always in line with national guidelines to keep people safe.

There was a lack of robust provider oversight and governance of the service. Aspects of leadership and governance were not effective in identifying some of the concerns found. The service had failed to maintain some of the improvements found at the previous inspections in relation to care planning, risk management and safe working practices. There was a lack of meaningful activities for people and we have made a recommendation about this.

People were happy with the care they received and felt safe with the staff that were supporting them. There were enough staff to ensure people's needs were met in a timely way. The provider ensured staff were recruited safely. Staff undertook training to ensure they were suitably skilled and knowledgeable for the role.

People had access to healthcare services and staff supported them to attend appointments. Where needed, staff engaged with healthcare professionals to promote good outcomes for people.

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.

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 requires improvement (published 25 February 2022).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at a previous inspection.

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 undertook an unannounced comprehensive inspection of the service on 9 August 2021. Breaches of legal requirements were found, and conditions were placed on the providers registration in relation to the following regulations of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014;

Regulation 9 (person centred) care, Regulation 10 (dignity and respect), Regulation 11 (need for consent), Regulation 12 (safe care and treatment), Regulation 14 (meeting nutritional and hydration needs), Regulation 15 (premises and equipment), Regulation 17 (good governance), Regulation 18 (staffing). The provider completed an action plan after the inspection on the 9 August 2021 to show how they would improve and by when.

We undertook an unannounced comprehensive inspection of the service on 7 February 2022 to check they had followed their action plan. At the inspection on the 7 February 2022 the provider was no longer in breach of regulations.

The provider was required to send CQC a monthly report of actions to demonstrate how they were meeting the conditions placed on their registration. We undertook this comprehensive inspection to check they were meeting the conditions and to confirm they now met legal requirements.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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

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

We have recommended the provider seeks advice from a reputable source about providing meaningful activities for people living in care homes

#### 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 work alongside the provider and 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 section below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring section below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive section below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

**Requires Improvement** ●

# Saxby Lodge Residential Care 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

The inspection was undertaken by two inspectors 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

Saxby Lodge 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. Saxby Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## 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. 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 used all 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 eight members of staff including the registered manager, care workers, chef, a company director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three 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.

# 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 good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Using medicines safely

- People were not always protected from avoidable risks. There was an inconsistent approach to risk management.
- There were inconsistencies within people's care and risk management plans. Care plans completed recently failed to provide the same level of detail as those reviewed at the last inspection. Some care plans did not provide enough guidance to enable staff to support people in a safe and consistent way. Some known risks had not been mitigated.
- For example, a person who was known to have a respiratory condition requiring three types of prescribed inhalers daily, had a care plan that recorded no breathing difficulties and no medicines prescribed. A person who was receiving prescribed medicines for a history of cancer did not have this reflected within their care plan. The failure to ensure robust care and risk management plans, including where there was a history of cancer was identified as an area of concern at the inspection on 9 August 2021.
- There was a failure to ensure national safety guidance was followed. For example, fluid thickening powder was not stored in line with national safety guidance in place to mitigate the risk of asphyxiation by accidental ingestion. We observed unsafe practices relating to the Control of Substances Hazardous to Health (COSHH). This meant that some substances that had the potential to cause harm were easily accessible to people. This had previously been identified as an area of concern at the inspection on 9 August 2021. We asked the registered manager to take immediate action to ensure the safe storage of these products.
- We observed a failure by some staff to follow safe practice requirements. For example, staff were observed not wearing PPE in line with current government guidelines. We have reported on this in more detail in the preventing and controlling infection section below. We observed three packets of prescribed medicines unattended on a desk in the medicine room. The medicine room was located next to people's bedrooms and the door to the room was unlocked and open. Staff administering the medicines said this had been an oversight on their part. Following this incident, we observed safe practices relating to the administration of medicines.
- We observed staff practice that placed a person at risk of injury due to the failure to use appropriate moving and positioning equipment. We reported this to the registered manager who took immediate action to address this with staff. Following this incident, we observed other staff following safe moving and positioning techniques to support people to stand and transfer safely.

The provider had failed to ensure a consistent approach to risk management relating to the health, safety and welfare of service users and others. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

### Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This is because staff were not using PPE in line with current government guidance.
- We were not assured that the provider was using PPE effectively and safely. Current government guidelines are staff should always wear face coverings. Feedback from visitors was staff had not been observed wearing face coverings recently. On our arrival we observed the registered manager, some staff and a contractor were not wearing face coverings. We spoke to the registered manager and provider about this and for the remainder of the inspection staff worked in line with government guidelines.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Current government guidance is that visitors should be encouraged to wear face coverings. Visitors to the service told us they were not required to wear face coverings.
- 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 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's infection prevention and control policy was up to date.

We have also signposted the provider to government guidelines to develop their approach.

### Visiting in care homes

Relatives and people's friends were able to visit the service. Relatives told us they were no restrictions in place on visiting.

### Learning lessons when things go wrong

- Not all lessons had been consistently learned and embedded in to practice. Previous inspections had raised concerns around care planning, risk management, medicines and COSHH. The provider had failed to maintain safe practices in these areas.
- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents. This ensured robust and prompt action was taken and lessons were learnt to drive service improvements.
- Relatives told us they were kept informed of accidents and incidents affecting their relative. Learning outcomes from these, and measures taken to mitigate any further risk, were discussed and shared with people and their relatives.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and were aware of the need to raise concerns and how to do this. Staff followed guidance from the local authority and the providers safeguarding policy. This ensured appropriate action was taken to keep people safe.
- People told us they felt safe and their relatives confirmed they were satisfied their family member was safe at the service.

### Staffing and recruitment

- There were safe systems and processes for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information



including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Our observations were there were enough staff on duty. Call bells were answered promptly, and people said that this was usually the case. People received care and support in a timely way, and we saw staff taking the time to sit and talk with people. Relatives told us they had no concerns about staffing levels.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- There were inconsistent approaches to assessing people's needs.
- People who were new to the service could not be assured their needs and preferences had been effectively planned for. For example, a pre assessment had not been undertaken for a person to ensure the service could meet their needs. For another person information contained within their hospital discharge summary had not been reflected within their care and risk plans. For both people this had led to information about known health conditions being omitted from their care plans. This meant people could not be assured of receiving consistent and appropriate support to manage their health and well-being. We spoke to the nominated individual and registered manager about this. They undertook an immediate update of both people's care plans to ensure they accurately reflected people's current health needs.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. Nationally recognised tools were used to assess people's risk of malnutrition and skin integrity. For example, the Malnutrition Universal Screening Tool (MUST) had been used to identify and monitor people's risk of malnutrition. Waterlow assessments had been completed to assess people's skin integrity and identify people's risk of developing pressure ulcers. People's oral health had been assessed using smile oral assessments and care plans guided staff in how to support people with their oral hygiene.
- People's individual needs were met by the adaptation of the premises. We observed improvements had been made in the decoration of the home to support people's needs. People's bedrooms were personalised and contained personal effects such as pictures, photos and equipment.

Staff support: induction, training, skills and experience

- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us the induction they received was good and ensured they had the right information and knowledge to undertake their role.
- Staff had opportunities to learn skills to enable them to support people's specific needs. Staff told us they had good access to training and learning enhanced the way they provided care. One staff member told us as a result of training they had a greater understanding of dementia, how it affects people differently and the impact on their friends and family.
- People felt staff were competent to give them the care they needed. One person told us staff seemed to know what they were doing, another said staff were good and they received the help they needed. Relatives

told us they felt reassured by staff's abilities to provide support and care to their loved one.

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

- Nutrition and hydration needs were met, and people had enough to eat and drink. Specialist diets were catered for. People who were identified as being at risk of malnutrition had fortified diets to increase their calorific intake. Effective fluid monitoring ensured people received enough fluids to keep them hydrated.
- People who had difficulty swallowing or were at risk of choking had been referred to the speech and language therapy team (SaLT). People's support plans identified what types of food they could eat and what support they might need to eat and drink. We observed people receiving food consistent with their support needs, this included a person who required their drinks to be thickened. Staff were knowledgeable about the support people required.
- We received positive feedback about meals. People said the food was good and nutritious and they had enough to eat and drink. We observed people received enough support from staff to enable them to eat and drink. One relative told us how well their loved one was eating since moving into the service, they said "Staff have done a phenomenal job".

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that people had regular access to health care professionals, GP and chiropodists.
- People told us that they had good access to health services. This included hospital treatment as well as support provided by district nurses, community matrons, occupational and physiotherapists. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.
- The registered manager told us the GP surgery contacted them daily and visited the service regularly. They told us they received excellent support from the surgery and were able to discuss any concerns they might have promptly. This ensured people received timely access to health care.

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 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 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.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.
- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people. For example, where people had been unable to consent to the use of close circuit television (CCTV) in the communal areas, authorisation had

been gained from those who had legal power of attorney (LPA) to make such decisions on their behalf.

- Processes were in place, and records confirmed DoLS were appropriately applied for. Authorised conditions were regularly reviewed and being met.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were treated equally, regardless of age gender or disability. Staff were sensitive to people's needs and feelings and took time to support people effectively. People felt staff treated them with kindness and were caring.
- Staff treated people as individuals and knew them well. We observed a person with a cognitive impairment being supported by staff. Staff told us it was important the person's independence and ability to make choices was maintained and respected. We observe this in staff practice. The person was not rushed, staff supporting them fully understood when it was appropriate to help and when the person preferred to manage independently.
- People's privacy was respected. Confidential information was held securely, and information was shared appropriately and sensitively. People told us that staff respected their privacy and were polite. We observed personal care was offered in a discreet way. We were told that staff knocked on people's doors before entering and we observed this practice.
- Staff worked well together as a team and demonstrated a compassionate approach towards people. Staff responded appropriately and sensitively when people needed support. There were positive relationships between people and staff; interactions were warm, friendly and pleasant. A member of staff took time to sit with a person in their bedroom and we observed them having a good chat with plenty of laughs and humour. A relative told us, "They are doing a good job and it is now showing in [name] general wellbeing."
- People were encouraged to be involved in decisions about their care and make daily choices. People told us they felt listened to and this enabled choice and control about the way that their care was delivered. A person told us I'm perfectly happy here I like to read the staff are kind. They look after my feet arrange for my hair to be cut and help with to shower."
- Relatives told us staff had a caring and compassionate approach to their loved ones. Comments included "The carers do spend time with [name], so I feel reassured she is safe and well looked after." Another said, "I have never seen anything other than kind caring treatment of residents and the staff seem to enjoy their roles. They have certainly taken time to get to know [name] and they have a bit of banter with her now and then. She enjoys their company."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- At the last inspection people told us they spent most of their time in their bedrooms and there was little opportunity for meaningful occupation and stimulation. At this inspection we received mixed feedback from people and visitors about activities within the service.
- There was a comprehensive activity timetable in place. We saw photographs of people participating in crafts, cooking, parties and national celebrations. People were encouraged to maintain independence through daily routines such as laying the table or assisting with daily living tasks within the care home.
- We received mixed feedback from people about activities. Some people told us they preferred to stay in their rooms and were not tempted by activities on offer. Some people were more enthusiastic about joining in than others, and staff provided support and encouragement appropriate to people's abilities and choices.
- At inspection there was an afternoon activity in the lounge of floor snakes and ladders. People remained in their chairs and were given oversize dice to throw. No one was watching the television however it remained on loud volume for the duration of the activity. We observed the same at lunchtime. On both occasions the room was noisy, staff were having to use raised voices and people were struggling to hear. Staff had not considered adjusting the volume of the television to suit the dynamic of the room.
- Visitors were aware the activities co-ordinator had recently left, and some were concerned activities would be affected by this. The provider gave assurances an extra member of care staff was on duty daily to enable activities to continue. They also arranged for outside entertainers to come into the service. We received feedback that it would be nice if people had the opportunity to be taken out now and again and we fed this back to the provider.
- Staff told us that sometimes musical entertainers came into the service and people enjoyed a good singalong. A party had been held for the queen's jubilee in June which people said they had enjoyed. A relative told us about a photograph they had seen of their loved one adding, "It showed [name] with a hat on during a singalong and she had the most amazing smile on her face."

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

- There was an inconsistent approach to person centred care. Not all care plans reflected people's needs, preferences as to how they wished their care to be provided, or aspects of their care they could manage themselves. In the case of new or agency staff people could be placed at risk of not receiving support in line with their needs, wishes or personal preferences because important information was missing from their care plans.
- For example, a person's hospital discharge summary recorded they had cataracts and glaucoma. This was not reflected within their care or risk plans. Guidance had not been provided as to the degree of sight

impairment the person may be experiencing or the impact of this on their daily life. Consideration had not been given to any specific equipment or assurances the person may require. This was feedback to the registered manager to address.

- Where care plans supported a person centred approach information was detailed and reflected people had been involved in the planning and review of their own care. For example, one person's care plan said they preferred to eat in their bedroom but should be given the choice each day as occasionally they liked to go to the dining room. At inspection we observed staffing asking the person where they wished to have their lunch.
- People's daily records showed staff were supporting and monitoring people appropriately. People who were cared for in bed were repositioned regularly to prevent pressure ulcers. Staff followed person specific SaLT guidance, offering a person fluid on a teaspoon on 'sleepy days' to prevent dehydration. For a person who was cared for in bed their care plan recorded they could drink independently if a beaker was placed in their hand. At inspection we observed staff had followed this guidance and the person was drinking independently.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted and in care plans. Some people using the service could communicate their needs to staff without support. Where people had difficulties with communication, their specific communication needs were known to staff. For example, a member of staff told us how a person communicated by tapping on the table and by squeezing staff hand when being presented with a choice.
- Staff told us they had received training in effective communication. They provided examples of how this has been used to improve communication within the service such as using pictorial prompts, posters, large print and voice activated technology. People had access to telephones and video calling to keep in touch with loved ones. A person told us "I have phone calls with family".

### Improving care quality in response to complaints or concerns

- People and relative felt able to raise concerns if they wished to and none of the people, we spoke to said that they had felt the need to raise a formal complaint. The service had a complaint procedure, and people said that they knew how to complain and who to complain to.

### End of life care and support

- Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardiopulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.
- At inspection no one was being supported with end of life care. The registered manager told us when people were nearing the end of their life support would be provided from the community end of life care hub (ECHO).
- People and their family's wishes were listened to and respected. A relative told us, "We have had the conversation about end of life wishes, so that is all on her notes. It was handled well too."





# 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. The rating for this key question 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.

Following the inspection on 9 August 2021 enforcement action was taken against the provider and conditions were placed on the providers registration for Saxby Lodge. At this inspection the provider had failed to comply with some of the conditions and the required level of compliance had not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Processes were not effective in maintaining and driving service improvement. There was a failure to maintain some of the improvements found at the previous inspection. For example, care plans and risk assessment completed in recent months lacked the level of detail and information found in those reviewed at the inspection on 7 February 2022.
- There was failure to implement an effective approach to care plan auditing. Quality checks had failed to identify inaccuracies between people's care plans and health information or that some care and risk management plans were not in place. We spoke to the manager and provider about this and they were not aware of the discrepancies we had found.
- Management oversight had failed to identify unsafe practice. We identified staff practice that was not in line with the law and national health and safety guidance. This included the failure to manage COSHH products in line with the law. There was a failure by the registered manager to ensure their own practice and that of staff was in line with government guidelines to keep people safe during the COVID 19 pandemic.
- Medicine audits had failed to identify liquid thickeners were not stored in line with NHS safety alert issued in 2015. This was despite the tub of thickener have a yellow patent safety alert sticker on it advising of the risk of asphyxiation and the need to "store in a locked cupboard out of patents reach". We observed the thickener to be kept on an open shelf in the kitchen alongside the tea and coffee. We made the provider aware of our concerns and they took immediate action to lock the product away.
- The provider did not have a robust process for handling changes to a person's medicines received verbally from the prescriber. There had been a failure to follow guidance provided by the National Institute for Health and Social Care Excellent (NICE) when a change of medicine had been given over the telephone. This meant the provider could not be assured verbal changes to people's medicines were communicated and recorded safely.

Systems and processes to monitor quality and compliance did not always operate effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff had one to one supervision and performance reviews providing the opportunity to discuss operational matters as well as their own well-being and learning and development needs.
- Since the last inspection there had been a change in registered manager. Staff demonstrated an understanding of their roles and responsibilities and told us they had confidence in the new manager.
- The service had a positive and welcoming atmosphere. The service was led by an open and transparent registered manager who actively supported the care staff in their roles. Staff told us the registered manager was approachable and they felt very supported. Throughout the inspection we observed positive communication and supportive interaction between the whole team.

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

- The registered manager understood their responsibility to notify us of significant events, as they are required to by law. Notifications had been sent to us in a timely manner and were completed in line with requirements.
- The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.
- Staff told us the registered manager promoted transparency and honesty and they always felt able to speak to the registered manager or nominated individual. Staff knew how to whistle blow and knew how to raise concerns with the local authority and Care Quality Commission.

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

- People and visitors felt they were listened to. They told us they felt able to provide feedback when it was necessary, and this was acted upon. The provider used a comprehensive survey to seek feedback from stakeholders about the service. We viewed the most recent surveys, and these were positive. Comments included "As you can see by the scores, we are very happy with the care environment and home. Everyone is wonderful kind and positive. The home is clean, and the food is excellent". Another said, "I have observed positive changes at Saxby Lodge over the last few months. Staff appear kind, caring enthusiastic and positive about their work. The service appears well led".
- People and staff told us they were able to make suggestions for improving the care offered. Staff said they sought ideas from people about meals and activities. Staff meetings were held, and staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas.
- The service worked in partnership with healthcare professionals and services from a variety of disciplines. Provision had been made to enable telephone consultations to take place instead of face to face meetings during the COVID 19 pandemic. This had proved successful and arrangements had remained for regular telephone calls in addition to health care professionals visiting the service.
- Records showed staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received appropriate support to meet their continued needs.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure a consistent approach to risk management relating to the health, safety and welfare of service users and others.</p> <p>Systems and processes to monitor quality and compliance did not always operate effectively</p>