

Saxon Lodge Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Saxon Lodge is a residential care home that was providing personal care to 14 older people, some of whom were living with dementia, at the time of the inspection.

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

People's experience of using this service:

- The provider had made many changes to improve the environment for people. The home was welcoming and homely with a caring atmosphere.
- The provider promoted a good quality of life for people. People were happy living at the home and were supported to access the healthcare they needed.
- Care was person centred, achieved good outcomes and people were offered choice and involved wherever possible.
- Feedback was sought and used to make improvements. Feedback from people, relatives, health care professionals and staff was all positive.
- Quality assurance systems were in place to ensure the safety and quality of the care provided.
- Some improvements were needed to ensure medicines were not left unattended; and to ensure guidance was available for staff for all 'as required' medicines.
- Lessons were learnt and used to make improvements. However, this needed to be more thorough around falls analysis to ensure all learning was used to prevent future reoccurrence.

Rating at last inspection: At the last inspection the service was rated Inadequate (report published on 07 December 2018). This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Why we inspected: This was a comprehensive planned inspection based on the previous rating.

Follow up: We will continue to monitor this home and plan to inspect in line with our reinspection schedule for those services rated Requires Improvement.

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	Requires Improvement ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well-led	Requires Improvement ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Saxon Lodge 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. Saxon Lodge accommodates up to 23 people in one adapted building.

A new manager had recently started and had begun the process of registering. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the home. This included details about incidents the

provider must notify us about, such as serious injuries. The provider had not been asked to complete a Provider Information Return since the last inspection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. We received feedback from a commissioner. This information helps support our inspections.

During inspection we looked at the following:

- The environment, including; the kitchen, bathrooms and people's bedrooms
- We spoke to six people living at the home, three relatives and one visiting healthcare professional.
- We spoke to 2 care workers, the leisure therapist, the activities co-ordinator, the manager and the provider.
- Four people's care records
- Medicines records
- Records of accidents, incidents and complaints
- Audits and monitoring records
- Four staff recruitment files
- Staff training records
- Rotas
- Fire, health and safety and maintenance records

After inspection we received feedback from a commissioner.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were managed safely. Senior care staff received training to administer medicines and their competency was checked regularly. However, during the inspection, we observed staff leave the medicine trolley unlocked with the keys left in the lock, when an emergency bell sounded. It is best practice to lock the trolley when it is left, to reduce the risk of people having access to medicines, that may cause them harm. Staff had realised what had happened and understood why it was essential that the trolley was locked when left.
- People received their medicines as prescribed. There were appropriate systems in place to order, store, administer and dispose of medicines safely.
- When people were prescribed medicines 'as required' such as pain relief and to relieve anxiety, there was guidance in place for staff about when and how to give these medicines. However, one person was missing this for their medicine to support them with their agitation. We discussed this with the manager who had rectified this by the second day of our inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Most accidents were falls and people's individual needs had been identified and acted on. For example, people had alarm mats in place to inform staff they had moved, and care plans were reviewed following a fall.
- The provider had identified learning from falls by analysing these for any trends. For example, if there were more falls at certain times of the day or in certain locations. However, the cause of falls was not always recorded in accident monitoring. For example, one person fell as they were unwell with an infection but this had not been recorded and used to update their care plan.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to safeguarding people from the risk of abuse as two people had sustained unexplained injuries which had not been reported to the local safeguarding authority. This action has been completed.
- Any injuries to people were recorded, with appropriate action taken and the provider had notified the local safeguarding authority
- Systems were in place to protect people from abuse and avoidable harm. Policies were in place and staff received training in this area.
- Staff understood their responsibilities to safeguard people. Staff were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe living at the home. Comments included, "I feel safe, they answer the bell

quickly."

Assessing risk, safety monitoring and management

- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to assessing the risks to people's health and safety and to take action to mitigate any risks, and this action has been completed.
- There were environmental risk assessments in place to ensure the environment was safe, for example, around the lift and use of electric heaters.
- Individual risks to people were identified and assessed and managed safely. Risk assessments were in place to provide guidance to staff how to mitigate the risks to people and staff could tell us how they kept people safe. For example, from the risk of falls or malnutrition.
- Certificates evidenced regular servicing for the fire system, electrical safety and equipment such as hoists.
- All the necessary safety checks were completed for example, around fire, water temperatures, fridge temperatures and legionella.
- Emergency evacuation plans were in place; fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to staffing levels, and this action has been completed.
- People told us they thought there were enough staff. One person said, "If I needed help I would get it straight away." Another told us, "There are enough staff, they answer the bell quickly."
- Rotas evidenced staff were deployed to meet people's needs. People were supported by a consistent staff team although some regular agency staff were used to cover staff sickness. Staff told us there were enough staff available to keep people safe and meet their needs.
- Staff were recruited safely. Checks had had been completed before staff started work in the service including references and a full employment history.

Preventing and controlling infection

- The home was clean and free from odour. New cleaning schedules had been implemented.
- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as washing their hands and wearing gloves and aprons.
- Information about how to prevent the spread of infection was present in the home and personal protective equipment was available for staff to use.
- All staff put on a disposable apron before entering the kitchen.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to the provision of qualified, competent and skilled staff, and this action has been completed.
- Staff and agency staff had received an induction to their role. Rotas evidenced new starters worked alongside experienced staff to learn the role and staff told us they did this. New staff told us their induction was good.
- Staff told us they had received training and records showed all staff were up to date with their training. One new staff told us how they were offered some additional dementia training around an individual's needs.
- Staff demonstrated their knowledge and experience when we spoke to them. Staff said they received supervision. Staff told us they were supported in their role and could ask for help and raise any concerns with the manager. One staff said, "One of the seniors is my mentor, she is a nurse, I can speak to her, and the manager is always about if I have any questions."

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

- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to the environment, and this action has been completed.
- The provider has invested in the environment, they had redecorated, renewed flooring and furniture and renovated the outside garden area. The environment was pleasant and homely. People, relatives, staff and health care professionals all described significant improvements to the environment.
- The building was over two floors and all the communal areas, where people could watch TV, relax or engage in activities together, were on the ground floor. There was an accessible lift for people to use.
- The home was accessible for people living with dementia. For example, rooms had signs to show their purpose such as the bathrooms or dining room.
- People's bedrooms were personalised to their taste and had their own belongings.

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

- People's needs had been assessed, to ensure the home could provide the care required to meet their needs. Additional assessments were completed around people's individual needs, for example for people at risk of pressure sores or of malnutrition.
- The provider had a plan in place to manage any new admissions to ensure a smooth transition for anyone new coming to the home.
- People were supported to maintain their mobility where possible. For example, we observed people were

supported to use walking frames to move freely around the home.

- Care records included a summary of people's care needs which highlighted any risks and provided guidance for staff.
- Effective outcomes were achieved, for example at the time of the inspection there was no-one with a pressure wound as people received good care to prevent this.

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

- People told us they enjoyed the meals. One person told us, "There is plenty of food, we get enough to eat and there is always a choice."
- People's dietary needs and preferences were met. People's meals were presented in the way they preferred and the portions they wanted. One person said, "The staff know about the special diet I have."
- There was a picture menu in the dining room showing the choices of meals for the day. We observed staff went around with the menu in the morning and gave people time and support to make their choice of meals.
- People were supported with their meals when needed, staff gave people time to enjoy their meals.
- We observed the lunchtime meal, people had a choice of where they ate. The dining room had a relaxed atmosphere and people were chatting amongst themselves.
- People had constant access to cold drinks and hot drinks were served regularly.
- Staff were aware of people's needs in relation to risks associated with eating and drinking. Staff followed guidance from healthcare professionals such as speech and language therapists.

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

- People were supported to maintain their health and were referred to appropriate health professionals as required, for example dieticians. Staff could tell us how they monitored people's health and what they would do if they became unwell.
- The staff worked with other healthcare professionals to ensure people were supported with their health care needs. For example, nurses visited to review people's care.
- People were supported to attend health appointments and express their views when the GP visited the service.
- There was good communication between staff and handover meetings were held between shift changes. Staff told us they were informed of any changes to people's care needs.
- One visiting health care professional told us there was good communication between the staff and them.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments had been completed and where people were deprived of their liberty, the registered manager had sought authorisation from the local authority. Where DoLS had been authorised, all conditions were being met. For example, one condition was to involve a relative in the person's care and we saw this happened.

- People were encouraged to make day to day decisions such as what they wanted to eat and drink or if they wanted to do an activity. People had consented to their care plans and staff understood and followed the principles of the MCA.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to treating people with respect and dignity and ensuring their privacy, and this action has been completed.
- We observed staff talking to people in a kind and compassionate way. Staff made sure they were at the person's eye level and spoke to them quietly when asking them questions about using the bathroom.
- People were supported to be as independent as possible. People were supported to walk independently with walking aids.
- One person was supported to eat as independently as possible. Staff cut up their food and put it on the fork, checking what the person wanted, then encouraged them to hold the fork.
- People's dignity and privacy was respected, staff knocked on people's doors and waited to be asked in. Do not disturb signs were placed on people's bedroom doors when personal care was being provided.
- When people chose to stay in their rooms, staff checked on them regularly. One person told us, "They check on me but always bring me a cup of tea at the same time."
- People's confidentiality was supported and people's personal information was stored securely.
- People were supported to maintain relationships that were important to them. One person told us, "My friends can come here any time to see me, it is an open door."
- The home had a 'dignity champion' whose role was to discuss this with people. They described how they were getting to know people and their families and building up relationships so that people felt comfortable having these discussions with them.

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

- At the last inspection on 28 and 30 August 2018, we made a recommendation to the provider about involving people in decisions about their care, and this action has been completed.
- People told us they knew about their care plan but did not always remember the details of the care plan. They told us staff supported them in the way they preferred. One person told us, "My children have seen the care plan and are happy with it, the staff help me in the way I want."
- The manager had met with people, when possible, and relatives to discuss people's care plans and make any changes needed.
- The manager had referred people to advocacy services as appropriate, for example one person had returned from hospital with a 'do not attempt resuscitation' form and they wanted to check this was in line with the person's wishes. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring, one person told us, "They treat us very, very well." We saw positive and respectful interactions throughout the inspection. One relative said, "The carers are lovely, excellent, and helpful."
- Equipment, such as towels and mattresses had been replaced. Care staff now wore the same coloured uniforms and the senior care staff wore a different colour uniform. People we spoke with knew who the care staff were and their role.
- Staff knew people well and described how they spent time getting to know people by chatting to them. One staff member said, "Sometimes they tell you stories, so you know what they like and you read their life history."
- Staff knew people's choices and preferences. Staff brought one person banana and ice cream for dessert as they knew they did not like sponge, which was on the menu. The person thanked the member of staff and told us how much they had enjoyed the dessert.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion and sexuality. Staff completed training in equality and diversity.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection on 28 and 30 August 2018, we made a recommendation to the provider about activities, and this action has been completed.
- People told us they enjoyed joining in the activities. Comments included, "I liked doing the pots in the garden", and "I have a newspaper each day as I like to keep up with the world."
- One relative told us how their loved one had not been out of bed for a while but was in the lounge for bowling the other day. Another relative told us how people were doing so much more now and said, "People are now in the garden and doing painting."
- A visiting professional described how there were activities going on most of the time, and how people were interacting who used to stay in their room all day.
- There was a 'residents home life board' in the corridor with lots of photos of people joining in fun activities, including a trip to a local café recently. There were activity baskets in the lounge offering people activities such as puzzles or board games and the home was on the waiting list for a therapy 'pat dog'.
- The activity co-ordinator told us how they were planning activities such as a summer fair; making links with local schools for their choir to visit the home and they had started a knitting club as some people like to knit.
- The leisure therapist had explored people's hopes and dreams with them and there was a 'wishing tree' which displayed these. This had led to plans to visit the seaside in the summer, plans for one person to visit a garden centre and plans to have a Mediterranean day in the home.
- People received personalised care in line with their needs and preferences. People's care plans were detailed and held clear information about what the person can do for themselves and how to encourage their independence. Care records were updated to ensure they reflected people's current needs.
- People's needs around their communication were met. The home identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were identified, recorded and highlighted in care plans. For example, easy read picture surveys were produced for people and information was made available for one person who had poor vision in large print.

Improving care quality in response to complaints or concerns

- People told us they would speak to the manager if they had a complaint.
- A complaints procedure was available for people, relatives and visitors. Complaints were recorded, tracked and responded to appropriately.

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. However, one person who was recently supported at the end of their life had a detailed care plan in place and the district nurse visited regularly. Anticipatory medicines were available for the person if they needed them. Contact was maintained with their family and staff described how the person had a positive death as they were pain free and holding their hand.
- People's wishes, where they were happy to discuss, were recorded around their end of life plans.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to their monitoring and assessment of the quality and safety of the service to ensure improvements, and this action has been completed. However, the provider needs to demonstrate the improvements they have made are embedded into the culture of the service and are sustained.
- Quality assurance systems, such as audits, checks and daily monitoring had been implemented. For example, audits were completed on medication, equipment safety, infection control and pressure sores. Checks had been done on call bells to audit response times. Actions were identified as a result and used to make improvements. For example, the mealtimes audit showed people didn't want music at mealtimes therefore this was acted on.
- The provider actively sought feedback from everyone involved with the home and had a suggestions box in the main entrance. Feedback was used to make improvements.
- There was learning from incidents, falls analysis and feedback received to support improvements. However, further learning from falls could have been identified and used to prevent future reoccurrence, for example people having infections being the cause of their fall.
- A visiting professional described how the home has improved, how the environment is cleaner and the atmosphere happier.
- At the last inspection on 28 and 30 August 2018, we asked the provider to take action to make improvements to notifying us of serious injuries, and this action has been completed.
- Registered managers and providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings and it was on the provider's website.
- Staff were knowledgeable in their roles and told us they felt supported by the managers and providers who were approachable.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had identified the need to increase staffing levels to improve the quality of the home.

- There was a caring culture in the home and people and staff were positive about the new manager and provider.
- The provider and manager demonstrated a commitment to ensuring they provided person centred and high-quality care. The provider had invested in the environment. The provider and manager were proactive in making improvements and demonstrated this in their response to any questions we raised at our inspection. Both were responsive to feedback during our inspection. Responses to complaints which had been made had demonstrated their duty of candour.
- An electronic care records system was in use. This provided the manager with the tools to easily monitor and analyse people's care needs and provide high quality records.

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

- People had been asked about their views and experience of living at the home. For example, a recent survey had asked people for their opinions on the food, their bedroom and the activities offered. Feedback was shared with an action plan which was followed through, for example people suggested staff wore name badges and this had been actioned.
- Regular residents and families meeting had been held which showed open dialogue about the improvements needed and the progress made. This enabled the provider to learn from feedback to make improvements.
- Staff told us they felt involved and had staff meetings. One staff told us they could approach the manager directly with their ideas. Another staff told us they can share their experience and ideas and learn from others during team meetings.
- Surveys had been completed with relatives and visiting professionals which showed action had been taken to address any concerns or ideas raised, and they were all positive.
- The home had received a lot of 'thank you' cards, for example, from relatives thanking for their loved one's birthday celebrations; and significant compliments from one relative about the care their loved one received at the home and during the end of their life.
- The staff team worked in partnerships with other community agencies, for example they had links with the local café and the manager was part of a local registered managers forum.