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

The inspection took place on 10 and 11 February 2016 and was unannounced. At the last inspection on 5 November 2014 we asked the provider to make improvements in relation to staffing levels and the potential risks associated with insufficient staff being available to meet people's needs. The provider sent us an action plan which stated that action would be taken to meet these shortfalls by April 2015 and the relevant requirements have now been met.

Saxon Lodge Residential Home Limited provides accommodation and personal care for up to 23 older people, providing 19 single rooms and two double rooms. There were 17 people living at the home, in a single room, at the time of inspection. The accommodation is over two floors and upstairs bedrooms can be accessed by a passenger lift. There is a communal lounge, dining room and a garden with seating.

There was a manager in place but they were not registered with the Care Quality Commission. There had not been a registered manager at the service for 18 months. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was a medicines policy in place to guide staff how to administer, record and store medicines safely and appropriately. However, staff did not always follow this guidance. For example, there were not clear directions for staff, for medicines which were prescribed to be taken 'when needed', nor where medicinal creams should be applied.

Firefighting equipment's was regularly checked and serviced to make sure it was in good working order and regular fire drills were carried out. However, the service's assessment of the action it needed to take to minimise the occurrence of a fire, had not been reviewed since July 2011 and therefore may not be effective.

Assessments of individual risks to people's safety and welfare had been carried out and action taken to minimise their occurrence, to help keep people safe. Accidents and incidents were recorded and the appropriate action taken to minimise their reoccurrence.

Staff knew how to follow the home's safeguarding policy in order to help people keep safe. Checks were carried out on all staff to ensure that they were fit and suitable for their role. Staffing levels ensured that staff were available to meet people's needs.

The home was clean and staff knew what action to take to minimise the spread of any infection.

People had their health needs assessed and monitored and professional advice was sought as appropriate. People were offered a choice at mealtimes and support was provided when people needed it.

New staff received an induction which included shadowing new staff. They were provided with a regular programme of training in areas essential to their role. Staff had received training in the Mental Capacity Act 2005 and understood its main principles. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager had submitted a DoLS application to request the time of an existing application to be extended and had contacted the local authority to seek guidance on whether further DoLS applications needed to be made to ensure that people were not deprived of their liberty unnecessarily.

Staff said there was good communication in the staff team that they felt well supported, and were able to make their views known through supervision, staff meetings and via the annual quality assurance survey.

Everyone gave positive feedback about the caring nature of the staff team. Staff communicated with people in a kind manner and treated them with dignity and respect.

A plan of care was developed for each person to guide staff on how to support people's individual needs. Information had been gained about people's likes, and past history and staff demonstrated they understood people's choices and preferences.

Systems were in place to assess the quality of the service. The views of people and their relatives and staff about the quality of care provided at the service were regularly sought and acted on. People felt confident to raise a concern or complaint, but said they had not needed to. The service had received a number of compliments about the caring nature of the staff team and the management of the service.

The person managing the service was a visible presence, had initiated a number of improvements and was well supported by a deputy manager. Staff felt well supported by the management team.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not always follow the appropriate guidance when administering and recording medicines.

The provider had not done all that it could to minimise the occurrence of a fire at the service.

Staff knew how to recognise any potential abuse and so help keep people safe.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

The home was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective.

People's health care needs were assessed and monitored and they had access to healthcare professionals when needed.

People were given meal choices. Meal times were managed effectively to make sure that people had an enjoyable experience.

There was an on-going programme of training to ensure that staff received the training they required for their roles.

Staff's understood the main principles of the Mental Capacity Act 2005 and gained people's consent before supporting them with their care or treatment.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect at all times.

Staff knew the people they were caring for, including their preferences, likes and dislikes.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to people's needs.

Is the service responsive?

Good

The service was responsive.

People and relatives felt confident to raise a concern or complaint, but no one had done so.

People's needs were assessed and staff provided with guidance so they knew how to support them.

The service was recruiting an activities coordinator so it could continue to offer people a range of one to one and group activities.

Is the service well-led?

Requires Improvement

The service was not always well-led

Quality assurance and monitoring systems were in place but there had not been a manager in post, who was registered with the Commission for over 18 months.

The manager was clear and passionate about the vision and values of the service, which they effectively communicated to the staff team.

People and their visitors and staff were provided with forums where they could share their views and concerns.

Saxon Lodge Residential Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 February 2016 and was unannounced. The inspector was joined by an additional inspector on the first day of the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR, within the set time scale. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to eleven people who lived at home and one relative. We spent time in the lounge, observing how staff interacted with people and joined some people for lunch. We spoke to the manager, deputy manager, housekeeper, senior care assistant/cook, three care staff and the provider. We received feedback from one health care professional and the local authority.

During the inspection we viewed a number of records. We looked at the care notes in relation to five people and spoke to three of these people and staff, to track how people's care was planned and delivered. We viewed people's medicines, records relating to the Mental Capacity Act 2015, safeguarding and whistle blowing policies. We also looked at other records including the recruitment records of the five most recent staff employed at the service; the staff training programme; administration and storage of medicines, complaints and complements, staff and residents meetings, menu, health and safety and quality audits, questionnaire surveys and the 'statement of purpose'. The statement of purpose is a document which sets

out the aims and objectives of the service and the types of people whom the service can provide care for.

Requires Improvement

Is the service safe?

Our findings

People said staff knew them well, communicated in a friendly manner and were available when they needed them. This helped to ensure that people felt, safe, happy and comfortable living at Saxon Lodge. Comments from people and relatives included, "The staff are good. There is usually someone around if you need them"; and "When we are not at the home, we do not worry about the care our relative receives as we know they are well looked after".

The service had a medicines policy that detailed how to safely order, receive, store, administer and dispose of medicines. However, not all of this guidance was followed by staff. The policy gave the direction for two staff to sign any handwritten entries in the medicines administration records (MAR sheets) to ensure accuracy; but this had not always occurred. Secondly, There was no sample staff signature sheet to identify which member of staff had administered a person's medicines. Medicines that had a short shelf life were not always dated to ensure they were used within this period.

There were no protocols in place for people who were prescribed their medicines to be given 'as required' (PRN). For example, one person was prescribed one or two doses of a medicine. Staff said they usually gave the person two doses when the person requested this medicine. However, there was no guidance for staff to inform them this person was able to say when they required the medicine or in which circumstances one or two doses should be given. For people who had been prescribed medicinal creams or sprays, there were no directions for staff to indicate to which part of the body they should be applied. In the absence of this guidance to staff, there was a risk that people would be given incorrect amounts of medicines or that their creams would not be applied where they were required.

These shortfalls in the management of medicines are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Staff who administered medicines had received training in how to do so and knew what action to take if a medication error was made, to keep people safe from harm. Staff giving people their medicines asked the person if they were in any pain and required pain relief. The MAR contained no gaps, which indicated that people were given their medicines as prescribed by their GP.

Visual checks and servicing was regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. Regular fire drills took pace so that staff would know what to do in the event of a fire. Personal emergency evacuation plans were in place to ensure that people had the right support if they needed to be evacuated. The service had a continuity plan in place that gave information about how people would be supported in case it was necessary to evacuate the home.

Assessments of other potential risks to people and staff had been undertaken in relation to the environment. Regular checks to ensure the environment was safe included servicing equipment regularly, checking the water supply to prevent Legionella, and safety checks on the supply of gas and electricity to the service.

Incident and accidents were recorded by staff which included the details of the event, the outcome and any treatment given. These were monitored by the manager to identify any trends or actions that could be taken to prevent further occurrence. For example, it had been identified that one person had had a number of falls. As a result, the GP had been contacted and the physiotherapist had undertaken an assessment of the equipment the person should use to move around the home and help keep them safe during the day and night. The guidance for staff in this person's plan of care was for them to walk with this person when they were using their walking aid, to minimise the risk of any falls.

Each person's care plan contained individual risk assessments in which risks to their safety were identified and rated in relation to the probability of them occurring. This included the risk of a person falling, of malnutrition or dehydration and of developing pressure areas. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. For people who were at risk of developing pressure areas, this included the support and/or equipment they needed to minimise this occurrence. This included the use of a pressure relieving mattress on their bed, the equipment needed to help them move and be comfortable and of any prescribed creams to help keep the person's skin intact. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

Staff had completed safeguarding training and demonstrated they knew the signs of abuse to look out for. Staff understood the procedures for reporting any concerns and their responsibility to report suspected abuse. There was a safeguarding policy in place that reflected the guidance of the local authority: the lead agency in safeguarding adults. The safeguarding policy gave guidance to staff about how to report concerns and staff knew they should report them to the local authority if their concerns were not acted on by the service. The contact numbers of the relevant agencies were available to staff in the policy so that staff could report any concerns without delay. There were procedures and processes in place for dealing with staff disciplinary matters.

At the inspection in November 2014, we asked the provider to make improvements to the way it assessed the staffing levels required at the service as there were not enough staff to meet people's needs. The provider responded that they would develop a more robust system to assess how many staff were required on duty. The manager told us that they assessed the numbers of staff needed on duty in relation to people's dependency levels. Additional care staff had been employed after the inspection in November 2014, but the numbers of people living at the home had since reduced, and therefore the number of care staff on duty reflected this. An improvement had been made by one member of the care staff team being employed as a part time cook. This meant that care staff did not have to undertake preparing food two days a week, which took them away from their care tasks. Care staff were responsible for doing the laundry and for cleaning the home two days a week, when the housekeeper was not on duty. Staffing rotas reflected the accurate number of staff who were on shift on the days of our inspection. Staff said there were enough of them on duty to meet people's needs and during the inspection staff were available to support people when they required it.

Potential applicants completed an application form and attended an interview, where their suitability for their role was assessed. The manager then carried out a number of checks to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, their employment history, a criminal record /Disclosure and Barring Service check and a person's legal right to work in the United Kingdom.

People and visitors said the home was always clean. It was clean and free from any unpleasant odours on both days of our inspection. The housekeeper had been employed at the service for a number of years and

demonstrated they followed a schedule of cleaning to ensure that all areas of the home were attended to according to their priority. Staff had received infection control training and there were suitable supplies of personal protective equipment available. The laundry room contained a sluice and washing machine which could wash soiled clothing at the required temperature to ensure it was clean and hygienic. There was a separate room for drying and airing clothes and each person had their own named laundry basket.

Good

Is the service effective?

Our findings

People said that staff supported them to make sure they attended any health care appointments, such as to their GP or the dentist. A relative told us, "We are informed of when there are changes in our relatives care". We received feedback from a visiting health professional and the service had received feedback from two healthcare professionals as part of their annual quality assurance survey. All professionals said that staff were knowledgeable about people's health care needs and knew people well. They said that staff were professional in their communication, contacted them appropriately and acted on their advice.

People's care plans gave staff written guidance about people's health needs and medical history. These included information about people's medical conditions; the support they required from staff and other professionals to maintain their well-being; and the medicines they had been prescribed. A record of all health care appointments was made, such as at the hospital, physiotherapist, optician, district nurse or GP. This record included any advice that was given by the health professional. The deputy manager was a trained nurse and was proactive in ensuring that people received the appropriate health care, in a timely manner. Weekly health checks were carried out on each person, including checking their blood pressure. People's skin was closely monitored by staff and a record made of any changes on a body map, and any concerns were reported to senior staff and/or health professionals.

People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. People were weighed monthly and a record kept of how much they had lost or gained. When there were significant increases or decreases in a person's weight, they were weighed weekly and the person's GP contacted for advice. People who had a poor appetite were encouraged to eat at regular intervals. In the mornings they were offered fruit and biscuits. Mealtimes were not rushed and people were able to eat at their own pace. Staff allowed people to be as independent as possible at mealtimes and gave minimal assistance. However, when they observed that people were not eating, they gave encouragement. A staff member sat down next to one person and chatted to them, whilst assisting them to eat the whole of their dessert. Another person did not touch their dessert. The staff member asked them if they would prefer yoghurt. This person said they would and they were giving yoghurt, which they ate independently.

New staff completed a two week in-house induction which included gaining knowledge about the service's policies such as safeguarding and fire, and practical support such as assisting people with their personal care, and maintaining people's privacy and dignity. They also shadowed senior staff to gain more understanding and knowledge about their role. New staff then started to work through the new Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. New staff said that they felt well supported in their induction by the staff team.

People said that staff had the necessary skills for their roles. "The staff are lovely. They know their stuff!" one person told us. The manager had developed a monthly staff training programme with an external trainer, with a different topic each week. The topics for 2016 included fire awareness, safeguarding, medicines, food safety and nutrition, equality and diversity, understanding dementia and the Mental Capacity Act 2015. This

helped to ensure that staff training was refreshed on a regular basis. Staff said their moving and handling training involved the theory and practice of supporting people. They said the practical training was particularly useful as they were able to receive training on the equipment that they used to support people. Out of a care staff team of thirteen, two staff had completed a Diploma/Qualification and Credit Framework (QCF) level two or above and two staff had completed an equivalent qualification. In addition six staff were signed up to start level two in Health and Social Care. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

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 the best interests and as least restrictive as possible. Staff understood one of the main principles of the MCA, that it should be assumed that people have the capacity to make their own decisions and choices. We observed that staff gained consent from people before supporting them with any tasks. This included asking people if they wanted to be guided to another part of the home, or if they had eaten enough, before removing their plate at mealtimes. The manager was aware of the need to hold a best interest meeting with a person's family members and representatives, in order to make a decision for someone, who had been assessed as not having the capacity to make a specific decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The manager had submitted an application when the timescale on a DoLS authorisation had ended. They had also consulted the local authority about whether any further applications needed to be made to the 'supervisory body' to ensure that the service was acting lawfully.

Staff said they worked well as a team and felt that communication was good within the service. They said that handovers between staff teams were more effective. Regular staff meetings were held and staff said these offered them the opportunity to raise any issues and that they could approach the manager or deputy manager with a concern at any other time. The manager conducted formal supervisions and annual appraisals with all staff. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. At supervision a review of staff's performance was undertaken and targets and training needs discussed. Staff said that supervision had improved. They said they received feedback about what they were doing well in detail, so they could continue and build on this good practice.

Good

Is the service caring?

Our findings

People were very positive about the support they received from the staff team. Comments included, "It is home from home"; "I love it here. The people are all nice"; and, "The staff are loving and caring". The service received good feedback about the support people received from their quality assurance survey. Comments included, "I think this place is magnificent: This is where I want to stay. The people here are kind and considerate"; "The home respects the individual needs"; and, "I am unable to be at home and this is the next best thing". People explained how staff treated people with kindness and compassion in their day to day care. One person said that they were, "In a trance" and not themselves, when they moved to the service. They said that the staff, and in particular the manager and deputy manager, looked after them, and "Sorted me out", by guiding and taking the time and patience to understand and communicate with them.

Staff helped to make people feel they were valued. One person was given the responsibility of setting the tables for mealtimes. They clearly enjoyed this role and took it seriously. The manager and the person shared a joke that they would get paid later for their work. Another person was knitting and a member of staff commented how, 'fantastic' and skilled they were.

Staff said that a number of people at the service were living with dementia. They said that some people talked about things that had happened to them in the past, as though they were happening now. They said that when this occurred they listened to what people had to say and therefore valued their experiences. At other times, people needed support to distinguish between what was a memory and what was real. One person was walking around the service and looked unsettled. A member of staff asked if they could help them. The person responded that they were not sure if it was before or after the Second World War. The staff member replied that it was after the war. They then sat next to the person and asked them if there was anything else they could help them with or get for them. The person did not respond although staff tried to gain eye contact with them. The person appeared to concentrating hard on something, so the staff member said goodbye to them before leaving them to their thoughts.

Staff showed concern for people's well-being in a caring and meaningful way and responded to people's needs. One person told us their relative was visiting that day and they were greatly looking forward to it. A staff member was nearby and explained to the person that their relative was not visiting today, but the next day. The person seemed very confused and unsure about this. The member of staff fetched the service's diary and showed them there was a blank page for today, but that their visit was written in the next day. The person responded that they were so sure, but they must be getting forgetful. Staff reassured the person, shared the comment that all people forget things and then gave the person a hug of reassurance, which was well received.

Everyone told us they were treated with dignity and respect and their privacy was respected. Staff checked people's comfort throughout the day. For example, people were asked if they would like to a drink and if they could guide them if they were confused.

There was a relaxed atmosphere in the service. People spent time in their rooms, in the lounge or walking

freely around the home. Staff spoke to people and chatted to them when they passed them in the corridor and when offering them refreshments. One person said when a member of staff walked past and chatted to them, "She is a happy sole. She gave me a shower this morning. All the staff do their best. They are all happy".

Staff knew the people they were caring for, including their preferences and personal histories. One person told us, "I know the staff really well and they know me!" Another person told us, "The staff are very pleasant. They know what I like and don't like". The housekeeper explained that they knew people's likes and dislikes in relation to how they liked their personal items to be arranged in their bedrooms. Information had been obtained for each person about their past history, occupation, how they liked to spend their time and personal preferences. It was noted that one person liked to watch the birds in the garden. A mirror had been placed in their bedroom, so they were able to see the birds in the garden feeding from the bird table, when they were lying in bed.

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. They said that the call system, whereby people pressed a buzzer to gain assistance from staff, had been replaced by a new system. People said that staff had explained to them how to use it, and that staff came quickly when called them. People felt they got on well with staff and knew how to raise a concern or complaint. They said they had not needed to raise a concern, but felt comfortable to do so. One person told us, "Staff are a good crew. They are very pleasant. I have no concerns or complaints". Another person told us, "I am happy and content, but I know the manager well and can talk to her if I am unhappy about anything".

The service had a complaints policy which was available to people. The policy informed people how to make a complaint and the timescales in which they could expect a response. There was also information about organisations to contact and details of the Local Government Ombudsman, if people were not satisfied with the manner in which the service investigated their concerns.

Some people said they enjoyed taking part in activities such as quizzes and games. One person said they had taken part in some cooking and another person that they had been asked to play scrabble yesterday, but they had declined the offer. One person told us, "There are things going on, but they do not badger you to join in if you do not want to. I like a walk around. Yes, I do that a lot here". Another person told us that the activities coordinator had left recently so there had not been as much to do. But they added that they knew the manager was trying to replace them. A relative commented, "There are things going on and staff encourage my relative to take part, so they spent time with other people".

An activities coordinator had been employed by the service, but had left last month in January 2016 and therefore the amount of activities on offer had reduced. Interviews were being held for a replacement activity coordinator. Staff said that when activities were available, this encouraged people to sit in the lounge, socialise and take part. During our inspection people chatted together in the lounge, went for walks around the home and spent time in their rooms knitting, reading or watching the TV. One person also chose to take part in household tasks and this was encouraged. Outside entertainers visited the home and one was booked for next month. People had also been on a trip to Quex Park in October 2015. When an activities coordinator had been employed at the service they had engaged people in group and one to one activities. This included sensory games, exercises, ball games, childhood memories and significant date's discussions and talking to people about things that were important to them. People's choice not to take part in activities had been respected and recorded.

Before people came to live at the service, the manager or deputy manager visited people and their relatives where possible to make a joint assessment as to whether the service could meet their needs. An assessment was also obtained from the hospital or local authority, if they were involved in the person's move to the service. Assessments included basic information about people's health, social and personal care. Once the person had moved to the home, this information was developed into a written plan of care. Care plans contained guidance for staff about the support people required including their mobility, nutrition,

continence, skin care and specific health care needs. One person told us that they had had a fall and that they were more unsteady on their feet. They used a walking frame to mobilise. This information was recorded in this person's plan of care. Another person required some assistance with meals. Guidance was in place for staff about how this person should be seated, which foods they were able to eat independently and that they required drinks in a specific beaker with a straw, so they could drink independently. For people who had diabetes, there was information available to staff about the type of diabetes they had, the diet they required and the signs and symptoms to look out for to assess if any medical advice or intervention was required.

People's care notes contained information about their past occupation, how they liked to spend their time and their personal preferences. This included the name people preferred to be called, what they liked and did not like to eat and things that upset them or made them happy. Daily notes were kept for each person which detailed the support and personal assistance they were given during the day and night.

Requires Improvement

Is the service well-led?

Our findings

Everyone was positive about the management of the service, and said the manager and deputy managers were approachable and that the service was well led. People and relatives said there had been a number of improvements at the service, such as new furniture in the lounge, a new call system and better commination. A relative told us, "The ethos of the manager is that people should be looked after on an individual basis. The staff are all very positive and this is down to the manager". People said that the manager organised monthly meetings for everyone at the service, so they could talk about what it was like to live at Saxon Lodge. They said they could raise any points and that the manager was good at following up any issued they raised. In the annual quality assurance survey staff had responded that the service was well lead and that it ran more smoothly with the new manager in post.

There was no registered manager employed at the service. The previous registered manager left the service in June 2014. The person responsible for managing the service had been promoted to the position of manager four months ago, in September 2015. The manager was enthusiastic and passionate about making improvements to the service, for the benefit the people. They had developed a long term plan to make improvements to the environment. There was a programme of decorating and purchasing new furniture for bedrooms; the call system had been updated; new furniture had been purchased for the lounge; and the downstairs bath and shower room had been refurbished. At the last inspection, staff meetings had been held from time to time, but now they were regularly held on a monthly basis. People had previously been asked for their views about the service, but now a summary had been made of their responses and it was clear that action had been taken to address any shortfalls highlighted.

The manager and deputy manager were a visible presence in the service. The deputy manager supported people with their care and support needs. The manager assisted with the administration of medicines each weekday morning and supported people when needed throughout the day. Both led by example: Communicating with people in a calm and kind manner and reassuring people when they became anxious. The staff followed their lead in that the deputy and manager were very clear about putting people first and ensuring that people were cared for in the ways that valued them as individual people. The service's statement of purpose set out the values and aims of the service and the staff team was clear about their roles and responsibilities in achieving these.

The manager carried out audits to check the quality of aspects of care, such as health and safety, care plans, how long staff take to answer call bells, staff's competency in administering medicines, accidents and incidents and policies and procedures. The provider visited the service, supervised the manager and last month had worked alongside care staff to support people who lived at the home. Another of the home owners was available to the manager to give advice and support.

People were asked for their views about the service in a variety of ways. Resident meetings were held every month where people were able to voice their views and relevant information was given to people. At the last meeting some people had stated that the volume of the call system buzzer was too loud and this had been turned down as a result. People had been informed of next month's visiting entertainer. People, their

relatives, staff and visiting professionals had been asked to complete a quality assurance survey at the end of 2015. Their views had been summarised, together with the action that would be taken to address any shortfalls highlighted. The conclusions were that people were treated with respect, their independence was promoted and they could take part in a wide range of activities. Shortfalls had been highlighted in the laundry and communication. These had been discussed at resident and staff meetings and relatives and staff told us that these things had improved.

The service had received a number of compliments about the way people were valued and cared for by the staff team and the cleanliness and improvements in the environment. Comments included, "My mother's health has improved since moving to Saxon Lodge. She is well looked after. And treated with dignity and is happy"; "He is making friends amongst the other residents. He has settled well and is happy in his new home"; and "We are particularly impressed with the cleanliness of the bedroom. The new state of the art kitchen and other furnishings have resulted in a fresh atmosphere .We must congratulate you on your continued efforts to recruit and maintain the highest quality of caring staff, reflected particularly in your two senior managers".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not followed relevant guidance to ensure that medicines were safely and appropriately stored and administered. Regulation 12 (2) (g)