

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

This inspection took place on 21 June 2017 and was unannounced.

Saxon Lodge is registered to provide personal care and accommodation for up to 23 older people. There were 20 people using the service during our inspection; some of whom were living with conditions such as diabetes or impaired mobility.

Saxon Lodge is a large detached property situated in a village just outside Canterbury. There was a communal lounge, dining area and an enclosed garden with seating available for people to use.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in February 2016 when it was rated as 'Requires Improvement'. At that inspection we found that medicines had not always been managed safely. At this inspection the areas that we had highlighted had been resolved. However, there were some other, minor areas of medicines management which required further improvement.

Known risks to some people of losing weight had not been properly minimised and some risk assessments had not been updated with current information about falls. Other risks had been clearly assessed and actions to reduce the likelihood of them had been documented and carried out in practice.

Some audits designed to test the quality and safety of the service were not sufficiently detailed to pick up the shortfalls that were found during this inspection. Others worked efficiently to assist the registered manager in identifying and rectifying risks.

There were processes in place which helped to protect people from abuse or neglect. The environment people lived in was kept safe through regular maintenance and safety checks. Any accidents or incidents were fully documented and followed up.

There were enough staff to meet people's needs and a full programme of training was in place. Staff received regular supervision with the registered manager to discuss their performance and highlight any training needs. Most recruitment checks had been thorough but gaps in applicants' employment history needed further exploration.

People's health was monitored and they had access to a range of supporting professionals. Meals were generous and appeared nutritious and appetising. People were offered plenty to drink.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) and ensured that people's rights and choices were considered. Applications had been made to the correct authority for people who required deprivation of liberty safeguards (DoLS).

Staff were kind, caring and interacted well with people. We received only positive feedback from people and relatives about the care and compassion shown. People were encouraged to be involved in all aspects of their care planning and their independence was promoted. Respect was shown to people and they were treated with dignity throughout. Plans for end of life care had been sensitively prepared and gave people the opportunity to document in advance the things that were important to them.

People were treated as individuals and care was taken to ensure preferences were recorded and acted upon. Staff knew people very well and responded to them in ways that they liked. There was a programme of varied activities available to people delivered by an enthusiastic coordinator.

There had been no complaints since our last inspection, but a system was in place for recording, investigating and responding to them. People and relatives said they knew how to complain but had no reason to do so. Feedback had been sought and acted upon wherever possible.

There was a friendly, open culture in the service and the registered manager was well-liked and respected. They were undertaking a Diploma in social care and kept abreast of developments in that arena through meetings and local forums.

We found two breaches of Regulation. You can read what we asked the provider to do at the end of this 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 consistently safe.

Not all risks had been properly assessed and minimised.

Medicines were not consistently well-managed; although improvements had been made since our last inspection.

Recruitment processes needed further improvement to ensure only suitable staff were employed.

There were enough staff to meet people's needs safely and promptly.

People felt safe and staff knew how to recognise and report abuse.

The premises were properly maintained and people lived in a safe and comfortable environment.

Is the service effective?

Good 

The service was effective.

Staff had received training to help them provide effective support and regular supervision sessions were held with the registered manager.

People's health was monitored routinely to help maintain their well-being.

People said they enjoyed the food and plenty of drinks were available.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good 

The service was caring.

Staff delivered care with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent as far as possible.

People and relatives felt involved in care decisions.

End of life care was sensitively planned.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plan information was person-centred and sensitively prepared.

People enjoyed a variety of stimulating activities if they chose to take part. Those who preferred to stay in their rooms were visited regularly by the activities coordinator.

There was a complaints system in place but there had been no complaints since the last inspection. People and relatives knew how to make complaints.

Is the service well-led?

Requires Improvement ●

The service had not been consistently well-led.

Systems designed to assess the quality and safety of the service were not sufficiently detailed.

Feedback had been sought from people, staff and relatives and was acted upon.

Staff said there was good teamwork in the service and that they felt valued.

The registered manager kept abreast of social care developments through a variety of sources and training.

Links had been forged with the local community.

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 was planned to check 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 21 June 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience, who had cared for an older relative and had other experience of care services. Before our 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.

We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with twelve of the people who lived at Saxon Lodge and spoke with three people's relatives. We also spent time observing the support people received. We inspected the service, including the bathrooms and some people's bedrooms. We spoke with three of the care workers and the registered manager.

We 'pathway tracked' eight of the people living at the service. This is when we looked at people's care documentation in depth; obtained their views on how they found living in the service where possible, and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included four staff training and supervision records, four staff recruitment records, medicines records, risk assessments, accidents and incident records, quality

audits and policies and procedures.

Is the service safe?

Our findings

All the people and relatives we spoke with felt that the service was safe. One person told us "I feel very safe here. The building is secure and I don't have to worry about locking up, everything is done for me. All of my medications are sorted for me so that I don't have to worry". Another person said "I feel safe here. I am not alone; If I need help, I get it". A relative remarked "If something happens, they phone me. They're so on the ball, especially if I have not been in for a day or two. I feel very happy and safe leaving mum here. She's very happy here".

However, not all known risks to people had been effectively minimised. Some people had been assessed as at risk of poor nutritional intake and were regularly weighed to monitor this. Weight records we reviewed had been calculated incorrectly or transposed wrongly between documents. Errors in calculations of losses and gains created the risk that a true picture of people's weights would not be known and could be overlooked. One person had not been referred to a dietician following weight loss, but had been seen by the GP. Their advice had been to monitor this person's weight, but miscalculations gave the impression they had gained more than they actually had; so they did not receive further timely input from a professional.

The failure to minimise known risks to people is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager referred one person to the dietician during our inspection. Other people had been seen by the dietician and guidance was being followed effectively. The registered manager said they would review all weights records to ensure they had been added up accurately.

Accident and incident reports had been properly and fully completed by staff if people had falls. However, risks assessments had not always been updated to show when people experienced further falls. For example; one person's falls risk assessment had not been updated since 2015, even though they had a number of falls since then. It was important that the increased risk was documented so that all staff would know how to support the person safely.

Preventative measures had been put in place following falls, such as alarmed mats to alert staff if people were trying to move around unsupported and regular checks on people while they were in their rooms to monitor their safety.

Other assessments contained up- to-date and detailed information about different risks to people. For example, assessments about people's communication gave clear guidance for staff to follow so that people were given time to express themselves. Assessments about mobility contained instructions about the staff and equipment needed to safely support people.

At our last inspection we found that medicines had not always been well-managed. At this inspection we found that all of the areas we highlighted in our last report had been addressed. A sample signature sheet for staff administering medicines had been introduced, hand written entries on medicines charts were now

signed off by two staff to confirm they were correct. Medicines with a short shelf-life had now been dated upon opening and disposed of within correct timescales. Protocols had been introduced to record how often and for what reason people might need 'as and when required' medicines. These actions had improved the overall safety of medicines administration in the service.

However, at this inspection there were a few gaps in staff signatures on medicines charts, so it was not possible to see from them whether people had always received their medicines. A stock check proved that people had received them, but staff had not consistently signed the charts to evidence this. Records about creams applications also had some gaps which indicated that people had not always had their creams applied as often as the prescriber had intended. This is an area for improvement.

Recruitment files for four staff were reviewed. These held all of the required information to ensure that suitable applicants were employed, except in two cases when gaps in employment histories had not been fully explained. The registered manager told us they would address these immediately, but this is an area for improvement. Background checks, references and identity documentation had all been carried out appropriately.

There were enough staff deployed to meet people's needs safely and promptly. One person told us "Call bells are answered quickly, I've never had a problem" and another person said "I feel very safe and well cared for here. I only come for respite. This is my fifth visit; I wouldn't come back if I didn't like it. They're very good with call bells. I rarely use the facility but I fell once when I was here and they came very quickly".

During the inspection we observed that staff were attentive to people's needs and responded to requests for assistance straight away, for example when people asked to be taken to the toilet. A relative commented "The staff are all lovely and there are plenty of them". People said that staff always had time for them and would chat or read a magazine with them if they wished. There was a relaxed atmosphere and staff went about their jobs efficiently, with a smile or light-hearted conversation with people as they did so. There were three care staff including a senior on duty in the mornings and afternoons and two wake night staff. The registered manager provided support to care staff if needed and was seen sitting with people and asking how they were at points during the inspection. The registered manager told us that they did not use a formal dependency tool to calculate staffing levels, but assessed any changes in people's needs and discussed these with staff to decide on appropriate numbers. They gave us examples of when needs had altered and staffing levels had been increased to take these into account.

Staff had received training about keeping people safe from neglect or abuse. All those we spoke with said that the provider and registered manager had a "Zero tolerance" approach to neglect or harm. Staff and the registered manager were clear about procedures to follow if abuse was suspected; but there had been no safeguarding incidents in the period since the last inspection. People appeared happy and relaxed in the company of staff and one person told us "They're wonderful here-I feel safe and loved; what more could I want?" The provider had a safeguarding policy which gave guidance about how to involve the local safeguarding authority if necessary.

The premises had been appropriately maintained so that people lived in a safe environment. A fire risk assessment had been undertaken by a professional contractor and fire alarms and equipment had been regularly tested. Fire exits were clearly sign posted and people had individual emergency evacuation plans in place. A programme of fire safety training had been undertaken to ensure staff were clear on their responsibilities in case of fire.

Routine safety checks had been carried out by qualified professionals on equipment such as baths and

hoists, gas, electricity and water supplies and the passenger lift. Regular maintenance had been completed by the provider's maintenance staff on wheelchairs, beds, water temperatures and the call bell system. We read the providers' 'Five year improvement plan' for the service and saw that many items had been fulfilled. For example; the driveway had been replaced and the garden refurbished. The day of our inspection was very warm and people enjoyed sitting at garden tables in the courtyard.

A maintenance book recorded jobs which needed attention around the service. These had been signed off and dated when completed and showed that jobs were carried out promptly and by appropriate personnel. For example, staff had recorded a 'Light flashing' which was repaired by the maintenance staff and 'No hot water' which had been resolved by a visit from British Gas engineers on the same day it was reported. Prompt and appropriate maintenance kept the premises in good repair and made it safe and comfortable for people.

Is the service effective?

Our findings

People and relatives praised the staff at Saxon Lodge to us and said they were very efficient at meeting needs. One person told us "They are so very accommodating and professional here. I have to be very, very careful [Because of a health condition]. The staff are all so careful with me always". People said they were free to do as they wished. One said "I usually go to the lounge after breakfast and stay there all day but if I choose to come back to my room, I do". Another person added "They're very good here at doing whatever I want. I like the door left open at night, just a little crack and they always make sure it's just right."

Staff had received a wide range of training and updates to ensure they knew how to carry out their roles effectively. Training records showed that staff had attended all mandatory sessions or had been booked onto refreshers. These addressed areas such as health and safety, moving and handling, first aid and fire safety for example. Other training in areas such as loss and bereavement and dementia had been attended by some staff with plans for others to complete the sessions in the near future. New staff underwent induction to ensure they were adequately prepared for their roles. All staff had regular supervision/appraisals with the registered manager to discuss performance and identify any training needs. Staff told us that they found supervision useful as it helped them to think about areas in which they may need more support or development.

Staff were knowledgeable about people's needs and conditions and could tell us details about people's personalities and wishes. Our observations showed that staff were competent and confident in supporting people with their care needs. People and relatives told us that they had confidence in staff to know what support they needed and when. One relative said "They know Mum inside out; the way she likes things done and what she needs. You couldn't find better than here, the staff really know what they're doing".

People's healthcare needs were met by regular visits from the chiropodist, GP and district nurses if necessary. One person told us "They're [Staff] so good if they think I need the doctor. There's no delay which is what you want-can't fault the service". Trips to or visits from a dentist were organised by staff on behalf of people. People told us that if family were unable to accompany them to hospital or health appointments then staff would do so instead. People's care files included hospital 'passports'; which included details about how people communicated, their likes and dislikes, their medicines and their care needs. This helped to ensure that people received the right care when they had to transfer to hospital from the service. One person told us about a time when they were sent to hospital. They told us how staff at the service had done their best to make the transfer as easy and comfortable for them as possible. They added "When I was in hospital, [Manager's name] even came to visit me in hospital". Other people told us that their emotional health was improved by having access to a hairdresser, so that they could continue to present themselves in the way they wished.

People told us that they enjoyed the meals on offer. One person said "In my opinion, the food is fantastic" A relative said "On the whole, pretty good. There's a choice and it's freshly cooked". We observed lunch and saw that the majority of people came to eat in the dining room. There was a friendly, sociable atmosphere with people chatting amongst themselves and with staff. Staff were attentive and

helpful and offered people sauces and condiments or assistance to cut up their food. Those people who ate in their rooms were assisted by staff if necessary and told us they enjoyed their meals.

There was a choice of lunch and meals were appetising to look at and were delivered in large portions. One person laughed as they told us "I'm not a big eater but the food is good, usually too much of it". People were offered drinks throughout the day and were given choices of hot and cold beverages. People who stayed in their rooms had drinks placed within reach and we noted that these were regularly replenished. One person said "There's plenty to drink, plenty of tea and coffee and the staff do make sure we are drinking especially in this hot weather". There was a list of people's likes and dislikes in the kitchen and the cook was very knowledgeable about people's preferences and any food allergies. This was important for keeping people safe and supporting them with their choices.

People had formally given their consent to certain aspects of their care, and staff sought people's verbal agreement before supporting them. For example; staff asked one person if they would like to wear a food protector at lunch and waited for the person to agree before helping them to put it on. Staff had received training about the Mental Capacity Act (MCA); which is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making.

One person was receiving their medicines covertly, that is without their knowledge. A mental capacity assessment about taking medicines had been undertaken and a best interest meeting had taken place to ensure that this person's rights were fully considered. Staff were able to tell us how they ensured that people were involved in making straightforward choices by for example, showing them two sets of clothing to select from. Where there was a question about whether a person lacked capacity for a certain decision, individual assessments had been made about that specific decision.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for DoLS from the relevant authority when this was necessary and understood her role in protecting people's rights and choices.

Is the service caring?

Our findings

We asked people and relatives about their experiences of the care given in the service. We received only positive feedback about staff and the care received. One person told us "I'm very happy here; they are all very caring. I've no complaints, I couldn't ask for anything better. It can't be any easy job, looking after us old girls. They're very patient. I used to come here for respite, and because it was so lovely, chose to come permanently". Another person said "My room here is lovely, the staff are very good, I've been here a year and I'm so pleased to be able to stay in Bridge. I'm very happy here. I'd rather be at home, but that's not possible, so this is the next best thing". A relative commented "They're more like friends than care home staff. Even [Provider's name] asks if everything is ok when she visits. It's like a home from home. No, it's better than that".

We observed many examples of staff supporting people with kindness and compassion. There was a relaxed, homely atmosphere and people laughed and joked with staff throughout the day. Staff knew people very well and how they liked to be supported; this showed in the way they interacted with people. For example; one person was looking for a personal possession and staff were quick to find it for them and chuckled with the person about the many places this item had been found on different occasions. Staff gave people reassurance through appropriate touches to their arm or holding their hand. People and relatives particularly remarked about the patience shown consistently by staff. One person told us "The staff are lovely. They're very kind and very patient. I'm not sure I'd be as patient with me as they are It's like being in a hotel. I'm waited on, everything is done for me."

Some people told us how important it was to them to feel they were not alone. They went on to tell us that staff provided reassurance to them by answering call bells promptly. One person told us "I'm not alone here, if I need help, I get it. I have three call bells, one in my en-suite, one if urgent and one if not. You can't get much better than that".

People were treated with kindness, respect and their dignity was preserved. Staff knocked on bedroom doors and waited to be asked before entering, were discreet when taking people to the toilet and ensured peoples clothes were properly adjusted afterwards. One person commented about staff "Their culture seems such that they have real respect for older people. You can tell just by the way they are with us. I don't know what I would do without them." People's care files and other personal information was kept secure and confidential.

Staff encouraged people to remain as independent as possible. One person helped to lay the lunch tables. They told us "I like to be busy, it keeps me moving. My motto is 'Use them or lose them'". People also helped to do some washing up after the meal and to water the plants in the garden. One of those people said "It's just like being at home. It's lovely here, I feel like one of the family". Care plans made specific reference to ensuring that independence was promoted rather than restricted. For example, one person was sometimes able to walk short distances if they used a Zimmer frame. Their care plan highlighted that staff must continue to provide opportunities for this person to walk rather than always using a wheelchair. We saw that this happened during the inspection and that the person had a Zimmer frame beside them when they were

seated in the lounge.

People said they felt involved in decisions about their care because staff discussed it with them all the time and let them make choices as far as possible. A relative told us "Mum's as involved as she wants to be; they always check that she's happy with the care planned for her. I'm kept well-informed, I'm always welcome to visit when I like and I feel my input is listened to, even about little things".

There was no one receiving end of life care during our inspection but sensitive care plans had been produced to ensure that people's wishes were respected when the time came. Details included responses to questions like; 'What do I want?, what don't I want?, who will speak for me?' and 'Where will I stay?'. The registered manager told us that while not everyone wanted to think about the future and plan for the end of their life, she had produced the list of questions to gently broach the subject and understand what was important to people. Some staff had received specific training about end of life care and the registered manager said that other staff would be having sessions in the near future.

We read thank you cards from relatives of people who had lived at Saxon Lodge. One of these read 'We'd like to express our sincere gratitude for the care and love you showed [Person's name]. He was very fond of you all'. Another said 'The standards to which you work are remarkable; my sincere thanks on behalf of my mother for your care, kindness and attention'.

Is the service responsive?

Our findings

People and relatives told us that staff were very interested in understanding people's preferences and their individual personalities. One relative said that when their loved one had moved to the service, the registered manager had asked all about the family network, what the person had done in their former years and their likes and dislikes. This information had been transposed into care plans; which reflected people's characters and their wishes. People's care needs had been fully assessed prior to their admission to the service to make sure that they could be properly met. We heard from two people who said they had received respite care at Saxon Lodge in the first instance and had liked it so much that they moved there permanently when they could no longer manage alone.

Care plans were person-centred and identified the ways in which staff should observe people's preferences in order to give them the best quality of life. For example, they documented whether people preferred male or female carers, so that people did not need to feel embarrassed about making that choice. People confirmed that they were supported by staff of the gender they preferred. There was a section in care files about personal presentation, which recorded whether people liked to wear jewellery or make up, for example. This was important in making sure people were supported to present themselves in ways they were used to and which reflected their own personalities. People were clean and well turned out during our inspection.

Preferences around waking and sleeping times were noted and included greater detail for some people who experienced bad dreams or needed extra reassurance during the night. People's choices around food and drink options were also documented and staff knew which people liked certain drinks or had favourite biscuits for example. People's bedrooms had been personalised with their own possessions such as photos, pictures and even furniture. One person told us "Oh yes, we're actively encouraged to make the rooms our own, which is lovely". Another person said "I have my room just as I like it-it makes it feel more homely and comfortable and I'm very happy indeed with it".

The service had an activities coordinator to help provide people with social stimulation. An activities board was displayed and showed that a variety of entertainment was on offer. A photo montage showed people enjoying preparing for the Queen's 90th birthday celebration and gardening, cooking and quizzes were planned activities in the week of our inspection. People told us that they especially enjoyed the facility of the garden and said the staff always made sure that they wore a hat if they went outside in hot weather. One person added "If you want something special planting, they will do it for you. Some of the people here really like to help in the garden".

The activities coordinator told us that they consulted with people about what they would like to do and would enjoy the most. People said they played board games, did exercises, arts and crafts, singing and skittles. External entertainers visited occasionally and a children's choir came in at Christmas. One person said "Mentally, I am so much better since I've been here. I have lots of people to talk to, there's lots of things to do, stuff that I wouldn't do at home on my own."

The activities coordinator showed us that they maintained a calendar of activities so that they could see at

a glance what had been done each month so they could ensure a good variety. They also logged which people attended each session as a reference for what worked well and what did not. On the day of our inspection we observed nine people at an afternoon quiz which people joined in very enthusiastically. One person told us "The activities lady is excellent. She is very creative and we love her".

Some people chose not to join in with activities. One person said "I choose to stay in my room. They try to get me to go and join in but it's not really my cup of tea". The activities coordinator visited those people in their rooms to sit and chat or to see if they would like to play board games individually. A relative said that this one to one time was really valued by their loved one as they had never been someone who enjoyed joining in with others.

People said that staff made a special effort at Christmas/Easter/birthdays to make them feel valued and included. A 'Birthdays this month' display showed which people had upcoming celebrations. We read a thank you card from one relative who wrote 'Thank you all for making Mum's birthday so special for her. The buffet was superb and very generous. The care you show on a day to day basis really shone through'.

There had been no complaints since our last inspection of the service. However, the registered manager had a system in place to record any concerns and ensure they were responded to within the timescales set out in the provider's complaints policy. People and relatives all said they knew how to complain if necessary, but felt they had nothing to complain about. The provider's complaints protocol was on display and gave instructions for how people should make complaints.

The registered manager kept records of compliments that had been made about the care people received. One of these read 'Your whole team should be congratulated on the standard and quality of care provided'.

Is the service well-led?

Our findings

The registered manager carried out a number of audits to provide assurance about the quality and safety of the service. However, these were not always detailed enough to give a clear picture of what was happening. For example, falls audits only recorded the date and name of the person who had fallen. There was no information about what time the falls occurred or in what location, to help the registered manager identify any trends which may need addressing. Incident reports we reviewed showed that several falls had happened during the night, but this had not been picked up or investigated as a trend prior to our inspection.

No audit of people's weights had been carried out. This may have highlighted when staff were miscalculating losses and gains and would have assisted the registered manager and staff to discover the issues and refer a person to the dietician more quickly. The medicines audit did not include checks to see that prescribed creams were being applied consistently and there were some gaps in those records.

The lack of effective audit processes is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager told us they would introduce more comprehensive auditing following our inspection.

At our last inspection there had been no registered manager. At this inspection the manager had been registered with the CQC since August 2016. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and relatives all told us that they found the registered manager effective and approachable. One person said "She [Registered manager] is very kind. She'd do anything for you. She's was particularly kind and helpful when I first came here." Another person commented "The manager is always around, very approachable and knows us all really well".

Staff spoke about the support they received from the registered manager and said that they could be relied upon to help out whenever needed. They also told us that there was a 'Zero tolerance' culture in the service towards any form of abuse or neglect. Staff said that they "All know where we stand about that and all of us only want the best for our residents in any case". They understood their responsibility to raise concerns about people's care if necessary and all said they had every confidence that the registered manager would deal with them appropriately.

Staff told us they felt valued by the provider and registered manager which in turn made them committed to do a good job. One staff said "We work well as a team and we love caring for these wonderful residents".

Feedback about the service had been sought through a resident and relative survey. The results of this had been analysed and showed that nearly all respondents were either very satisfied or satisfied about every aspect of Saxon Lodge. One person had raised a concern about an unpleasant odour and the provider had

arranged to meet this person to discuss it. One of the comments made by a survey respondent read 'Saxon Lodge in my view is both run and managed in an impeccable way. A first class service'.

Staff had also been asked to take part in a survey to provide their feedback on the service. Only a third of staff had taken part, but their replies were mainly positive. There was a suggestions box available and people and relatives said that if there was anything they would like or needed, the registered manager would "Go the extra mile" to get it for them.

Monthly visits from local churches took place, so that people could express their religious and spiritual needs. There were other links to the local community through a primary school who provided a choir to sing for people occasionally and trips to the village pub where possible.

The registered manager told us that they kept abreast of developments in the social care arena through monthly provider-led meetings and attending occasional forums held by the local council and clinical commissioning group. The registered manager was also completing a Diploma in health and social care..

The service had a vision statement on display. This stated; 'Overcoming the challenges of loneliness, helplessness and boredom is the responsibility of all of us. Warmth and companionship is essential for well-being and old age is to be celebrated. One person told us "This is my home and I couldn't be happier or better cared for" and another person said "10 out of 10 for everything at Saxon Lodge".

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Known risks to people had not been consistently mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not always effective in highlighting shortfalls in the quality and safety of the service.