Mr & Mrs T McCarron

# Saxby Lodge Residential Care Home

## Inspection report

124 Victoria Drive
Bognor Regis
West Sussex
PO21 2EJ

Tel: 01243828615

Date of inspection visit:
21 November 2016

Date of publication:
09 December 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection took place on 21 November 2016 and was unannounced.

For the purpose of this report, we refer to Saxby Lodge Residential Care Home, as Saxby Lodge. Saxby Lodge is a large, detached, older style property situated close to the town centre of Bognor Regis. It is registered to provide accommodation and care for up to 19 older people living with dementia and, at the time of our inspection, was fully occupied. Rooms were of single occupancy. Communal areas included a large sitting room, adjacent to the dining area. The large sitting room had access to a conservatory overlooking an accessible garden to the rear of the property. There was also a sitting area on the first floor of the home.

The service has a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was not available on the day of our inspection.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had received an overview of the MCA as part of their dementia training and our observations confirmed staff promoted choice and acted in accordance with people's wishes. However, not all staff demonstrated a clear knowledge of the MCA and DoLS in our discussions with them. We fed back to the registered manager that staff would benefit from further training. The registered manager contacted us the day after the inspection, who told us they had arranged for additional training specifically on the MCA and DoLS to be provided by the end of November 2016. The registered manager also told us, she had purchased MCA information cards for all staff to carry on them, to refresh their knowledge.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People told us they felt safe at the home.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Accidents and incidents were accurately recorded and were assessed to identify patterns and triggers. Records were detailed and referred to actions taken following accidents and incidents.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

There were sufficient staff to meet people's needs and keep them safe. The registered manager used a

dependency tool to determine staffing levels. This information was reviewed following falls or changes in a person's health condition, which might increase, or change people's dependency level.

Safe staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

Staff had received a range of training and many had achieved a National Vocational Qualification in Health and Social Care. Staff attended supervision meetings with the registered manager approximately every two to three months.

People had sufficient to eat and drink and were offered a choice throughout the day. They had access to a range of healthcare professionals and services.

The home had been decorated and arranged in a way that supported people living with dementia, although a menu display board did not include pictures or photos of food, which could help to aid people's understanding.

Staff were caring, knew people well, and treated people in a dignified and respectful way. Staff acknowledged people's privacy and had developed positive working relationships with people. Relatives spoke positively about the staff at Saxby Lodge Residential Care Home.

Care plans provided staff with detailed and comprehensive information about people, their likes, dislikes, preferences and how they wanted to be cared for. A range of activities was planned that met people's interests and hobbies. People had access to the community, supported by staff.

Complaints were listened to and managed in line with the provider's policy. Four complaints had been recorded within the last year and all had been resolved to the satisfaction of the person.

People and their relatives were involved in developing the service through meetings and staff were also asked for their feedback in annual surveys. Staff felt the registered manager was supportive and said there was an open door policy. Relatives spoke positively about the care their family members received. A range of audits was in place to measure and monitor the quality of care delivery and to identify any areas for 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?

Good

The service was safe.

People had detailed care plans, which included an assessment of risk. These were subject to a regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met.

Medicines were managed in accordance with best-practice guidelines.

### Is the service effective?

Good

The service was effective.

Staff had received an overview of the Mental Capacity Act (MCA) as part of their dementia training and our observations confirmed staff promoted choice and acted in accordance with people's wishes. However, not all staff demonstrated a clear knowledge of the MCA or with the Deprivation of Liberty Safeguards (DoLS) from our discussions with them. We fed this back to the registered manager. The registered manager booked all staff onto this training following our inspection.

Staff were trained in a range of topics, which were relevant to the specific needs of the people living at the home.

People were supported to maintain good health and had regular contact with health care professionals.

People were provided with a balanced diet and had ready access to food and drinks.

The environment was conducive to meeting the needs of people living with dementia.

## Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff.

Relatives spoke highly of the staff. People were supported to express their views and to be involved in all aspects of their care. Relatives attended review meetings.

People were treated with dignity and respect.

## Is the service responsive?

Good

The service was responsive.

Care plans contained detailed information about people and guidance for staff on how to meet their care needs.

A programme of activities was organised in line with people's preferences.

Complaints were managed in line with the provider's policy.

## Is the service well-led?

Good

The service was well led.

The culture of the staff in the home was positive and they worked well as a team.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There were a number of systems for checking and auditing the safety and quality of the service.

# Saxby Lodge Residential Care Home

**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 November 2016 and was unannounced. One inspector undertook the inspection.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events, which the provider is required to send to us by law. We used all this information to decide which areas to focus on during the inspection.

On the day of our inspection, we met with seven people living at the service. We also met with two visitors and three relatives. Due to the nature of people's needs, we were not able to ask everyone direct questions. We did however, observe people as they engaged with their day-to-day tasks and activities. We looked around the premises at the communal areas of the home, activity areas and seven people's bedrooms.

We spoke with two senior care staff, one care assistant, the housekeeper and the chef. We spent time observing people in the communal living areas.

We looked at the care plans and associated records for four people. We reviewed other records, including the registered manager's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for five staff were reviewed, which included checks on newly appointed staff and

staff supervision records.

The service was last inspected on 28 April 2014 and no concerns were identified.

Good

# Is the service safe?

## Our findings

People were protected from avoidable harm by staff who had been trained to recognise the signs of potential abuse. We asked a relative if they felt their family member was safe living at Saxby Lodge and they said, "[person] was brought here on an emergency admission. The staff have been very good at meeting her needs. I think [person] is safe." We spoke with seven people who also told us they felt well cared for and safe.

We asked staff about their understanding of safeguarding and what action they would take if they suspected abuse was taking place. Without exception, all the staff we spoke to told us they would report any concerns they had to the registered manager. They told us they would complete an incident report form and a body map, if required. The provider's policy relating to safeguarding procedures was kept in the office and the staff told us they would also check with this policy to ensure that appropriate action was taken.

People's risks were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were stored within people's care plans. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. We looked at risk assessments for four people and these contained advice and guidance for staff on how to manage and mitigate potential risks to people. Accidents and incidents were also logged and risk assessments reviewed and updated if needed. Senior staff routinely reviewed people's risk assessments on a monthly basis and records confirmed this.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff did so safely and in line with the prescription instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. Medicines were locked away as appropriate. All staff was trained to administer medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. We checked a sample of the medicines and stock levels and found these matched the records kept.

There were sufficient staff to meet people's needs and keep them safe. The registered manager used a dependency tool to determine staffing levels needed. This information was reviewed following falls and if a person's health conditions was deteriorating, which might increase, or change people's dependency level. We checked the current staffing rotas. These showed that there were four care staff in the morning and three care staff in the afternoon. There was one waking night care staff on duty at 9 pm to 8 am with one staff member who slept at the home from 9 pm to 8 am to provide assistance if needed. The service had a 24 hour on call system in case additional staff were needed. Rotas we reviewed confirmed there were sufficient staff to meet people's needs safely. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered. The home also employed a chef, who worked 8 am to 1.30 pm six days a week. A housekeeper was available between 9 am to 1.30 pm four days a week. Staff told us there was always enough staff to respond immediately when people required support, which

we observed in practice.

New staff were recruited safely and records confirmed this. Two references were obtained, identity checks carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

Risks arising from the premises or equipment were monitored and checks were carried out to promote safety. These checks included the gas heating, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff, in how to support people to evacuate the premises in an emergency.

Good

# Is the service effective?

## Our findings

Throughout our inspection, we saw that people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. People's comments included; "I am always asked my views about my care", "Staff are very good at ensuring they seek my consent" and, "The staff are respectful of my wishes".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Appropriate DoLS applications had been made, and staff acted in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consultation had taken place. This had included the involvement of relatives and multi-disciplinary teams. We checked people's files in relation to decision making for those who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

Staff had received an overview of the MCA as part of their dementia training and our observations confirmed staff promoted choice and acted in accordance with people's wishes. However, not all staff demonstrated a clear knowledge of the MCA and DoLS in our discussions with them. We fed back to the registered manager that staff would benefit from further training. The registered manager contacted us the day after the inspection, who told us they had arranged for additional training specifically on the MCA and DoLS to be provided by the end of November 2016. The registered manager also told us, she had purchased MCA information cards for all staff to carry on them, to refresh their knowledge.

Staff received training in a range of areas including first aid, moving and handling, fire safety, health and safety, infection control, food hygiene, equality and diversity, dementia awareness and safeguarding. The majority of staff had completed a National Vocational Qualification in Health and Social Care at either Level 2 or 3. We looked at the staff training certificates contained in staff files, which confirmed that staff had received essential training to support people effectively. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. This ensured people received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. A relative commented, "I think it's a lovely home, the staff are very approachable, they really care about what [person] wants, needs and makes it happen".

Staff received supervisions with the registered manager approximately every two to three months and notes of supervision meetings confirmed this. Staff told us they found supervision meetings helpful. Two staff said they discussed their work, training, resident needs, any problems, staffing and any suggestions for improvements. Records showed the discussions that had taken place, together with a review of actions agreed from previous supervision meetings. Staff also received annual performance reviews. Staff told us they did not hold formal team meetings but on a daily basis met together through handovers during the day, resident monthly meetings and through supervisions with their manager. Minutes of these discussions demonstrated staff discussed residents' needs, activities, changing policies and procedures, safeguarding and training needs. Without exception, staff told us, this worked for their service and that the registered manager had an open door policy where they could talk to them anytime they needed to.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. We talked with the chef who explained how they catered for people's dietary needs. For example, in the use of double cream and butter to boost people's calorie intake if they were underweight. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The registered manager had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. We observed that three people at Saxby Lodge had been assessed by a speech and language therapist or dietician and required a pureed diet. The chef showed us the meals before they were served, he had ensured the pureed food looked appealing, by separating the food to provide different colours of food on the plate. Plates with lips were also used to help people get their food on their spoon/fork
to promote people's independence.

We asked relatives about the food on offer. One relative said, "The food is really impressive". Another relative referred to their family member and said, "If she doesn't want what's on the menu, they make her what she likes". A third relative told us, "There's loads of choices every day and she's put on a lot of weight, which is good". We looked at the menus and these showed a range of choices at breakfast, lunch and supper. On the day of our inspection, we observed people enjoying liver, bacon, onions, mash and a choice of vegetables. Another person preferred chicken and this was provided. This was followed by apple pie and custard. We observed people enjoying their lunch and that tables were nicely laid with tablecloths, serviettes, mats and flowers. Where needed, staff supported people to eat their food. Fruit and biscuits were always available if people wanted a snack. People's food and fluid intake was routinely monitored, whether or not they were at risk of malnourishment. We observed that drinks were freely available at mealtimes and throughout the day in people's rooms and communal areas.

People were supported to maintain good health and had access to a range of healthcare services and professionals. Care records documented the involvement of healthcare professionals such as the GP, chiropodist, district nurse or optician. If needed, staff would support people to attend their hospital appointments.

The colours and décor of the home supported people living with dementia to orient themselves in their surroundings. For example, there were objects placed around the home for people to pick up and engage with. We observed people walking around with various items that were of interest to them, such as a doll and teddy which some people enjoyed cuddling. However, a menu display in the dining room had not been utilised to its full potential, it did not include pictures or photos of food to aid people's understanding, so that people who were no longer able to understand the written word would have struggled to understand the notice. We discussed this with the senior carer who agreed it was an area that could be improved to benefit people using the service.

Good

# Is the service caring?

## Our findings

Positive, caring relationships had been developed between people and staff. Relatives spoke highly of the staff and how they always showed concern for people's welfare and wellbeing.

One relative said, "The staff are very caring. [Person] is very well cared for." Another relative told us, "Nothing is too much. The carers are kind, respectful and want to make sure people here are comfortable, well provided for and cared for". We spoke with people about the care they received. One person told us, "I feel well cared for, the staff are very helpful and caring". Another person told us, "Staff here care and are respectful. I am comfortable here. I am looking forward to Christmas; it's always been a great celebration". In the Provider Information Return (PIR), the registered manager stated, 'We provide a caring homely environment both for the residents and their families to ensure residents are happy and content. At Christmas, there are presents for all of the residents and we spend time on Christmas morning. On birthdays, there is a present and a cake is provided which all of the residents share at suppertime. Our core values of care are: privacy, dignity, rights, independence, choice and fulfilment'.

Personal histories had been completed for people and provided staff with information about people's earlier lives, their food likes and dislikes, travel, music and activities they liked to do. Any special dates were also recorded, so staff could support people to remember happy times or sad times. This enabled staff to see what was important to the person and how best to support them.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. The majority of people were able to be fully involved; however, there were a small number of people who lacked understanding in day-to-day decisions about their care and treatment. For these people, the registered manager asked relatives whether they wished to be involved in decisions about their family member's care and how often they would like review meetings to take place. One relative told us that they reviewed the care for their family member every week and every year there was a larger review with other members of the family involved. All relatives we spoke with said they were involved in reviewing care plans. In the PIR the registered manager had stated an area they planned to improve was, 'We will have monthly residents' meetings where residents let us know if there is anything they are unhappy with or suggestions for improvements and future activities. We have found this a very effective mechanism for ensuring continuous improvement and ensuring a good relationship with the staff.'

From our observations, it was clear that staff knew people's likes and dislikes extremely well. We observed that people were treated with dignity and respect and that people had the privacy they needed. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice. For example, some people preferred to have their lunch in their rooms and did not choose to be involved in the activities on offer. When staff were delivering personal care, doors were shut and curtains drawn.

Good

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. Care plans provided advice and guidance to staff about people's care and how they wished to be supported. We looked at care plans and these included information on people's personal care, health care, mobility, social care, communication, religious and cultural preferences, dietary needs and medication. Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in. Care plans were reviewed monthly to ensure they met people's needs and were in line with their preferences. Where relatives had been involved, they had signed to confirm their involvement.

People's needs were assessed before they moved into the service. Where a person's care was funded by the local authority, an assessment was obtained from the funding authority so that a joint decision could be made about how people's individual needs could be met. These assessments formed the basis of each person's care plan.

People's interests had been identified and a range of activities was planned to engage people in line with their preferences. For example, many people enjoyed listening to music and the activity board stated there was a 'sing-along' activity arranged twice monthly. A relative referred to the activities on offer and said, "People here have varying needs, but they seem to be able to provide enough stimulation that meets those needs. I visit weekly, and people appear very happy". A programme of activities was planned for October. In the mornings, people had access to newspapers, could watch the television or listen to music. In addition, some games were on offer, arts and crafts or a walk to the local shops. In the afternoon, people could engage in indoor games, board games and puzzles, music or an external entertainer came to the home. Internal activities could be subject to change, for example, if people did not appear to be enthusiastic about the planned activity, then this could be changed to an activity that did engage people. We spoke to seven people regarding activities and comments included, "I don't get bored. I read my papers in the morning, we have singers come in, and that's enough for me", "I amuse myself, that's the way I like it. I like the TV and people come in to entertain us" and, "I'm busy every week. I'm never bored, I go out with family weekly and I have friends visit".

Views of the people using this service were sought through an annual questionnaire, which a member of staff, an advocate or relative supported them to complete. The senior carers meet with each person monthly to discuss their views on the care they
received, activities they would like to do in the future and discuss any changes occurring in the service, for example, décor, staffing or new people moving in.

People's concerns and complaints were encouraged, explored and responded to in good time. The senior carer said that they recorded complaints and compliments, which were kept in a book dedicated for this purpose. Formal complaints were dealt with by the registered manager who would contact the complainant and
take any necessary action.

Complaints were listened to, investigated and managed in line with the provider's policy. Four complaints had been recorded within the last year and all had been resolved to the satisfaction of the person.

Good

# Is the service well-led?

## Our findings

As much as they were able, people were involved in developing the service. The senior carer told us that resident meetings were held monthly and residents and relatives were invited to attend. However, we found, the last meeting was held in May 2016. Minutes recorded that people felt the home was very nice and that the staff were friendly. People who attended stated they like the menus. A relative told us, "Although a residents' meeting has not occurred in a while, we meet with the registered manager on a weekly basis. We get an update on what's happening about staff and any changes". These meetings provided an opportunity for people and their relatives to give their feedback about the home. Relatives told us that there was an open, transparent culture and that staff and the registered manager were always available.

In the Provider Information Return (PIR), the registered manager stated, 'We provide a happy and caring environment for the residents and staff, I am always available and personally maintain a presence within the home. I am always available day or night if needed by the staff. We are a relatively small care home, which allows us to give a very personal service. Everything we do is designed to meet the individual needs of residents and ensure that they feel at home with us.'

Staff told us they felt supported by the registered manager. A member of staff explained, "My manager is the nicest boss in my entire life. She has good humour and she bends over backwards. She pulls you up if needed but in a positive way". Another staff member told us, "Management is very approachable. You can talk to her (registered manager?) about anything and she listens". A third member of staff told us "Management, I love it. It is really nice here and lovely to work. The manager is nice and easy to talk to". The senior carer said that when the registered manager introduced any new policies, staff were provided with a copy of them; policies and procedures were also reviewed at supervisions.

People, relatives and professionals were asked for their feedback through annual surveys and the results were positive. The most recent annual survey, showed all the respondents felt the service provided was either 'Good' or 'Very Good'. The service delivered good quality care and this was evident from our conversations with relatives. One relative said, "Mum's been here years. We come in every week. The care is good here. The atmosphere is relaxed. Staff know what they are doing and the manager is always approachable". Another relative commented that the home was always clean and tidy, that their family member's room was personalised and that the food was good.

Quality assurance systems were in place to regularly review the quality of the service that was provided. These audits were carried out by the registered manager. There was an audit schedule for aspects of care such as medicines, activities, care plans, finance checks, accident and incidents, health and safety and infection control. Records demonstrated that information from the audits was used to improve the service. Where issues were found, a clear action plan was implemented to make improvements. For example, certain policy and procedures that needed reviewing were identified.

Records demonstrated that people, their relatives and professionals were contacted to attend reviews and update plans where needed. Specific incidents were recorded collectively such as falls and medication

errors so any trends could be identified and appropriate action taken.