

Saxby Care Ltd

Saxby Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Saxby Lodge Residential Care Home is a residential care home providing accommodation and personal care to up to 19 people. The service provides support to people with a range of care needs including Parkinson's disease, frailty of age and people living with dementia. At the time of our inspection there were 12 people using the service.

People's experience of using this service and what we found

Risks to people, including environmental risks, had been identified and assessed and were generally managed safely, although maintenance works being undertaken at the home on the day of the inspection had not been appropriately risk assessed. How people's consent was gained was not formally documented if they lacked capacity, but people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe living at Saxby Lodge Residential Care Home. One person said, "This is a safe place to live. I wouldn't want to live anywhere else". People received their medicines as prescribed. Staffing levels were sufficient and people felt there were enough staff on duty to meet their needs promptly. One person said, "I think there are enough staff and they are all good".

People were happy at the home. One person said, "I know who the manager is and she is very nice. The place is managed well. It's a homely place. I like it, we are like a family. I have lovely friends here". People's diverse needs were catered for.

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

Rating at last inspection

The last rating for this service was requires improvement (published 14 October 2022).

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The provider completed an action plan after the inspection on the 9 August 2021 to show how they would improve and by when. We undertook an unannounced comprehensive inspection of the service on 7 February 2022 to check they had followed their action plan. At the inspection on the 7 February 2022 the provider was no longer in breach of regulations. The provider was required to send CQC a monthly report of actions to demonstrate how they were meeting the conditions placed on their registration.

We undertook this focused inspection to check they were meeting the conditions and to confirm they now met legal requirements. The overall rating for the service has remained requires improvement based on the findings of this inspection. Please see the well led section of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saxby Lodge Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Saxby Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors undertook this inspection.

Service and service type

Saxby Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Saxby Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and three relatives about their experience of the service. We spoke with two representatives of the provider, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with the registered manager, deputy manager, quality assurance manager, a care support assistant and the activities co-ordinator.

We reviewed a range of records including three care plans and multiple electronic medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, there was an inconsistent approach to risk management. Some care plans did not provide sufficient information or guidance for staff to support people safely. Moving and handling techniques were not always undertaken safely. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had reviewed risk assessments within people's care plans and these had been updated by this inspection. Care plans contained detailed information and guidance for staff in relation to people's risks and how these should be managed. People on modified diets had been assessed by healthcare professionals such as a speech and language therapist. Where people were at risk of developing pressure areas, district nurses monitored and provided advice on treatment staff should follow.
- We observed two staff supporting a person to move from an armchair to a wheelchair using a stand-aid. This manoeuvre was undertaken safely and sensitively with staff reassuring the person as they moved them.
- Daily monitoring charts were completed where people were at risk of malnourishment or dehydration for example. Information from these charts enabled the registered manager to identify any issues and to take appropriate action. One person was at risk of becoming dehydrated because they did not drink enough fluids. Throughout the day, we observed staff offering this person drinks of their choice and encouraging them to take a few sips.
- Staff knew people well, including their particular risks and how these should be managed. One staff member described how they supported a person with their mobility by providing assistance and a reassuring arm to promote independence with their walking.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- One person said, "I feel very safe here and I would tell staff if I was worried. They look after us well". A relative told us, "I certainly feel he is safe there. The essential thing is I visit most days and I wouldn't say he's unkindly treated or neglected".
- Staff had completed safeguarding training and explained what action they would take if they had any concerns. One staff member said, "I treat people as I would my own family".
- The registered manager understood when to make a safeguarding referral and to notify CQC of any abuse or alleged abuse.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient trained staff on duty to keep people safe. If additional staff were needed, then the same agency was used to provide consistency of care. However, agency staff had not been required recently due to low occupancy.
- When asked about staffing levels, one person told us, "They are always very busy, but all the staff are very good". A relative said, "When I've been in staff have been quite accommodating and I'm always offered a drink when I go in. I chat with staff, make sure Mum has her hair done, things like that. I know it can be a struggle to recruit staff, it's tough".
- One person told us they did not have a bell to call staff, and another said they did have a bell in their bedroom, but it did not work. We discussed these matters with the registered manager who explained the system for the call bells was old and checked regularly to make sure it was working. They added that some people chose not to use their call bell but to shout for staff instead. Call bell response times were monitored daily through observations of staff. People who were unable to use their call bells were checked regularly by staff and these checks were recorded.
- Staff were recruited safely. Staff files we reviewed showed that appropriate checks had been undertaken to ensure new staff were suitable and safe to work in a care setting. Disclosure and Barring Service (DBS) checks had been completed. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- Medicines were administered by staff who had received appropriate training. Their competency to administer medicines was checked through observations by senior staff.
- We observed a staff member giving people their medicines at lunchtime. The staff member waited patiently with people whilst they took their medicines, and offered pain relief medicine if people required this. One person said, "They bring tablets when I need them. I would tell staff if I was in pain and they would bring tablets".
- A staff member told us the electronic system for the management of medicines had reduced the risk of errors occurring. If any errors did occur, then the local medical practice would be contacted for advice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The provider's policy required visitors to wear a disposable mask, unless they were medically exempt.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Any visitors were asked to ring the home to inform staff when they were coming in, although if visitors did arrive unannounced, they were made welcome. While not required under latest government guidance, visitors were asked to complete a lateral flow device test, and to show a negative result before coming into the home. This was in line with the provider's policy.

Learning lessons when things go wrong

- If incidents occurred, these were used as examples for reflective learning by staff. The registered manager said, "I'm a big communicator and undertake a lot of observations, talk to staff. We hold staff meetings and any concerns are discussed with staff, including any feedback from families".
- Any medicines errors were recorded so appropriate actions could be taken. For example, staff might require additional training or attend a supervision meeting to check their understanding about why a mistake had occurred and how to avoid similar from happening in the future.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Following the inspection undertaken on 9 August 2021, enforcement action was taken against the provider and conditions were placed on the provider's registration for Saxby Lodge Residential Care Home. The provider sent us monthly reports to inform us of the actions they had taken and the improvements that had been made. At this inspection the provider has complied with the conditions and the required level of compliance has now been met.

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

At our last inspection, processes were not effective in driving improvement. Care plans and risk assessments lacked detail and guidance for staff to mitigate risks and support people safely; there was an inconsistent approach to risk management. Some care plans did not provide sufficient information or guidance for staff to support people safely. Medicines audits were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had reviewed people's risk assessments and information within their care plans. At this inspection, people's risks were identified, assessed and managed safely by staff who followed the advice and guidance recorded in care plans.
- The provider had introduced a new system for the management of medicines. Medicines were audited through an electronic system which highlighted any potential issues on a daily basis, so these could be followed up promptly.
- Consent to care and treatment was gained lawfully. The registered manager demonstrated their understanding of the Mental Capacity Act 2005 and how decisions might be made in a person's best interests, if they lacked capacity to make specific decisions. For one person, although a best interests decision had been made in the use of bed rails, this was not formally recorded in their care record. We discussed this matter with the management team during feedback. This is an area in need of improvement.
- Although disposable masks no longer need to be worn in care homes under current government guidance, the provider's policy required visitors to wear a mask when entering the premises. We observed a workman did not wear a mask whilst undertaking maintenance work in the home. This was counter to the

provider's policy.

- Tools required by the workman had been left in the corridor posing a trip hazard. The management team told us the workman would move tools out of the way when people were walking along the corridor, but there were occasions when the workman left their tools unattended. A risk assessment relating to how maintenance work should be managed was in place, but did not cover the particular risks posed by work being undertaken in the narrow corridor. The above was discussed with the management team during feedback and acknowledged.
- People received personalised care that met their needs. An activities co-ordinator provided some entertainment. A game of snakes and ladders was enjoyed by people on the day we inspected. The activities co-ordinator was new in post and told us, "When I started we did a few activities to gauge what people could and couldn't do, and they like to join in with things. We did a Christmas photo booth, and there was a lot of fun and laughter. I'm working with people to learn their stories to understand their hobbies, and I'm making plans for Easter and engaging with the local community".
- A robust system of audits monitored and measured the service overall and were effective in identifying areas for improvement. People's care and support needs were monitored through daily notes and monitoring. For example, people's food and fluid intake was charted. An analysis of these was sent through to the registered manager daily, so any patterns or trends could be identified. If it was identified that a person had not eaten or drank enough to maintain a healthy lifestyle, action was taken, such as a referral being made to a healthcare professional for advice.
- People and their relatives were asked for their feedback about the care delivered. One relative had written, 'I would like to thank all the staff at Saxby Lodge for the very professional, caring attitude towards my mother. I know she was very happy in your care'. Another relative stated, 'We can't thank you all enough for the kindness and compassion you have shown to our Mum'. A survey was sent out in January 2023 to people and their relatives and responses were still being received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under duty of candour. They told us, "It's being open and honest. Every day if a resident asks me, I will give them a truthful answer. It's the same with families, always give an honest answer. If we make a mistake, perhaps a medicines error, I would phone the GP, phone the family, talk with the person".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to be involved in all aspects of the service. A relative said, "My Mum has dementia, so it's hard to understand what she is saying. I've had a good response from the home and communication is good. On the whole I have no complaints". Another relative said, "My first impression a while back was it was a bit of a dowdy place. Staff are always pleasant to me and they treat my husband gently. He is looked after reasonably well. Sometimes there is an issue with communications [gave example]. They are always responsive if I ring up and let me know what is happening".
- People's diverse needs were identified and catered for. One person used 'flash' cards with pictures on to help them communicate. Another person's religious preferences were recorded in their care plan.
- Staff felt supported in their work. One staff member said, "I like working here because we all like helping people. The team is great. The manager is approachable and sorts out any concerns. We have enough staff and don't use much agency now, so it's fine. I feel it is safe and homely here".
- The registered manager described the culture of the home and explained, "I think the home is family orientated, open and honest, caring, compassionate and understanding. Staff listen to people, and there is a lot of laughter. If we can bring a smile, then our job is done".

Working in partnership with others

- The home worked in partnership with a variety of health and social care professionals such as GPs, district nurses, speech and language therapists and with local contracts and commissioning teams.