Bestcare UK Limited

Saxondale Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 4 April 2017 and was unannounced. Our last comprehensive inspection at this service took place in November 2016 when breaches of legal requirements were identified. We asked the provider to send us an action plan outlining how they would meet these breaches. You can read the report from our last inspections, by selecting the 'all reports' link for 'Saxondale Nursing Home' on our website at www.cqc.org.uk.

Saxondale nursing home is registered to provide care for up to 34 older people with a diagnosis of dementia or mental health needs. There were 27 people living there at the time of our inspection.
There was no registered manager at the time of the inspection; however there was a manager in post who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how to run the service. When a service does not have a registered manager we place a limiter on the well- led domain of the report, which cannot be rated as good.

At the last inspection on November 17 2016, we asked the provider to take action to make improvements to the safe management of medicines, staff training and appraisal and the recruitment and selection of staff .The provider sent us an action plan explaining how they would address this and sent regular updates showing the progress they were making. We continued to liaise with the local authority and monitored intelligence we received about the home. At our inspection of 4 April 2017, we saw that a new management team was in place and improvements had been made.
The provider had a safe recruitment procedure in place that involved pre-employment checks being made prior to the person commencing employment. However we found there were still gaps and inconsistencies in staff personnel files.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role.
The staff we spoke with were very knowledgeable on safeguarding and whistle blowing policies and procedures.
We looked at people's records and found they identified risks associated with people's care and treatment.

People were supported to take sufficient food and drink to maintain a balanced diet and snacks were available in-between. People we spoke with who used the service told us they liked the food and were given choice.
We found there was enough staff with the right skills, knowledge and experience to meet people's needs. However, staff told us at certain times they could do with more staff to ensure people's needs were met in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the registered provider's policies and systems supported this practice.

We have made a recommendation about refreshing training for staff on the Deprivation of Liberty Safeguards.
We looked at care records and found they contained a care plan entitled, 'This is my Life' this gave staff an understanding of peoples life stories, choices and preferences and what was important to the person.
We observed staff working with people and found they were kind and caring in their nature. Staff we spoke with were knowledgeable about respecting privacy and dignity and gave examples of how they would do this.
We checked people's care records that were using the service at the time of the inspection. They told staff how to support and care for people to ensure that they received care in the way they had been assessed.
The service had an activity co-ordinator who arranged social events in the home. So people accommodated at the home had access to suitable activities.

The home had a complaints procedure and people we spoke with knew how to raise concerns if they needed to. We saw the manager had taken appropriate action when complaints had been received and had resolved them in a timely and effective manner.
We recognised that the new manager had implemented many changes which had impacted on the home in a positive way. People who used the service, their relatives and staff gave positive feedback about the manager. However, systems in place to ensure the service was of good quality required embedding in to practice.
People who used the service and their relatives were listened to and there were opportunities where they could raise issues and be part of the service development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always consistently safe.

We saw that medicines were stored safely and securely, and were administered correctly.

Staff knew how to recognise the signs of possible abuse and how to respond appropriately. They were confident management would take any concerns seriously.

There was enough staff to meet people's needs, but the recruitment procedures had not ensured all the necessary documents were in place.

Is the service effective?

Good

The service was effective.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

People told us they liked the food served at Saxondale Nursing Home. We saw that people were supported to maintain good health through having enough to eat and drink to maintain a well-balanced diet.

Is the service caring?

Good

The service was caring.

People told us the service was caring.

We saw that staff respected people's privacy and dignity, and knew people's preferences well.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive

People received care that was personalised and responsive to their needs.

People were able to join in activities suitable to their age, gender and ethnicity.

There was a clear complaints policy, and people living at Saxondale Nursing Home and their relatives were confident any concerns they raised would be taken seriously.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager at the time of the inspection.

People, their friends and relatives, and staff told us the manager was approachable and responsive.

The systems in place to monitor the quality and safety of the service required further improvements and embedding into practice to ensure they become fully effective.

People who used the service and their relatives had opportunities to raise issues and comment on the development of the service.

Saxondale Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Saxondale Care Home on 4 April 2017.This inspection was done to check that improvements to meet the legal requirements planned by the provider after our comprehensive inspection in November 2016 had been made. The inspection team comprised of three adult social care inspectors.

We did not request 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. This was because we brought the inspection forward and the provider would not have had sufficient time to complete the PIR.

Prior to the inspection visit we reviewed information we had received about the service. We also reviewed notifications sent to the Care Quality Commission by the registered manager. We spoke with the local authority, commissioners and local commissioning group who also had concerns about the quality and safety of the home.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including five people's support plans. We spoke with two people who used the service and two relatives.

During our inspection we spoke with the manager, the deputy manager, the quality assurance manager, five support staff, the housekeeper and a domestic member of staff. Following the visit we also contacted health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

One person who lived at the home told us, "I feel safe here." One relative told us, "I feel [my relative] is safe and things are rectified immediately." Another relative told us, "[My relative] is safe here."
During our last inspection of the service in November 2016 we found evidence of a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not being protected by the home's recruitment processes. The registered person had not ensured a robust recruitment process had been followed or recorded for all staff.

We inspected recruitment records for seven staff and found some gaps in the information required to be obtained in accordance with Schedule 3 of the regulations. Schedule 3 is a list of documents required to assist services in ensuring they employ staff who are fit to work with vulnerable people. For example, in one file no references had been obtained from the last employer and in another file there was no references. There were also gaps in employment histories and where concerns had been identified there was no risk assessment or evidence of actions taken to ensure their recruitment decisions were safe.

The services policies and procedures states applicants were required to complete an application form which detailed their employment history and relevant experience and that employment was only offered on the receipt of two written satisfactory references (one being from their previous employer)

We spoke with the manager about the procedure for recruiting staff. They told us that improvements to the recruitment procedures had been identified as part of the on-going action plan and that they were currently in the process of reviewing all staff files to make sure all the necessary documents in place. This meant the service had not followed their own recruitment policies and procedures and was a breach of Regulation 19 of the Health and Social Care Act 2008 .

At our last inspection of the service we identified a breach with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always being protected from the risks associated with medicines. At this inspection we found improvements had been made.

People we spoke with all thought they or their friends and relatives received their medicines appropriately and on time. One relative told us, "Medicines are given when needed." Another relative told us, "Medicines are given ok; they changed the paracetamol to liquid for [my relative]."
One staff member told us, "The nurse is really nice with people when giving them their medication." Another staff member said, "Staff are nice and patient when giving medications."
We found there had been significant improvements in the storage and management of medicines since the last inspection. We found the treatment rooms were tidy and well-ordered and regular temperature checks were carried out to ensure medicines were being stored in line with manufacturer's instructions.

We reviewed the records and arrangements for the storage of Controlled drugs (CDs). Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found CDs were stored safely and the records, which were kept, were correct.

We reviewed the medicine administration records (MARs) for eight people. We found there were no errors or omissions in these. We found there was clear information available for 'as and when required' medicines (PRN) which guided staff to know when this was likely to be needed, and what the expected improvement should be when the medicine was taken.
It is sometimes the case that where people are not compliant with taking their medicines, that it is agreed to be in their best interests for medicines to be given covertly (covertly would be to administer the medicines without the knowledge of the person to whom they were given), to ensure they remain well. There was a clear process in place for this, and the forms we reviewed gave all the information, which staff would need to covertly administer medicines whilst protecting the human rights of the person concerned.
There were sufficient supplies of medicines. Any medicines that required returning to pharmacy were done so in a tamper proof box and two staff signed to say they had witnessed the disposal.

We reviewed the medication policy, which was in place and found this to be satisfactory.

We noted that staff had undertaken medication administration training and there had been competency checks carried out by qualified staff to ensure staff were competent, confident and had safe practices in relation to administering medicines to people in line with the prescriber's instructions.
We looked at several medication audits undertaken by management for the previous two months. Any identified issues had been addressed and we did not find any errors with the safe storage and administration of medicines at Saxondale Nursing Home.

Staff we spoke with had a good understanding of safeguarding adults; they could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. One staff member told us, "People are safe."
During our last inspection we found evidence that the risks to the health and safety of people who used the service were not always assessed or mitigated.

We reviewed the risk assessments that were in place in relation to the care and treatment of people in the home. We found there had been improvements in the risk assessments since the last inspection. Risk assessments identified specific risks and there were clear measures in place to minimise those risks. There was guidance contained in risk assessments to show staff how they should keep people safe in various aspects of the care and support, for example in relation to people who were at nutritional risk, or had poor skin integrity.
The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local authority's safeguarding policies and procedures. This meant they had access to the local safeguarding team for advice and to report any incidents to.

Staff were confident that if they had any concerns these would be well managed by the senior staff in the home.
We reviewed the staffing levels in the home. There was enough staff to meet people's needs and provide personalised care and support with activities. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were suitably supported. We saw that the staff responded quickly so that people did not have to wait for support or assistance.

One relative told us, "There are no issues with the staffing level, there are not a lot of changes of staff." Another relative told us, "There is always enough staff." One staff member told us, "Generally there are enough staff most of the time." Another staff member said, "There are enough staff but we all muck in if someone rings in sick until we get another member of staff."
We reviewed how accidents and incidents were recorded and reported. We found each accident or incident

was recorded. The manager had also implemented a process for monitoring and analysing the nature of the incidents to ensure any measures to reduce incidents were in place.
We saw people had personal emergency evacuation plans (PEEP) s so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. However these did not contain key information about people's needs and there was no instruction to tell staff how to assist people from the building in the case of an emergency and not all staff were fully aware of PEEPS. The manager told us they would provide refresher information to all staff.

We looked at the safety of the premises and found the home was very clean, odour free, warm and welcoming. People's rooms were varied in size but all were personalised and looked comfortable. We looked at some of the windows on the upper floor of the home and found the windows did not have restrictors, which complied with Health and Safety Executive guidance. We highlighted our concerns to the maintenance person who promptly fixed four windows with restrictors prior to us leaving the home
We found there was a refurbished laundry sited away from any food preparation areas. There were two industrial type washing machines and two dryers to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. There were hand-washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry.

We found staff were using personal protective equipment (PPE) appropriately and there were good supplies of items such as gloves, aprons and hand washing facilities throughout the home. We saw the home recognised the risk of infection and saw they were following the correct processes to minimise the risk of infection being spread in the home.
We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

We reviewed the safety certificates for the building and found all relevant checks had been carried out, and all mandatory certificates were in order, which meant that the building and the equipment including the lift and moving and handling equipment were well-maintained and safe to use.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift, hoists, the nurse call and fire alarm system. One staff member told us the maintenance person comes in early once a week to check the fire alarm ensuring night staff were aware of the procedures. Staff we spoke with told us they had received fire awareness training along with evacuation techniques

We met with the administrator who showed us how the service looked after people's money. We were shown the account records for several people and they all tallied. We also saw that they were audited each week. The meant all steps were taken to ensure money held by people living at the service was safe and all transactions could be fully accounted for.
The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service.

Good

Is the service effective?

Our findings

At our last inspection of the service we identified a breach with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Deprivation of Liberty Safeguards had not been applied to protect people's freedom and liberty. At this inspection we found improvements had been made.
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).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found there had been mental capacity assessments carried out where there was any question that the person may not have capacity to make specific decisions, for example, where they resided and what their care and support needs were. We found the assessments gave clear judgements on the ability of the person to make the decision. Where it was found that people did not have capacity to make those decisions, there had been decisions made in the person's best interests in agreement with relatives who had the authority to make decisions on the person's behalf, or a best interest meeting had been held involving other professionals involved in the person's care. Staff we spoke had a good understanding of the Mental Capacity Act. One staff member said, "It is so people can make their own decisions." Another staff member said, "Some people might have capacity but some not. It is about their best interests."

However, staff were not as sure about the Deprivation of Liberty Safeguards application process and who this affected. Staff said they would welcome refresher training in this area. The manager told us they would address this immediately.

We recommend that the service seek refresher training for staff around the Deprivation of Liberty Safeguards.

We found there had been appropriate applications made to deprive people of their liberty and where authorisations had been made which included conditions; senior staff were able to demonstrate their knowledge of the conditions. A condition could be that a person needs to be able to access a religious meeting for instance to protect their rights. This meant the home was protecting the human rights of people by ensuring any deprivation of their liberty was lawful, and best interest decisions had been made where necessary.

We reviewed the process that was in place to ensure people had been asked for and had given their consent

to the care and treatment they received, and if people were not able to give their consent, this has been documented and a best interest decision made. We found the process was much improved and consent had been appropriately gained in all cases we reviewed.
We found the home had documented where a person had appointed a Power of Attorney (POA) and it was clearly recorded what decisions POAs had for each person. A Power of Attorney is a legal authorisation for a chosen person to act for another person; this can be in relation to finance, health or both.
We saw examples of do not attempt cardio-pulmonary resuscitation orders (DNACPR) in place. From the sample we saw these had been completed appropriately.

The quality manager told us and the manager confirmed there was a programme of on-going supervision and appraisal planned to ensure staff were well supported and able to discuss their personal development and further training needs. Staff had all received a supervision meeting following the last inspection, and told us they had found these meetings to be constructive and positive. One relative told us, "Staff are well trained."
We found there had been a programme of training in place since our last inspection, which included mandatory training in moving and handling, safeguarding vulnerable adults and dementia awareness. We saw there had also been additional training, including end of life care. This meant the registered provider had ensured staff had the knowledge and skills to carry out their duties to a high standard and had recognised where there had been gaps in training.

Staff told us they felt supported and able to approach any member of the management team if they needed to. One staff member said, "I am happy with the training." Another staff member said, "We have plenty of training, which is a DVD and questions or face to face."
Staff we spoke with told us they had undertaken an induction that included the skills for care certificate before they started work at the home and records confirmed this had been the case. The Skills for Care Certificate is a set of standards that health and social care workers are expected to adhere to. We usually add the care certificate is considered best practice for people new to working in the care industry.
Staff also 'shadowed' a more experienced member of staff for a time to allow them to get to know the people they would be supporting and the processes in the home.

People and their relatives told us and records confirmed there had been regular meetings held in the home for people and their relatives to express their thoughts and to gather their views on changes in the home. This encouraged people to get involved in the future plans for the home and any improvements which were being made. Staff also confirmed there had been a monthly staff meeting held, which gave them the opportunity to keep up to date with developments and current news in the home. Staff meetings usually go in well-led.

We spoke with people about their access to healthcare services. People and their relatives told us the staff were very quick to recognise any issues and to call health professionals when they needed them. Records showed that people had regular access to district nurses, GPs, opticians, dentists and podiatrists for example. One relative told us, "They always let me know if the GP is called and the optician comes regularly." Another relative told us, "They let me know if [my relative] has fallen or is not well." One staff member (JH) said, "We contact the GP when needed, also the optician and chiropodist visit regularly."

We toured the building during the inspection and visited all communal areas, many bedrooms, bathrooms and shower rooms. Bedrooms we visited had been personalised to people's tastes, some with furniture, photographs and ornaments.
One relative told us, "I have seen a big improvement. It smells a lot better; they keep on top of it. They have got new laminate."

One staff member said new flooring had been installed and they had new chairs in the lounge, which was easier to keep clean. They told us, "The environment and atmosphere of the home was much better." Another staff member said, "Infection control has improved."

We found the environment had undergone extensive changes since our last inspection. The communal areas had been re-decorated and were welcoming and bright. The unit which offered care for people living with dementia had been updated and there had been thought given to making the area helpful and stimulating for the people who lived there, for example there were reminiscence boxes outside each room, where personal items and photographs reassured people of which room was their own.
Communal areas contained a variety of seating and were homely in style. There was sufficient seating for all people accommodated at the home although we saw that people could sit in their rooms if they wished to.
We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We visited the kitchen and saw there were sufficient supplies of fresh, frozen, canned and dried foods including fruit. They told us they produced pureed, mashed, diabetic and soft diets if people required them .The cook was also aware of people who required fortified diets.

Supplements were kept on the units and care staff were responsible for ensuring people received them.

We saw that people had a nutritional risk assessment and where required had access to dieticians and speech and language therapists (SALT). Family members confirmed their relatives had been seen by one of the specialists although one family member said this had now been discontinued and they did not know why. People were regularly weighed when they were at risk of losing weight for example, due to a poor appetite or medical condition. This meant the home could monitor if people lost or gained weight.

There was a four weekly menu cycle. There were three meals a day with a hot option provided each time. People could have any of the usual breakfast foods; lunch was a smaller option with the main meal served at the evening.
We observed the lunchtime meal in the dining room. Some people ate in the dining room and others in the privacy of their own room. We saw this was not rushed and we noted people living in the home clearly enjoyed their meal. We saw tables were set with tablecloths, place settings, condiments and napkins. The food was freshly cooked and looked appetising. The preferences were checked each time and seconds were made available. People had a choice of drinks, which included diluted fruit juices, tea or coffee.

One relative told us, "Mum is always supported with meals. She always gets the thick and easy and a soft diet. She is prompted to drink enough."
One person who used the service told us, "I enjoy the food because it is what I want."

One staff member said, "People have a choice and there is always plenty of food. The dining experience has improved. We use food and fluid charts when needed." Another staff member said, "People have a choice of what they eat and they seem to enjoy the food."

Good

Is the service caring?

Our findings

One person who used the service told us, "It is nice here" and one relative told us, "Staff know my mum 100% and some know her better than me. They are spot on. I know she is loved when I am not here; it is not just a job. Staff highlight any changing needs and the keyworker is fab and looks after my mums interests. Staff are caring and patient." Another relative told us, "She is looked after brilliantly, I can't fault them. Staff know her very well." One staff member said, "Care is spot on." Another staff member said, "People are looked after very well." A third staff member said, "It is good care here."

All the interactions we observed between staff and people who used the service were positive social opportunities. The care we saw was clearly personalised to people's individual needs and the manager had a clear understanding and approach to providing person centred care.
Staff responded to people's comfort needs quickly and respectfully.
We observed staff took time to engage with individuals and address their needs and anxieties using a kind, caring and a reassuring approach. Staff constantly offered assistance and reassurance where necessary. Staff used physical closeness such as holding hands and stroking to offer comfort and understanding. We observed a person who was becoming anxious and agitated. The staff member gently reassured the person by stroking their arm and distracting them by offering a drink.

People were seen to be fully at ease in the presence of staff and responded positively to staffs interaction and approach. For example, we observed a staff member chatting with two people in the lounge. We saw they took time to do this and that the people were engaging with them, reminiscing about music and dancing.

We also observed that people were encouraged to do things for themselves, for example, to walk to their chairs after mealtimes to help them retain some independence.

We were told by relatives/visitors that they could visit any time. Some people came to the home every day and said they were made to feel welcome. Visiting was unrestricted to help people remain in contact with their family and friends.

One relative told us, "Dignity is respected and everything is done in private." One staff member said, "I put people's dressing gowns on, close bathrooms doors and knock on people's bedroom doors before entering." Another staff member said since the new manager had taken over they had been made 'dignity champion', which included making sure all staff promoted people's dignity. They also said when the warmer weather comes they were going to create a 'dignity garden' for people. They also told us they would always cover people when providing personal care and make sure people where nicely dressed.

Some staff had undertaken end of life training and there was a section in the care plans, which informed staff of the basic wishes of people who neared the end of their lives.

Good

Is the service responsive?

Our findings

People and their relatives where appropriate, had been involved as fully as possible in the pre-admission assessment. We saw records that confirmed this. These assessments are important to ensure the provider can meet people's individual needs before admission to the service to enable staff to provide a responsive and personalised service. Care plans were then developed to support staff to understand what people's diverse needs were and how to respond using a person centred approach.
Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. There was a document called 'This is your Life', which listed people's likes and dislikes, choices, hobbies and interests. One staff member said, "'This is your life' section gives you something to talk to people about." Another staff member said, "We read the care plans when they are updated."

Plans of care were divided into headings, for example personal care, communication, nutrition or mental health. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans were regularly reviewed and updated. Plans of care contained sufficient health and personal details for staff to deliver effective care. This is a standard statement I use if you want it.

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC). We saw that the manager investigated any concerns and took any action necessary to minimise them.

People told us that any issues or complaints were listened to and responded by the manager. We saw that the complaints procedure was displayed on a wall at the end of a corridor The complaints log showed there had been no complaints received since our last inspection.
We looked at how handovers were undertaken. This unit cares for people with late stage dementia who possibly have risks that may challenge staff or themselves. A handover is given when a new shift commences work. Staff coming on duty are given any relevant information about people's health or other needs. A handover should highlight any risks people who use the service may have. The handovers provided staff with up to date information about people who were people at risk of harm to themselves or others.
We saw people living at the home were offered a range of social activities. We saw a noticeboard for up and coming events at the home. We saw activities included indoor games, jigsaws, sing-a-long with musical instruments, crafts, baking, tasting sessions and films. During our inspection we saw people taking part in a sing-a-long with staff.

One relative told us, "Activities are always on the board, but they sometimes change the activity if people want to do something different." One staff member told us the activity person does try and get people to join in. Another staff member said, "There is plenty to do if people want to join in."
We found staff worked well to provide a responsive service based on people's interests. For example, we

heard staff chatting about music and dancing to one person. We also observed another member of staff chatting and doing crafts with a couple of people.

One relative told us, "The manager has been responsive when needed."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2017 we identified a breach in good governance. This was because the provider's systems were not effective in the monitoring of the quality of service provision.

There was no registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However there was a manager in post who was in the process of registering with the CQC. When a service does not have a registered manager we place a limiter on the well- led domain of the report, which cannot be rated as good. At our inspection of 4 April 2017 we saw systems in place to monitor the quality and safety of service provision had been implemented which included using a range of audits. We saw audits were used for monitoring areas such as, care files, medication, meals and nutrition and infection control.

We recognised that significant improvements to the service had been made since our last inspection and the new manager had implemented many changes which had impacted on the home in a positive way. We spoke with the manager about this and about the concerns we had raised during our inspection who recognised that the systems were not yet fully effective. Continued improvements to the systems to monitor the quality and safety of service provision were required to be made and ensure these are fully embedded into practice.
One relative told us, "Communication between staff is good. This is home from home and it is personalised. I have no concerns, I sleep easy." Another relative told us, "I am happy with the communication."

Another relative told us, "Since the new manager has been here there has been some decorating and the staff seem to work better has a team."
Staff members we spoke with told us, "The atmosphere is happier for both resident and staff, it is more homely. The manager is doing things for the better; she listens and acts on things." Another staff member said, "Management are good and they are approachable." A third staff member said, "Things are improving. I love it here; I should have done this years ago." Other comments included, "The service has got better since [name of manager] took over. [Name of manager] is on the ball, they have made changes and things are getting better and better. She is approachable and helps you to do better", "It is a lot better, and everything has improved. I feel valued and supported."
We observed throughout the day the management team were visible within the home, interacting with people, their relatives and visiting health professionals. The quality assurance manager was also in the home and told us they worked there regularly to offer support to the manager and the staff team.

The home was warm and welcoming from our arrival and staff were positive in their feelings about the leadership and management of the home; this was evident as staff were visibly happier than at our previous inspection, and this had led to better standards of interaction. Staff described a strong sense of team and working together to bring about the improvements we observed during our inspection. Staff demonstrated a high level of enthusiasm, pride and commitment to the people they supported and the changes within the

running of the home.
As part of the provider's quality assurance system people and their relatives were invited to attend meetings and complete surveys to give their views and experience of the service. One relative told us, "In the last six months I have been asked for my opinion about the home."
We saw that a quality assurance questionnaire had been sent out to people who used the service and their relatives and professionals involved in the home. This was last completed in March 2017. The manager was in the process of collating the feedback to form an action plan. We saw some returned questionnaires which had been completed with mainly positive comments about the service.

Staff told us that they also received opportunities to complete questionnaires as an additional method to share their views about the service. The manager showed us feedback questionnaires returned during 2017. They said that whilst these had not been formally analysed or had an action plan in place, they had made changes as a direct result to feedback received. An example of that was that they were reviewing different styles of training.
The management team had forged and maintained good professional relationships with other agencies and health professionals who were involved in the care of people at Saxondale Nursing Home, and this allowed them to work collaboratively to achieve the best outcomes for people in terms of their health and welfare needs. For example, there had been some work carried out with the local clinical commissioning group around the safe management of medicines.

The registered provider had also commenced monitoring meetings with the local authority commissioning team in order to look at key areas of the service. This ensured the registered provider was aware of any issues and that they had oversight of the quality and safety of the service.

The provider's representatives visited the service on a monthly basis where they met with the manager to discuss how the service was operating and what action was required to further develop the service. We saw records that showed where improvements had been identified and plans were in place to make these required changes. This told us that the provider was continually reviewing and improving the service.
Staff appeared empowered and demonstrated by the way they described how they were encouraged to make their thoughts and feelings and observations known. Staff we spoke with told us they attended team meeting monthly. Staff told us they felt valued and supported and felt they were given the opportunity to contribute to improving the service.

The manager and registered provider understood the terms of their registration and were meeting these, as they were sending us notifications of events that occurred and affected the people in or the running of the home.

The standard of the records that were kept in the home had improved since our last inspection. Daily records included people's weights.
The provider's statement of purpose and service user guide provided information about what people could expect from the service. This included the provider's vision and values. We found staff understood these and demonstrated them in their day to day work.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read at the home an on the providers website.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Gaps and inconsistencies in staff personnel files