

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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Saxby Lodge Residential Care Home accommodates up to 19 older people. There were 11 people living with health conditions associated with older age, dementia and frailty at the time of our inspection.

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

People told us they spent most of their time alone in their bedrooms, which we observed. There was very little opportunity for meaningful occupation and stimulation. This is an area of continued required improvement.

Since the last inspection the management team and the staff have made significant improvements which has raised the standard of care people received and the overall governance of the home. Some improvements were still required to ensure the provider was always working in accordance with government and best practice guidance to ensure people consistently received person centred care.

People were protected from avoidable harm as risks to people's health and safety were identified and assessed. People and their relatives told us they felt safe and were cared for by staff who knew them well. Medicines were managed safely, and people received their medicines as prescribed. Accidents, incidents and safeguarding concerns were reported and investigated as required and actions taken to prevent reoccurrence. People were protected from the risk of abuse and staff were aware of their safeguarding duties and how to report concerns. People and their relatives told us staffing levels had improved and there were enough staff with the appropriate skills and training to meet their needs.

People were treated with kindness, dignity and respect. Staff interactions with people were warm and caring. People were observed in a homely environment adapted for their needs and were supported to drink enough and maintain a balanced diet. 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.

The service had a positive culture and embraced continuous learning and improving care. Since the last inspection there has been a change in the management structure of the home with a new manager who came into post October 2021. The nominated individual had taken on a more proactive role in ensuring the service improved, focusing on the development and improvement of people's risk assessments and care planning to ensure people were supported safely.

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

Rating at last inspection and update:

The last rating for this service was Inadequate (published 21 December 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 9 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Saxby Lodge is a 'care home'. People in care homes receive accommodation and nursing 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.

The service did not have a manager registered with the Care Quality Commission. The nominated individual had appointed a new manager in October 2021 who had yet to register with the Commission. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives. We spoke with a director, nominated individual, manager, deputy manager and three care staff. We reviewed a range of records. This included three people's care records, multiple medication records and multiple health care records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal areas.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested feedback from three professionals who regularly visit the service. We sought feedback from a further six relatives.

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 Inadequate. 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; Learning lessons when things go wrong

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection, information in people's care records and staff knowledge were not enough to ensure safe care. Appropriate action was not always taken to mitigate risks to people. Some staff were unaware of people's underlying health conditions and associated risks. There was a lack of effective oversight and monitoring if people sustained head injuries. Environmental risks were not safely managed.
- At this inspection, risks affecting people's health and welfare were understood and managed safely by staff. Since the last inspection the provider had ensured people's needs were reassessed. Care plans were amended to reflect people's current needs and were detailed on how identified risks were mitigated. Staff were knowledgeable about people's needs and how to support them safely. Without exception, people and their relatives described the service as safe. A relative said, "We feel [person] is safe."
- Risk management plans clearly identified the risks posed and provided guidance for staff. People assessed as being at high risk of falls, or skin tissue damage had suitable equipment to minimise these risks. These included mobility aids, pressure cushions and pressure-relieving mattresses.
- People who had, or who were at risk of developing urinary tract infections were quickly identified and actions taken to treat the infection and reduce any symptoms. For example, increasing their fluid intake. Staff had completed hydration training to enhance their knowledge and skills. Fluid charts to show how much people had been drinking were completed by staff and regularly reviewed. Shortfalls in people's intake were identified and actions taken where required.
- All staff had been trained and provided with guidance on what to do if a person sustained a head injury. Staff were knowledgeable in what action they would take and how they would monitor the person to ensure they were safe.
- Environmental risks were well managed. All controlled substances that are hazardous to health (CoSHH) had been moved to a cupboard, which remained secure throughout the inspection. The provider had systems to ensure environmental and equipment safety checks were completed. For example, records demonstrated regular checks were completed relating to fire safety, hoists and environmental checks for any potential hazards.
- People involved in accidents and incidents were supported to stay safe; the manager and provider had

taken action to prevent further injury or harm. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. When people had accidents, incidents or 'near misses' these were recorded and monitored to look for any developing trends. We checked records from November 2021 to February 2022, and the provider had completed an analysis report detailing any trends to show incidents were monitored and dealt with.

- A social care professional feedback their involvement and the support they had provided to the service and provider to implement their action plan. This included supporting with reviewing care plans, head injury protocols, medication competency checklists and quality assurance systems. They felt that this support had assisted the provider to make immediate improvements to the safety of the home following the previous inspection.

Staffing and recruitment

At the last inspection there was a failure to ensure there were enough competent and skilled staff deployed to meet the needs of the people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- At the last inspection, the provider did not have a system in place to assure themselves that there were sufficient staff to meet people's needs. We observed there were not enough staff deployed during the day to provide people with personalised care and to keep them safe.
- At this inspection, there were enough suitable staff to meet people's needs and keep them safe. Since the last inspection, four people's care and support needs had changed and they had moved into other care provision.
- The provider had undertaken a review of dependency levels within its service which had led to an increase in staffing levels overall. Staff rotas showed there were sufficient staff to meet people's needs and keep them safe. People and their relatives told us there were enough staff to meet their needs. People cared for in bed had access to their call bells. We observed call bells were responded to promptly and people did not have to wait long for staff to support them.
- Staff told us they had time to support people. A staff member said, "The care we deliver is not task orientated, we are not rushing. There are no timescales to get people up and supported. One lady wanted a shower today, it took an hour. I wouldn't want to be rushed in my day, so I don't rush them. I want the person to know I care about them."
- Safe recruitment practices continued to be followed. Pre-employment checks were carried out before staff started work. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Potential staff had their employment histories verified and two references were obtained.
- Agency profiles were obtained prior to new agency staff working in the service. This demonstrated to the provider that agency staff had undergone safe recruitment processes and their training was in date.

Using medicines safely

At the last inspection medicines were not managed or stored safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection the service did not have a dedicated medicines fridge and we observed poor storage of medicines, which put people's safety at risk.
- Since the last inspection, the provider had purchased a medicines fridge, medicines were managed, stored and disposed of safely. Staff responsible for managing medicines kept accurate medicines records, had received training in medicines and were assessed as competent in performing the task.
- People living with conditions that required prescribed medicines with time intervals between doses or given at a specific time each day had received these in accordance with prescribing guidelines. For example, one person was prescribed medication which required administration before breakfast to ensure its effectiveness and staff administered this in a timely manner.
- People prescribed 'as required' (PRN) medicines had protocols in place which guided staff on what condition or symptoms the medicines were prescribed for and the circumstances for which they could be administered. Protocols included the risk of potential side effects of medicines and actions that staff might try to alleviate symptoms first before PRN medicine was offered.

Preventing and controlling infection

At the last inspection, we were not assured the provider was promoting safety through the layout and hygiene practices of the premises. The service was visibly unclean in places and there was a very strong malodour in parts. Some surfaces were not easy to sanitise. Bags of soiled laundry were stored by the open access to the kitchen and staff were using the laundry as a 'cut through' to the kitchen without a change of Personal Protective Equipment.

- Since the last inspection, the provider had reviewed and improved their cleaning schedules and appointed domestic staff. Floorings and furnishings have been replaced, and an upstairs lounge and bathroom were being decorated. A person said, "It's lovely, clean and tidy." A relative said, "It doesn't smell, it used to. It wasn't very clean. There's been an improvement." Another relative said, "It doesn't smell anymore." Another relative said, "Saxby Lodge, looks and smells much better."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

The providers approach for visitors was in line with the current government guidance at the time of inspection. People and relatives did not feedback anything negative with their experience of the provider and being able to see their loved ones.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. We observed people in the company of staff. Staff provided support and gentle assurance when people became upset or distressed. A person said, "I do feel safe." Another person said, "I am safe."
- The manager had a clear understanding of what constituted abuse and action that should be taken, such as making a referral to the local safeguarding authority and notifying CQC. Staff had completed training in safeguarding. One staff member told us, "I treat these people how I would treat my mum." Another staff member said, "I have reported it and I know [manager] has shared it with CQC and safeguarding. I feel proud to work somewhere where our concerns are listened to, taken seriously and acted on so the people we care for are protected."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection there was a failure to ensure people had adequate nutrition and hydration to sustain good health and reduce the risk of dehydration and malnutrition. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

- At the last inspection people who were dependent on staff to ensure they drank enough were at risk from dehydration as records of their fluid intake were not kept accurately. Staff were inconsistent with how they recorded people's fluid intake and there were significant discrepancies in the way people's fluid intake was recorded. People were at risk of potential weight loss as their nutritional needs were not always being met.
- At this inspection, we observed people had cold drinks within reach at all times. People were provided with hot drinks at regular intervals in addition or when they requested these. Where needed staff were recording all drinks, people received. These records showed people were receiving drinks and their hydration needs were being met. People were encouraged to drink by staff in a kind and caring way. A person in the lounge needed a large amount of encouragement and some physical support to assist them to drink. Throughout the day staff were sitting with this person frequently to provide assistance in a respectful, gentle manner, and staff did not hurry the person. When people's records had noted they were drinking less, action had been taken by the manager to speak with the person's GP. A relative said, "[Person] relies on carers to keep their water jug topped up. [Person's] water is usually where they can reach it and I have heard the staff encourage [person] to drink."
- Each person had a nutritional assessment to identify their dietary needs. Staff monitored people's weight and action was taken when people were identified as suffering from unplanned weight loss. For two people who were considered as high risk, they were supported to be weighed weekly. By staff having an improved understanding of people's likes and dislikes, a preferred diet had been offered and accepted by people, resulting in better outcomes for people's health.
- People told us they enjoyed the food provided at Saxby Lodge. A person said, "I get good food." Some people needed a special diet, and this was provided consistently, with the management and staff able to explain confidently who required specific diets and how these were met. Where people required their meals in a softer format due to their risk of choking these were provided. Meals which were required to be pureed, was presented using moulds, so the person could see what the food resembled and were able to enjoy the

individual tastes of each food group.

- Staff were attentive to people during meals which were offered either in the dining room, lounge or their bedrooms, in line with personal preference. When people did not want what was on the menu for the main cooked meal an alternative was provided. A person said, "They (staff) asked me what I wanted for breakfast. I said I wanted a nice bacon sandwich with soft bacon. [Carer] did it. It was lovely." Where people needed support to eat, this was done in a dignified way. A person declined assistance, but the staff member sat with them and ensured they were able to eat safely without choking. The member of staff chatted with them and made no attempt to hurry them or provide unwelcome support.

Staff support: induction, training, skills and experience

At the last inspection there was a failure to ensure staff had the appropriate training and skills to ensure people's needs were met. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- At the last inspection, the provider did not have a robust induction programme for staff to prepare them for their role. There was no record of induction for new staff and the provider was unable to confirm what induction they had undertaken. Staff were not trained to meet the needs of people who had specific health and support requirements such as Parkinson's disease or how to support people to eat and drink. Processes did not check that staff had the competencies, skills and experience required for the role they were employed to undertake.
- At this inspection, staff received a comprehensive induction and were assessed as competent before they could support people. We spoke with three new staff, who had completed their induction. One said, "When you go into different homes, people can work in a different way. This induction taught me how to work in this home, how the home is run, how people like to be supported and cared for, how the team are, it gave me that knowledge. We got a really good induction, explaining everything." Another staff member said, "I came in, shadowing [deputy manager], they were really good, learning the medication side of things, everything is really thorough so mistakes are not made, working in pairs to see how people like things done, so it's not just about reading it, but seeing it and learning hands on, being hands on, getting involved." A third staff member said, "I walked in, it was like being in my family home, everyone was so welcoming, answered all my questions, no one left me. Even still now, we work together and work as a team."
- At this inspection, staff had undertaken suitable training and had the skills and competencies to meet people's needs. The provider explained how they had reviewed their entire training framework, introducing bespoke training to meet the individual needs of people being supported. For example, Dementia: supporting sleep, falls balancing risk with promotion of independence, preventing pressure injuries, Dementia and catheter care. Recognising care practices to enable early intervention of Sepsis. Supporting diabetes, oral health care for teeth and dentures, hydration and nutrition, managing weight to promote health. Staff had their competency and knowledge assessed through spot checks completed by the manager, through supervision and team meetings. People told us, this had improved their quality of life and support provided. A social care professional said, "I have been going in for years, with the previous provider and now the new provider. I was mortified, when I saw the quality of care and standard of service slipping. It was very sad; I have seen an awful lot of positive changes though. They (staff) are much more positive. The staff do seem to want the training done which is really important. The staff I have been training are very keen to learn. They ask lots of questions and are engaged on the courses."
- Staff received regular supervision and all staff felt supported by the management team. Staff were

provided with opportunities to broaden their experience and learn new skills. A staff member said, "There have been so many changes, its unrecognizable. We are really getting there. The management team are so, so supportive."

Ensuring consent to care and treatment in line with law and guidance

At the last inspection people's consent to care, and treatment was not always gained lawfully and from the relevant person. This was a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- At the last inspection, mental capacity assessments were not always undertaken to show how consent was gained for care and treatment. Where people required a DoLS, applications had not always been made. Staff had undertaken MCA training but were unsure how to apply the MCA framework when supporting people with decisions about their care. Staff lacked knowledge and understanding of DoLS. Staff were unsure if anyone living at the service had a DoLS in place.
- At this inspection, the service was working within the principles of the MCA and legal guidance. Assessment and care planning processes had considered people's capacity to consent to care and treatment. Capacity assessments were undertaken as required and reviewed.
- Staff had completed MCA training and understood the principles when caring for people. Staff asked people for their consent prior to undertaking any tasks or supporting them with care. We observed staff were accepting of people's choices about where they wanted to sit or walk and what they wanted to do. A staff member said, "We make sure each individual is treated as an individual, its assuming they do have capacity, until assessed otherwise. Supporting people make their decisions, like all of us, we can make unwise decisions, and supporting them when they may choose to do that, not making them make wise choices, always work in the best interest for that person if they do not have capacity, but least restrictive way. We all have different likes and dislikes of how we like things, so why shouldn't they."
- People and their relatives told us staff asked for their consent before providing care and they were able to make everyday choices for themselves.
- Systems and processes in place ensured DoLS were applied for as required and in a timely way. Where decisions were taken in people's best interests, these were documented and appropriate. For example, one person living with dementia required the use of bed rails, to keep them safe by preventing a fall. This meant the person relied on being checked on or using their call bell for the attention of staff during the night. A capacity assessment and best interest decision had been completed with the relevant health professionals and the person's family.

Adapting service, design, decoration to meet people's needs

At the last inspection the provider had failed to ensure the premises were clean, properly maintained and suitable for the purpose for which it was being used. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- At the last inspection, the decoration, furniture and fittings in the service looked tired, and in some places were in a poor state of repair. The environment did not always support the wellbeing or needs of people who were living there, particularly those who were living with dementia. The general environment did not reflect national good practice guidance for supporting people with dementia. This included the lack of orientation prompts to support a positive stimulating environment in which to live and support independence.
- At this inspection improvements had been made in line with the action plan that had been submitted following our last inspection. The lounge and communal areas had been redecorated and all the seating replaced. Flooring had been updated and bedrooms were in the process of being redecorated and modernised. People told us they were happy with the new look. There was a programme of deep cleaning and records confirmed regular thorough cleaning and maintenance of the properly occurred. A social care professional said, "They (provider) have put a lot of time and effort into the décor."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the last inspection, people's needs were assessed before they started to receive support from the service. The information gathered was not always robust enough to ensure people's needs could be met. People's assessments had not been reviewed and updated when their needs changed. There were some assessments tools to assess risks to people such as Malnutrition Universal Screening Tool (MUST) and falls. These were not used consistently and there was a failure to undertake these assessments for some people with known risks such as falls and malnutrition.
- At this inspection, people had comprehensive assessments which identified their needs and desired outcomes. People's needs were assessed in accordance with best practice guidance. Nationally recognised tools were used to assess people's risks for malnutrition, skin integrity and choking. Care plans were regularly reviewed and, where appropriate, outward referrals had been completed for advice and support from external health and care professionals.
- People's needs in relation to their oral health had been identified and staff were provided with guidance as to what support a person might need to maintain their oral hygiene. Staff had undertaken training in oral care and the provider had implemented an oral health assessment tool to ensure people's needs were identified. The assessment tool was regularly reviewed and enabled the managers to maintain effective oversight of people's oral health and any changes that might require intervention. People had care and support plans which guided staff on how to maintain their oral hygiene.
- Staff carried out routine observations on people to monitor and check for signs of health deterioration and completed tests for COVID-19. For example, foot checks for people living with diabetes, bowel monitoring, care and comfort monitoring for people requiring encouragement to attend the toilet.
- Staff continued to liaise effectively with the local GP surgery and people received support from specialist health care professionals. Records showed that people had regular access to health care professionals, GPs and specialist nurses.

- Care records showed people had access to routine and specialist health care appointments. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- At the last inspection, people and their relatives told us they did not always receive care and support in a dignified way. Relatives shared their feedback of their loved ones not being in control of their lives. We were provided with examples from people and their relatives where people's personal items such as shampoo and hairspray were borrowed for other people to use. Two people were left at mealtimes without support and neither person ate their meal before it was cleared away.
- At this inspection, people's privacy, dignity and independence were promoted and respected. Staff had undertaken training in promoting dignity in care and ensuring individual needs and wishes remained at the centre of care delivery. One staff member told us how they supported someone with a wash, ensuring that the door was always closed, and their body always covered to maintain their privacy and dignity. We observed people being spoken with by staff in a caring and respectful manner. A relative said, "They're caring and attentive." Another relative said, "I think the carers on the whole seem very kind and some are particularly sweet to [person]."
- People were familiar with staff and staff knew people well. We observed interactions between people and staff were warm and compassionate. A person said, "Some of them (staff) are angels, they're darlings." Staff told us they had the time to build trusting and caring relationships with people. We observed a staff member reading to a person. It was a book of the person's choice, they sat close together, and the staff member read with enthusiasm; the person responded to the story, with gasps and smiles. A staff member said, "I love it. I love being in here. I have got to know the people; they are my friends. This is not a job, it's a vocation. It's to enrich their lives as well. We can be the only people they see."
- People were supported to maintain their independence. Care plans were person centred and identified people's strengths as well as how staff should support them. For example, care plans guided staff as what people could do for themselves and what choices they were able to make, such as choosing their clothes or whether they would like a shower or bath.

- People's equality, diversity and human rights were respected. Staff had undertaken training in what it meant to live in a diverse society, and how to respond appropriately to those around them. People's religious and cultural needs were recognised and had been reviewed since the last inspection and care plans put in place to support these areas.

Supporting people to express their views and be involved in making decisions about their care

- At the last inspection, systems and process did not enable people to make decisions about their care. Records lacked personal details to enable staff to know how to support a person to express their views or make decisions and choices about the care they received. People and their relatives told us they had not been involved in the planning and reviewing of their care.
- At this inspection, people and their relatives were supported to express their views and told us they were involved in making decisions about their care. Staff had undertaken training on the importance of individual choice and decision making. A staff member said, "In personal care, we encourage people to do their own personal care. If they have a drink, give choices, let them make their decision. With meals they choose what they eat. We ask them, fancy a chat, they may say, 'go away, okay'. But another one might want to chat. Giving them choices and letting them live the way they want to live. Some people don't want to be approached; others do." Another staff member said, "It is their home, their choices. It's our role to promote their rights and choices. It's not a workplace for them, it's where they live, their home. To be mindful and put them first. You are asking their needs and not assuming."
- People were supported and encouraged to make choices independently and our observations confirmed this. People were offered choice about where they would like to spend their time, what they would like to eat and drink, who they would like to support them and how they would like their care delivered. The manager said, "People can now shower when they want, there is no schedule. Now they are asked daily if they want a shower or bath. It's their choice. Same as where they want to spend their time, when they want to go to bed and get up." A staff member said, "There was a really poor culture, poor attitude. Now there are new staff here. Practice has improved and people get a choice. Now we have an amazing team, they are here to work, that makes a hell of a difference. We work as a team."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection, there was a lack of activities for people to support their wellbeing and provide meaningful stimulation and occupation. Visitors and people told us people often spent most of the day in their bedrooms. There was no planned meaningful activity for people or activities for people to engage with.
- Since the last inspection, an activities coordinator had commenced employment four afternoons a week. Activities included quizzes, movies, 'knit and natter', board games and reminiscing. At the time of the inspection the activities coordinator was on leave, so no activities were on offer. The activity planner did not fully consider people's interests and hobbies. We observed a person sitting in the same position for seven hours, with little contact with staff, other than to be asked if they wanted a drink or their meal. Although the provider had made a start in improving opportunities to avoid social isolation this was an area in development and required further improvement. We fed this back to the provider who gave assurances and evidence of their plans for the next coming weeks of how this would improve. A relative said, "[Person] I think is very bored as they have very limited sight and can't see the TV. [Activity coordinator] has been employed as craft/entertainment support to help in that regard. I'm not sure how much they can do when most people stay in their rooms."
- We were shown a calendar which showed an activity planned for each day. It was for the month and each person had a copy in their rooms. This gave the opportunity for people to choose what they wanted to participate in. External entertainers had visited the home to provide musical events.
- Where people chose to stay in their rooms, the activities coordinator offered individual time with them, if they wished. Overall people fed back they did not enjoy group activities. A person said, "I don't want to do any of the activities. I'm quite happy here in my room with the television. I've got books to read. [Staff] comes in and we play dominoes. I'm happy here on my own." Another person said, "I don't want to do any. I don't want to mix with people. I read. I don't want a TV. As long as I can see my family, I'm happy. I'm an insular person. The hairdresser's nice though. The hairdresser cuts my hair in here." Another person said, "I don't want to want to go into the lounge. There's not much difference being in here or in there because they (other people) don't talk. At least in my own room I can do what I like. A man comes and sings like Elvis, it's a bit soppy for me, but I listen and have a laugh."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

At the last inspection the provider had failed to ensure people receive person centred care and treatment that was appropriate to their needs and reflected their personal preferences. This was a breach of Regulation 9 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 9.

- At the last inspection, people's needs were not always documented in a way that supported a person-centred approach. Care plans did not always reflect people's individual preferences for how they wished their care and support to be delivered. Care plans did not clearly identify which aspects of their care people could manage themselves or the type of support people required in order to promote independence.
- Since the last inspection, improvements in systems for planning person centred care had been implemented and the majority of staff had undertaken training in person centred care. In consultation with people, and their relatives, all care plans had been reviewed and updated providing staff with detailed information about people, their likes, dislikes, preferences and personal histories. A staff member said, "In the care plans they tell you about the person, their life history, to help you communicate and get to know the person. Talking about things they might remember. [Person] used to like dancing, fond of cats. [Person] used to like Irish dancing, and knitting. You can have some valuable conversations. Sometimes they don't want to talk; I am not there to just get them a cup of tea, it's my role to sit and chat, I care for them how I would like my mum and dad cared for. I like to think they would be looked after how I look after people here."
- Memory/life boxes had been introduced for each person and included items that were important to the person. These were conversation starters for new staff when getting to know the person they were supporting. A relative said, "We were asked if we could put a life box together. [Manager] said it would be a help for staff, they could sit and have a conversation with [person] about their life, where they lived and what they did. They're always trying to find ways to improve things for [person]. A staff member said, "It is so interesting to know where they (people) have come from. If they were married, what they did for a living, it's nice we get that. They are not just people we care for and support, these are living human beings with a past, a present and a future. [Person] tells me about the war, their experience of living in shelters. It's nice to know about their history. What they have experienced."
- People were encouraged and supported to maintain contact with their families. The home ensured people could receive visits from their loved ones and offered alternatives means of contact such as phone, video calls and through the window if visiting could not take place due to the COVID-19 pandemic.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the last inspection, people's communication needs were identified; however, this information was not always reflected accurately or clearly within people's care records. A person's communication plan said the person had communication requirements due to their dementia and were at risk of isolation. It did not provide information as to the communication needs of the person and of the measures staff might take to mitigate the risk of isolation.
- At this inspection, the manager told us information would be available for people in their preferred format should they require it. We saw information for people and their relatives about this was displayed around the home.
- People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively. Where spectacles or hearing aids were required, the care plan identified the appropriate support the person needed. One person required their spectacles when reading information, and the care plan informed staff they needed to ensure the spectacles were cleaned each morning, ready for the day. The person's independence was encouraged, by instructing staff

the person could manage their spectacles as needed.

- There were pictorial food menus available which had been printed and were ready for implementation. The nominated individual told us these were to help prompt people to remember what they have chosen for their meal. These were not in place at the time of the inspection.

End of life care and support

- At the last inspection, end of life care plans for people lacked details about people's wishes for support though the final stages of their lives. Staff told us that they did not feel adequately supported to discuss end of life care issues with people or their relatives.
- Since the last inspection, end of life care plans had been reviewed. If people's needs could be met and it was their preference, their end of life care could be provided at the home. Staff had completed training in end of life care.
- People's last wishes were recorded in their care plans. A relative said, "[Manager] talked to me about end of life. They did it all properly. They said about [person] staying there or going into hospital. They were professional and courteous."

Improving care quality in response to complaints or concerns

- At the last inspection, systems for addressing concerns and complaints were not consistent. We asked people if they knew how to make a complaint and people were unsure. Relatives told us they had not felt listened to and had not seen any positive actions as a result of raising these concerns.
- At this inspection, records of complaints were logged and managed in line with the provider's policy. People and relatives told us they had no reason to complain. A relative said, "We have a good relationship with [manager], she emails and keeps us up to date. If there is a problem or [person] needs anything, [manager] has been very kind and has been a good sounding board and at times even a shoulder to cry on."

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 Inadequate. At this inspection the rating has changed to 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.

At the last inspection, the provider had failed to act on feedback from people, staff and their relatives to continually evaluate and improve the service. The provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. The provider had not maintained accurate and complete records in relation to the service and people's care. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- At the last inspection, governance arrangements were not effective in identifying shortfalls in the quality of the service. Systems and processes for quality monitoring had failed to identify significant shortfalls in practices related to the monitoring and recording of food and hydration. There was a lack of accurate and contemporaneous personalised information in people's care records, poor infection control, redecoration and repair of the environment. Risk management processes had failed to identify and consider some risks to people's health and wellbeing. There was a lack of leadership and direction. We received varied feedback about the leadership of the service. CQC had not always been informed of incidents and events at the service which the provider is required to notify us about by law.
- Since the last inspection, the service has experienced a period of considerable change. Although significant improvements have been made to address previous shortfalls identified at our last inspection, these improvements were yet to be fully embedded and sustained.
- Quality assurance audits had not identified the need to improve how people were supported to avoid social isolation and supporting people to follow interests and to take part in activities that are socially and culturally relevant to them. The medication audits completed for November, December and January, had indicated the room temperature checks had been audited. The record for monitoring room temperature had been removed in October 2021 by mistake and staff had not been recording this. This meant we could not be confident in the audit authenticity.
- Since the last inspection, the provider had shared regular updates that highlighted their progress against an action plan of required improvements. A new manager was appointed in October 2021 and has

submitted an application to register with CQC.

- A new management structure for the service was implemented which included the support of a deputy manager and a senior carer allocated on each shift, to provide support, supervision and guidance to staff. The new management structure had made real improvements to the leadership and culture of Saxby Lodge and there were further plans for positive changes at the service. A staff member said, "It's very good, [manager], is just amazing. [Manager] gets on with us, if we need help, she is there. Very hands on. Directors are very approachable, and we can contact them to raise issues. What they are doing with the house is great. I didn't see the house beforehand but what they have done since I have got there is amazing, and I can see it just getting better and better. I started here as agency. As soon as I walked in, I felt it was so welcoming, and approachable, I decided to be here, it's the kind of place I want to work."
- The management team had improved their systems to monitor the quality of the services provided. In addition to provider level monitoring of the service against a specific action plan, the manager conducted weekly and monthly audits checking care plans, monitoring records, medication records and analysing all the audits the staff conducted. Actions from these audits had led to the purchasing of new moving and handling equipment and the implementation of training for staff.
- The manager and provider understood their responsibilities under the Duty of Candour and were open and transparent when people's care had not gone according to plan. The provider and manager had notified CQC of accidents and incidents that had occurred, and any lessons learnt or actions taken.
- The feedback we received from people, relatives and staff reflected the new management team had been effective in taking forward the level of change required securing a more open and positive culture. The nominated individual explained since the last inspection, they have had to significantly challenge the culture of the previous staffing team and management. This resulted in many staff leaving. They told us staffing had stabilised since October 2021, enabling the changes from August to be implemented effectively by staff.
- A representative from West Sussex County Council (WSCC) fed back, 'Our quality assurance visit sought to examine the service improvement plan and its delivery to date to affirm if the remedies required have been adequately addressed/actioned or are in train. All of which we considered to have progressed with actions arising from the audits being taken forward.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- At the last inspection, the provider had not developed a culture of respect and inclusion for everyone. People, staff and relatives shared examples with us where they had raised feedback or concerns to the provider regarding the environment and insufficient staffing levels but did not feel listened to. A relative shared with us their recent experience where they felt that communication had been poor with the management team. Since taking ownership of the service it was not apparent that there was a plan of improvement for the service.
- Since the last inspection, the positive team spirit amongst staff was evident and staff were now working well as a team. Staff told us they now looked forward to coming to work and it was clear that staff enthusiasm had improved the morale of people who lived at Saxby Lodge. A staff member said, "It's a lovely, family orientated home. I come in and it's like being with my family. I like to come to work. I don't sit and think, oh gosh have I got to go. It is a really nice home. People seem happy with what is happening. With all the changes it is only going to get better."
- People were benefiting from a more open culture. Reflective practice was being used to encourage staff to think about their own conduct and constructively challenge their colleagues. Team meetings provided an opportunity to raise suggestions and talk about what good practice looked like. Minutes reflected healthy discussions between staff and management on topics such as the mental capacity act and how this impacted people being supported. Staff told us they had felt empowered and supported by this process and

in turn had learned a lot about how to improve the way they cared for people. A staff member said, "In (team) meetings, we always raise suggestions. We can suggest things, they have listened. We support someone who struggles to stand, we suggested they be assessed for a stand aid, stand aid appeared within a week of their assessment. Nothing seems too much, anything that makes our life or the person's life easier is put in place." Another staff member said, "They (Provider) are fabulous. [Manager] is a godsend. She is so approachable, friendly. You can talk to her about absolutely anything. We do give feedback through hand over and started having regular team meetings. It's just so good to raise and discuss concerns. To talk through learning and share experiences."

- Satisfaction surveys were being used as a way of canvassing the views of people, staff, visitors and professionals. All results from these surveys were positive. A person said, "It could be a lovely home here, when they (management and staff) get settled." A relative said, "They'll keep us up to date. They communicate better now. The homes definitely got better."

- The home worked in partnership with others. When people required specialist support or advice, health and social care professionals had been consulted. For example, advice had been sought from GP and speech and language therapist (SALT) regarding people's weight. A representative from WSCC fed back, 'The home has broadly been, and continues to be, positively engaging with us.' A social care professional said, "Overall from what I can see, it's heading in the right direction. They still have a way to go, you don't want to see somewhere which has a high turnover of staff. It's not fair on people or anybody. [Manager] seems very nice. I would say I have seen a lot of positive encouragement."