

Mr & Mrs T McCarron

Saxby Lodge Residential Care Home

Inspection report

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30 April 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

We carried out an unannounced comprehensive inspection of Saxby Lodge on 29 and 30 April 2019. Saxby Lodge is a 'care home' that provides care for a maximum of 19 older people, some of whom of living with dementia. At the time of the inspection 19 people were using the service.

People's experience of using this service:

The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were listened and responded to.

People, professionals, relatives and staff told us the service was very well managed. Staff showed a true fondness for the people they cared for and there was a warm, friendly and welcoming atmosphere. One person said; "I don't think there's anything they could do better here."

People were supported by a staff team that were both caring and compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff knew about people's life history, and their communication needs.

Risks of abuse to people were minimised because staff demonstrated a good awareness of each person's safety needs and how to minimise risks of abuse for them. The environment was safe, and regular health and safety checks were carried out.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for social interaction and activity with staff.

People's health had improved because staff promoted healthy active lifestyles. They worked in partnership with a range of healthcare professionals and followed their advice.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

People gave us positive feedback about the quality of care being delivered. They said the management team and members of staff were approachable, listened and acted on feedback.

Rating at last inspection: Good. (last report published 19 December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people living with dementia.

Service and service type: Saxby Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 on day one.

What we did:

Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. We also reviewed the Provider Information Return. Providers are required to complete this document with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 11 people who used the service, to ask about their experience of the care provided and three visiting family members. We also spoke with four visiting professionals. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We looked at four people's care records and at their medicine records.

We spoke with the joint providers one who was the registered manager and six staff members. We looked at the staff members files around staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. The provider had effective safeguarding systems in place which included a safeguarding policy and staff training.
- Staff knew about the different types of abuse and were confident any concerns they reported would be listened to and addressed.
- People said they felt safe living at Saxby Lodge.

Assessing risk, safety monitoring and management.

- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.
- Staff understood what support people needed to reduce the risk of avoidable harm.
- The environment and equipment was safe and well maintained. The fire alarm system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell staff and emergency services what support they needed.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff on how to identify indicators, so they could respond quickly.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the provider to identify any patterns or trends. For example, identify changes in a person's mood or behaviour which might signify a deterioration in their mental health.
- The provider used significant events, as an opportunity to learn and reduce the risk of recurrence. Staff always reviewed risk assessments and care plans following accidents or incidents to mitigate the risks of it occurring again.

Staffing and recruitment

- Staff knew people well and provided them with continuity of care. For example, they covered one another for days off and holidays. This meant people were always cared for by staff they knew and trusted.
- Staffing levels were sufficient to ensure people's needs could be met. People told us there were enough staff. Staff told us the management also actively listened to their views about staffing within the service.
- Staff were recruited safely. Systems were in place to ensure pre-employment checks would be carried out to ensure any new staff employed were safe to work in a care setting.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.

- Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff who administered medicines did so at the prescribed time and had received the necessary training to support their responsibilities in dispensing medicines.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed in taking their medicines.

Preventing and controlling infection

- The service was odour free. Bathrooms had a good supply of paper towels and soap.
- Staff were supplied with personal protective equipment (PPE) for use to prevent the spread of infections and this was worn appropriately.
- Staff received training in infection control.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual health needs were assessed before they came to live at the service. Assessment of people's needs were completed, expected outcomes were identified and care and support was regularly reviewed. This meant people's support was up to date to ensure they received the right care and support that was required.
- The service used evidence based assessment tools to identify people's care needs. For example, in relation to skin care, and nutritional needs.
- Staff applied learning effectively in line with best practice. This led to a good service for people who lived at Saxby Lodge and a good quality of life.
- Checks of staffs practice helped to ensure people received a good standard of care and support.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their healthcare needs met, and staff worked closely with local health professionals. An Admission Avoidance Matron and a Paramedic Practitioner called and visited regularly to check on people's health to help avoid hospital admissions. People were supported to attend other health appointments regularly.
- Where a person experienced periods of anxiety or other changes of mood, staff knew how to respond effectively.
- Where people required additional support from external healthcare services this was arranged and staff followed guidance provided by those professionals.
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- The management team engaged with other organisations to help provide consistent care.

Staff support: induction, training, skills and experience

- People received effective care from experienced and knowledgeable staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported. Staff had ongoing support and supervision through daily handover meetings. These provided opportunities to discuss any concerns and identify further training needs.

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

- We observed staff supported people with their meals, where required, with a sensitive respectful approach. People and relatives all agreed the food was of a good standard and choices were offered every day. One person told us; "The food here is very good. Sometimes there's something you don't like but you can ask for something else."
- People's care plans were detailed to ensure they received consistent support with their nutrition. People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.
- People who needed their nutrition to be monitored had records in place which were used to help identify any concerns. Those who needed assistance were sensitively supported with their drinks and meals.
- People who had dietary requirements based on their own cultural wishes were flexibly catered for.

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

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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.

- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Mental capacity assessments were completed appropriately.
- People were encouraged to make decisions for themselves and staff ensured people were involved as much as possible in decisions.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment and gave their consent.
- Staff had a sufficient understanding of the MCA.

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

- People's rooms were personalised with items of furniture or ornaments.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- People with mobility difficulties had specialised equipment to help them move around independently. For example, walking frames.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Where people were unable to communicate their needs and choices, staff understood their individual ways of communicating. Staff observed body language, eye contact and simple language to interpret what people needed.
- Staff were kind and patient with people. They had time to sit with them and actively listen to them. People, relatives and professionals told us staff were kind and caring. Commenting, "They're very good to me, very kind" and "They're really very kind, I honestly can't fault anyone."
- People's relatives and friends were warmly welcomed, with one relative telling us, "She came in for a respite break and asked to stay. That was years ago!"
- Staff spoke fondly of the people they supported.
- Personal histories in people's care plans had been documented to enable staff to have meaningful conversations with them.
- People's religious wishes were respected, and they were supported as needed to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures.

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

- People's views were regularly sought through day to day interactions, and through individual care reviews. Staff spent time chatting with people and supported them to make day to day decisions.
- Where possible people were involved in developing their personal care plans. Where it was not possible staff worked with family members to gather the information needed to inform decisions.
- Care staff were observed giving people time to think when staff asked a question, so they had time to process the information and form a reply.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with respect and their privacy and dignity was protected. Staff knew which aspects of personal care people could manage independently and what they needed staff support with. People had their bedroom doors closed if they chose to and staff told us their relatives were offered private space to visit them.
- People's personal beliefs were known and respected. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported in a dignified and respectful manner. When people became anxious staff were discreet in supporting them, offering gentle reassurance without drawing unnecessary attention to the

person.

- Staff told us how they encouraged people to do as much for themselves as possible, whether it was helping them to button up their own cardigan, or by finding equipment to help facilitate ongoing independence, such as specialist cutlery and crockery.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff supported people to take part in a broad range of activities. People and staff confirmed outside entertainers visited the service. A hairdresser was in attendance during our visit.
- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way they wanted. For example; details around how a person preferred to spend their time and what their likes and dislikes were. People told us staff were supportive.
- People received personalised care responsive to their needs. Care records were informative and reflected people's individual needs across a range of areas. People's care records were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- People's rooms were personalised with things that were meaningful to them such as family photographs.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and relatives said that they felt able to speak to the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- The registered manager had spoken sensitively with people about their end of life wishes and supported people who had lost loved ones.
- Where people had expressed any advanced wishes about resuscitation, end of life care or preferred funeral arrangements they were recorded in their care plan.
- Professionals commented that the service provided very good end of life care for people who required it.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred care and how the provider understands and acts on duty of candour responsibility.

- People, staff and professionals spoke positively about the registered manager and joint provider. They told us both were very approachable, committed to the service and always made themselves available. One staff member said, "Best thing about them (registered manager and provider) is if something is going on they are both hands on and willing always to help with anything." Another said; "Very supportive." All staff had worked at the home for some time.
- The culture of the home was open and transparent. Staff were encouraged to raise any concerns in confidence. Where mistakes were made, the registered provider was open and honest with people and families and made improvements. All of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. There was a business plan in place to identify any improvements required because of service audits and quality checks by the provider. Where any issues were identified, action plans were developed to ensure these issues were addressed and resolved.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received regular training to deliver the level of care and support to meet people's individual needs.
- The registered manager, provider and staff member worked well together.
- The service had a range of quality monitoring systems in place. For example, health and safety and infection control checks, maintenance records, a communication book and daily checks.
- Staff were required to read policies and procedures, and they were discussed during meetings to ensure they understood what was expected of them.

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

- People were asked to complete regular questionnaires to obtain their views. Feedback was used to help positively improve the service.
- Staff said they were encouraged to contribute ideas, raise issues, and reported actions were taken in

response issues they had raised.

- The registered manager and provider continually spoke with the staff team about operational issues and staff told us they felt able to discuss any changes and working practices and raise any suggestions.

Working in partnership with others; Continuous learning and improving care

- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Saxby Lodge's policies and procedures were designed to supported staff in their practice.
- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development. All four professionals commented that the service contacted them promptly for extra support when needed.