

Voyage 1 Limited

Saxon Lodge

Inspection report

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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

Saxon Lodge is a residential care home providing personal care and support for up to nine younger adults with complex needs such as learning and physical disabilities. Accommodation was provided over two floors. Bedrooms had ensuite facilities and, if required, specialist moving and handling equipment.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. At the time of the inspection nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People who used the service could not talk to us about their experience of living at the service and being cared for by staff. However, we spent time with them observing how staff supported them. We noted that relationships and interactions between staff and people living in the home were positive and relaxed.

There were enough skilled staff on duty to meet people's needs. Safe recruitment procedures were followed to ensure the right people were employed at the home. Risks were well managed, and people received the medication and treatment they needed to keep them safe.

People were supported to maintain good health and had contact with doctors and other healthcare professionals when required. A varied and balanced diet was always provided for people. Staff were well trained and knowledgeable about how people needed to be supported to keep well and enjoy a good quality of life.

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 registered manager and staff ensured that people's individual care and support needs were met and records were reviewed regularly to reflect people's current needs. People received the support they required to safely engage in activities of interest to them. Family relationships were actively supported by staff who arranged regular visits to families and also welcomed relatives into the home.

Relatives of people expressed confidence in the registered manager and staff, they said they were well informed and updated by the home about all aspects of the care provided. Relationships between the registered manager and staff were positive. Regular audits and checks were conducted by the provider to maintain and check on the quality of the service provided.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Saxon Lodge

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Saxon Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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.

What we did before the 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. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

The people who lived at the home were not able to communicate with us verbally, so we spent time in the communal areas observing how staff provided support. We observed people's facial expressions, body language and their reactions to staff to help us understand their experience of the care they received. We spoke on the telephone to three relatives about their experience of the home and contacted another relative by email. The registered manager was not available on the day of the inspection, however, we spoke with the deputy manager, senior support workers, and support workers.

We reviewed a range of records. We looked at two people's care records in detail and reviewed aspects of others. We also reviewed medicine records and a variety of records relating to the management of the service.

After the inspection

We asked the registered manager to send us some information we had not seen during our visit. We also sought feedback from health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives were happy their family members were supported safely. One relative told us, "I have no concerns about [family member's] safety at the home. I know staff are on the ball."
- The provider had systems in place to help protect people from the risk of abuse. Staff had received safeguarding training and were knowledgeable about what action they would take if abuse were suspected.
- The registered manager understood their responsibilities with regards to safeguarding people. Referrals were made to the local authority safeguarding team where appropriate.

Assessing risk, safety monitoring and management

- Staff supported people in a way that kept them safe. Records confirmed that risks were being appropriately assessed, monitored and managed.
- The registered manager ensured all necessary checks and tests were carried out to make sure the building was safe.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Safe recruitment procedures were followed to help ensure suitable staff were employed.

Using medicines safely

- Trained staff ensured people's medicines were ordered, stored and administered correctly.
- Medicines were reviewed in line with STOMP guidelines. STOMP is national project to stop the over-use of medicines in people with a learning disability, autism or both. Only one person in the home was still prescribed as required psychotropic medication. This had not been used since February and the aim, in line with STOMP, was to have this removed completely within 12 months.

Preventing and controlling infection

- The home was clean and tidy throughout. Staff completed cleaning and household routines to maintain the premises.
- We saw that staff wore personal protective equipment to reduce the risk of infection when supporting people.
- Staff had completed infection control and food hygiene training.

Learning lessons when things go wrong

- Staff recorded accidents and incidents. The registered manager reviewed these to identify any themes or

trends so action could be taken to reduce the risk of any reoccurrence.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed training to meet the specific needs of people who used the service. One health professional told us, "Staff are very keen and very proactive with training. When we go out to deliver training the room is always full to bursting. We deliver two sessions back to back and staff are so involved and always interacting."
- There was a supervision and appraisal system in place and staff told us they felt well supported.

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

- People were offered a variety of food and drinks and staff knew people's likes and dislikes.
- Staff were aware of people's special dietary needs and food was prepared in line with these.
- Mealtimes were relaxed and homely. Staff sat at the table and ate their own meals at the same time as supporting people to eat theirs.

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

- People were supported to have access to a range of healthcare professionals to help ensure they remained healthy.
- Staff were aware of the importance of good oral health and supported people to keep their teeth clean and attend dental appointments.
- Staff worked closely with external healthcare professionals to meet the varied and complex needs of the people living at Saxon Lodge. Staff had identified a potential issue with the equipment used in the treatment of one person's health condition. This had prompted action that had addressed the issue. One of the professionals involved in this person's care told us, "I am very impressed with Saxon Lodge. From our point of view they provide excellent care."
- All of the professionals we spoke with were very complimentary and positive about the support provided. Another external professional told us, "The documentation, ethos, culture and in particular equipment, is second to none. The service is well led and there is evidence of good person centred practice. I am aware that families are particularly impressed and feel ensured that their loved ones are well care for."

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

- People's rooms were personalised and decorated with personal effects and were furnished and adapted to meet their individual needs and preferences.
- Moving and handling equipment such as ceiling hoists were in place to ensure staff could meet people's needs safely and comfortably.

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

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was sought in line with legal requirements.
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements. DoLS authorisation had been granted for people deprived of their liberty
- Staff had considered the least restrictive ways of working. This positively impacted on people's wellbeing. One external professional told us, "People are supported to have maximum choice and control of their lives with core staffing levels over and above most services and people are supported in the least restrictive way possible in their best interests."

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

- Management and staff assessed people's needs before they moved into the home. One health professional told us, "I was involved with a person who transitioned from the community into Saxon Lodge. This was very positive for the individual and their relatives, the service ensured everything was in place prior to the admission and all their holistic, complex needs were considered prior to the admission."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. The atmosphere in the service was homely, calm and relaxed. We observed very positive, caring interactions between staff and people using the service.
- Relatives were very happy with the care and support their family members received. One relative told us, "Saxon Lodge is perfect, really ideal. They do a superb job."
- People were supported by a very dedicated staff team to achieve positive outcomes. One person had a fear of any medical intervention or treatment. Their keyworker and the staff team had worked very closely with this person and they had recently been able to attend two dental appointments and a hospital outpatient appointment. The registered manager told us, "As a team we all take great pride from their achievements."

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

- Staff supported people to be involved in and agree decisions about their care. For example, one person preferred not to have their annual flu jab and their choice in this was respected.
- Relatives were also involved in decisions their family member's care. One relative told us, "[Family member] recently had their annual review and we were invited. We are very much involved with their care."
- People had access to advocacy services if this was needed. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a way that maximised their independence, choice and control. One relative told us, "Since moving in, [family member] has matured and is much more independent. They are encouraged to try new experiences and are thriving on the care and attention they receive from the excellent staff team."
- The registered manager had introduced 'active support' into the service to further enhance people's independence. They told us, "We want to move away from the traditional 'hotel' model of care where the support team perform all cooking and cleaning tasks and offer individuals the opportunity to engage and develop new skills, focussing on a person's abilities rather than disabilities. Staff attended active support training and the enthusiasm with which they have implemented the process fills me with pride."
- Staff respected people's privacy and dignity. One relative told us, "I have been there when staff bath [family member] and they always respect her dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people and their personalities exceptionally well. They recognised from small changes in behaviour when people were not happy and had the knowledge and skills to respond accordingly.
- People's care was developed around their wishes, preferences and goals. Detailed support plans were in place which instructed staff how to deliver care which was responsive and met people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff team had a good knowledge of people's communication skills. People had very detailed plans in place to let staff know the best way to communicate with them.
- Staff knew people's individual communication methods very well and this helped them express their views.
- Information was available in easy read format, using pictures to make the words easier to understand.

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

- Staff were extremely proactive in supporting people to maintain family relationships. Visitors were welcomed at any time and people also went out to visit family. One relative was unable to visit due to a health issue so staff went every week to pick them up and bring them to the home to spend time with their loved one. The relative told us, "Someone comes every Thursday evening to pick me up to visit [family member] and they drop me off at home afterwards. It has made such a big difference to me."
- People took part in a variety of activities within the home and went on many trips out in the local community and further afield. One relative told us, "[Family member] enjoys a full and busy social life and is fully supported in various activities both within and outside of the home."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and one complaint had been received since our last inspection. Concerns were responded to appropriately and resolutions were found to ensure the risk of future complaints arising was avoided. One relative told us, "I have no concerns at all about Saxon Lodge, I am perfectly happy."

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- People's end of life and advanced care plans were within their support plans. Steps had been taken to consult with families in a sensitive way about any end of life wishes and requests and these were recorded in detail.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a relaxed and friendly atmosphere in the service. Staff told us they felt valued and enjoyed their work.
- Relatives told us they found the registered manager approachable and communication with the home was very good. One relative said, "The manager is very approachable. I have a good relationship with all the staff. They are straight on the phone to me if there are any issues."
- Feedback from external health and social care professionals was extremely positive. One professional told us, "I could go on and on about this home. The standard in all areas is attributable to the manager setting the culture and the staff ethos which evidences passionate and committed staff who are happy in their work and passionate about the client group."

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

- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified.

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

- People and staff were actively involved in all aspects of the service.
- The provider sought feedback from staff and relatives of people using the service. This feedback was acted upon to make improvements in the service. One relative told us, "I always respond when they send the little questionnaire out but there is really nothing I can pick them up about."
- Staff meetings were held regularly. Staff told us they felt supported by the registered manager.

Working in partnership with others

- Staff liaised with health and social care professionals to make sure people received joined up care which met their needs. One health professional told us, "I have provided some advice in relation to care plans and I have found [registered manager] to take any advice positively and she will address any minor actions that have been suggested."

