

Bestcare UK Limited

Saxondale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Saxondale Nursing Home is a care home providing personal and nursing care to people aged 65 and over at the time of the inspection. The service can support up to 36 people. At the time of this inspection, 22 people were living at the home.

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

Inconsistencies in leadership and systems of governance had led to shortfalls at the service. Audit processes historically had been sporadic or non-existent, which meant management oversight of the service was sometimes poor. The provider had employed a new manager in August 2021, and from this point onwards we found visible improvements to the service and audit processes had been made. Staff and external professionals recognised the service was improving, but felt further action was needed to raise the standard of care. One visiting professional told us, "Now [new manager's name] is in, I see they are getting a handle of things and the service has improved."

People received safe care. However, whilst we were satisfied people received a safe service, certain practices placed people at an increased risk of receiving unsafe or poor care. Records of reviews of people's care and weight monitoring checks were not always kept. Low staffing was a recurring feedback theme and systems to calculate minimum staffing levels were not always robust. We asked the manager to review staffing arrangements after the inspection. Saxondale Nursing Home is a converted Victorian home; although aspects of the service looked homely, work was needed in the environment to prevent the building from falling into a state of disrepair. During the inspection we observed mostly good practice in relation to medicines management and infection control.

The manager assured CQC during and after the inspection they were committed to improving Saxondale Nursing Home. They were working towards a comprehensive action plan, with regular support and input from the provider.

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 10 July 2018).

Why we inspected

We received concerns in relation to the environment, staffing and systems of governance at the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to record keeping and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Saxondale Nursing 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 Care Act 2014.

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

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Saxondale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. However, a manager was working at the home who told us they would apply to be registered. This means the provider was 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.

The site visit was carried out on 25 October 2021. We carried out telephone interviews to relatives and professionals on 3 November 2021.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us 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 four relatives about their experience of the care provided. We were not able to speak to any people living at the home about their experience of care provided, but we did spend time observing daily life in the home. We spoke to one external health professional about the service. We spoke with eight members of staff including the operations manager, manager, nurses, care workers and the cook.

We reviewed a range of records. This included four people's care records and medicine management records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We identified shortfalls in relation to reviews of people's risk assessments. It was the provider's policy to review people's risk assessments monthly or as required. However, in the four care files we checked the service had not met this policy requirement. For example, in one person's care file we saw they were assessed as high risk for pressure damage to their skin, but there were no recorded reviews since June 2021. Another person was assessed as being 'cause for concern' in relation to their nutrition, but there were no recorded reviews since May 2021.
- Where people's weight was being monitored as part of their care needs, records of these checks were not always kept. For example, we saw one person was supposed to be weighed monthly, but there were two months of records missing. Another person's care file showed similar gaps in their weight monitoring chart.
- Our discussions with relatives and staff assured us this was a record keeping issue only, as we found no evidence it impacted on people's care. Permanent staff knew people well and how to promote their safety. We also spoke with a community matron who visited the service weekly. They said people's care was well-managed and referrals about health-risks were always timely.

We found no evidence that people had been harmed however, the provider had failed to maintain an accurate and complete record in respect of each person who used the service. This placed people at an increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us since their appointment in August 2021, they had identified the same record keeping shortfalls, and as a result, they were in the process of reviewing and updating everyone's care files. At the time of our visit, approximately half of people's care files had been updated by the manager. In records the manager had recently reviewed we saw the standard of record keeping was good.
- The manager recognised people's care files were a priority action and assured CQC all care files would be reviewed by the end of November 2021.
- Environmental and equipment checks were completed in line with legislation and guidance to keep people safe. Although we identified no significant safety concerns in the building, aspects of the environment were poorly maintained or showing signs of wear and tear. For example, at the time of our visit there were two bathrooms out of order.
- Recent action had been taken to purchase new equipment for the kitchen. However, both the new cooker and hot water boiler had not been fitted. The manager was in the process of obtaining trades people to carry out the fitting of new equipment.
- Fire systems were maintained and there was evidence of a fire risk assessment. However, we saw one of the

fire exits was blocked with a chair. We made the manager aware of this and they took immediate action to remove this.

Staffing and recruitment

- Our observations showed there were enough staff to keep people safe, however, staff feedback suggested there was scope for further improvement in this area.
- Feedback about staffing was mixed. A community matron who regularly visited the service said they had no concerns about staffing. However, without exception, staff expressed concerns about staffing numbers in the home. Staff comments included, "We only have time to deliver the basic care to people. We don't have time to spend engaging with people in a meaningful way" and "Personally, I think we can manage it with permanent staff, but when there is agency on duty it is very hard as they don't know people well and we have some very challenging individuals staying here."
- The manager used a dependency tool to calculate minimum staffing levels, which was based on individual assessments of people's needs. However, a significant proportion of people's needs assessments had not been reviewed in several months, which meant we were not sufficiently assured staffing arrangements reflected people's needs. After the inspection, we asked the manager to review staffing arrangements at the home.
- Staff were recruited safely. At the time of inspection, the manager was recruiting to fill vacancies for a deputy manager, maintenance person, night-nurse and three care staff.

Using medicines safely

- Medicines were stored securely in a lockable clinical room. We saw the lock on the service's medication trolley was faulty, which meant the administering staff member had to return to the clinical room after dispensing each person's medication. Despite this issue causing medicine rounds to be longer than needed, we were assured people received their medicines on time.
- The nurse on-duty was responsible for administering people's medication in line with the prescriber's instructions. We observed good practice during the inspection.
- The provider had systems in place to safely manage controlled drugs (CD), which require additional security for their storage. We identified minor improvements were needed to the home's CD register. Some medicines prescribed for use near the end of a person's life were recorded in the CD register, but were not listed in the index section of the CD register.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we noted used incontinence wear had not been removed from two bathrooms. Although this was highlighted to the manager in the morning, they had not been removed until mid-afternoon. The manager told us the domestic staffing level was lower than normal due to staff holidays.
- We were assured the provider was preventing visitors from catching and spreading infections. At the time of the inspection the service had an outbreak of COVID-19, meaning the provider restricted visits. For example, they allowed essential visits to people nearing the end of their life.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service. Due to the outbreak of COVID-19 the service was temporarily not admitting new people into the home.
- We were assured the provider was using PPE effectively and safely. We observed staff wearing and changing PPE at regular intervals.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people from abuse. Staff had received training to help them understand how to keep people safe. They knew how to report any incidents of bad practice. One staff member said, "I would not hesitate to report anything. I have worked here for a number of years and think all staff try their best to provide good care."
- Staff recorded every time an incident occurred at the service, including what action they had taken to make the situation safe.
- There was limited recorded evidence of management oversight of incidents. The manager said they reviewed all incident records in the service to identify potential themes or actions to mitigate future risk; however, these reviews were not recorded. The manager told us they planned to implement a robust system after they had addressed more serious shortfalls at the service.

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 now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A new manager was appointed in August 2021. Prior to their appointment there had been inconsistencies in leadership, which negatively impacted on the service and placed people at an increased risk of receiving poor care.
- The manager told us audit processes were either not operated effectively or not established before they arrived. They recommenced a comprehensive programme of audits in August 2021, covering all aspects of the service. Most issues found at inspection had already been identified on the provider's action plan and we saw evidence of ongoing improvements being made at the service.
- The manager understood the service needed to improve and what actions they needed to prioritise. In the 'safe' section of the report we identified improvements were needed with the environment, record keeping, incident analysis and staffing. After the inspection the manager submitted their improvement plan to CQC.
- The provider had governance systems to monitor the performance of Saxondale Nursing Home, which included regular visits to the home. We had general concerns about the effectiveness of the provider's governance systems as some issues, such as the environment or record keeping, had developed over time and therefore should have been acted on sooner. The recent transition between managers had also not been effectively managed by the provider, which led to continuity issues at the service.

We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate quality and safety was consistently well-managed. This placed people at an increased risk of harm. This was a further breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our general concerns about provider oversight, the manager told us they felt well-supported and the provider was always responsive to suggestions to improve the home.
- The feedback we received about people's care was consistently positive. One relative said, "I am absolutely thrilled and delighted with the care at Saxondale." Another relative said the care was good, but commented the environment and provision for social stimulation needed to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Staff told us they had started to get to know the manager and what their expectations were. Staff said it had been unsettling with the change of manager. One staff member said, "Things had slipped without the direction of the manager." Another staff member commented, "I think the company let us down with a lot of false promises."
- The manager understood their responsibilities to notify CQC of certain incidents or events. However, in the last 12 months there were several incidents where the provider had failed to notify CQC.
- The provider's systems to seek and act on feedback from relevant persons had lapsed. Staff meetings had also lapsed. The manager had recommenced a programme of staff meetings and said it was their intention to address shortfalls with stakeholder engagement.

Working in partnership with others

- The home had accepted offers of support from the local infection, prevention and control team and from NHS colleagues.
- The home was working with professionals to support improvement and learning. A visiting professional said, "Now [manager's name] is in, I see they are getting a handle of things and the service has improved."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider manager had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1), (2) (c).</p> <p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation.</p> <p>Regulation 17 (1), (2) (a).</p>