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

This inspection took place on 18 May 2017. This was an unannounced inspection which meant that the provider and staff did not know we would be visiting.
Saxon Lodge provides accommodation for up to nine people with complex needs such as learning and physical disabilities. At the time of our inspection there were nine people using the service. Accommodation was provided over two floors. Bedrooms had ensuite facilities and if required specialist moving and handling equipment.

At the last inspection on 20 March 2015, the service was rated good. At this inspection we found the service remained good.

Medicines were stored and managed safely with people receiving their medicines as prescribed.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of types of abuse and signs to look for. They also understood their responsibility to report anything they may be concerned about. The registered provider had a whistleblowing (telling someone) policy in place and staff had knowledge of this.

Risks to people's safety had been assessed and risk assessments were personalised to each individual. Accidents and incidents were appropriately recorded and regularly analysed to minimise the risk of reoccurrence. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

There were appropriate staffing levels to meet the needs of the people using the service. We saw evidence of safe recruitment and selection procedures and appropriate checks were undertaken prior to staff starting work.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff were given effective supervision and a yearly appraisal.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivations of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to maintain a healthy diet and to access healthcare appointments.

There was a lively and homely atmosphere in the service. Staff had a clear understanding of people's needs and how they liked to be supported. People were supported by kind and attentive staff and we observed positive interactions between staff and people using the service. Relatives spoke positively about the care their loved ones received.

Support plans were individualised and person centred. They were well-written and contained a high level of detail about people's needs and preferences.

People were supported to take part in activities within the service such as watching films and listening to music. Staff also encouraged and supported people to access activities within the community. These included days out walking in the countryside and visits to the theatre.

Relatives and staff described the registered manager as approachable and felt there was an open culture. Effective quality assurance was taking place to monitor the quality of the service and drive positive change.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good	**Good**

Saxon Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 May 2017. The inspection was unannounced which meant that the registered provider and staff did not know we would be visiting. We undertook telephone calls to relatives on 23 May 2017.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We contacted the local authority commissioners of the service and the local Healthwatch to gain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Due to the complex needs of the people living at Saxon Lodge we were not able to gain their views about the service directly. People were not able to communicate with us verbally however we spent time with seven of the people using the service and observed interactions with staff. We spoke with one relative in person and contacted another three by telephone after our visit. We also spoke with a social worker on the telephone and contacted another via email.

We spoke with the registered manager, two senior care workers and four care workers. We looked at a range of records which included the care records for four people, medicines records for four people and recruitment records for four care workers. We also looked at a range of records in relation to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us they felt people were safe. One relative told us, "I believe they keep [family member] safe. I think safety is foremost for all the people that live there (Saxon Lodge)." Another relative said, "The staff keep [family member] safe, for example they make sure they don't go in the kitchen on their own or get on the road when they're out."

The service had up to date policies and procedures for safeguarding and whistleblowing. These were reviewed regularly and provided guidance on how to report concerns.

Staff had completed training in how to protect people from abuse. Staff we spoke to had an understanding safeguarding. They knew the types of abuse people may be subject to and the signs to look for. Staff told us they would report any concerns and were confident that the registered manager would respond appropriately. One member of staff told us, "I'd obviously look for things such as bruising but a lack of interest in things or becoming withdrawn can also be signs. If I had any concerns I would report it to the manager or senior staff on shift. I know about the whistleblowing policy. I admit I'd hate to be in the situation of having to report something but I know what I have to do."

Safe recruitment procedures were followed and all necessary pre-employment checks undertaken. For example, two references were obtained, identities confirmed and disclosure and barring service (DBS) checks carried out. DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

The service had effective risk management systems in place. Risks to people were assessed using a red, amber green (RAG) rating. Where risks were rated red or amber, plans were put in place to mitigate them. We saw individual risk assessments in areas such as choking, falls and the use of bed rails. Whilst the majority of these were regularly reviewed we saw that one person's risk assessment for the use of bed rails had been due for review in November 2016 and this had not been done. We discussed this with the registered manager who recognised the importance of regular reviews to ensure information remained up to date and told us this review had been overlooked and would be done straight away. Recognised risk assessment tools such Malnutrition Universal Screening Tool (MUST) were being used where appropriate. MUST is a five-step screening tool, used to identify if people were malnourished or at risk of malnutrition.

We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. Equipment such as hoists and wheelchairs had been regularly serviced and repaired when necessary. The service had up to date gas safety and electrical hardwiring certificates. Portable appliances testing (PAT) on relevant electrical items had also been done. Fire safety checks were undertaken and regular fire drills took place. People had up to date personal evacuation plans in place.

We looked at the way medicines were managed. Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Where medicines were prescribed 'as required' (PRN) there were clear and detailed protocols in place explaining to staff when

these should be given. Medicine administration records (MARs) were completed correctly by staff who signed to indicate when medicines had been administered. We found that people were receiving medicines as prescribed.

There were sufficient staff on duty to meet people's needs. The registered manager told us that the service was staffed according to people's funded hours but this was also risk assessed so they could be satisfied that these were safe levels. People who required extra support had one to one staff hours in place and extra staff were also brought in to cover outings and holidays. On the day of the inspection there was one senior carer and four carers on each day shift, night shifts were covered by two waking night staff.

There was a clear procedure in place for recording accidents and incidents and we saw that comprehensive records were kept. These were transferred onto the provider's online case management system and analysed to look for trends.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Relatives told us they felt staff had the relevant skills and experience. One relative told us, "I definitely think staff have the correct training. I know new staff don't work with [family member] until they have been fully trained."
Records we viewed showed that all staff had received mandatory training which included equality and diversity, fire safety, first aid, health and safety, infection control, manual handling (including hoist training), medication, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA), safeguarding adults at risk and basic life support .

Staff also received training that was specifically tailored to the needs of the people living at the service such as the use of buccal midazolam and Management of Actual or Potential Aggression (MAPA). Buccal midazolam is an emergency rescue medication for the control of prolonged or continuous seizures which can be a lifesaving procedure. MAPA training teaches management and intervention techniques to cope with escalating behaviour in a professional and safe manner.
New staff who had not previously worked in care completed the Care Certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records confirmed staff received regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One member of staff told us, "I've had my supervisions and appraisals. The support I have had has been amazing, from [registered manager] and all the staff team."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager kept a detailed record of all DoLS applications made along with copies of authorisations and renewal information for the eight people who needed them. Staff had an understanding of their responsibilities and supported people in line with the MCA. One member of staff told us, "DoLS are there for people's protection and wellbeing. We only restrict people when absolutely necessary and when it is in their best interests."

We found people's nutrition and hydration needs were being met. Staff had received training on food safety and nutrition and prepared meals in a domestic kitchen that was kept clean and tidy. Staff had a good knowledge of people's food preferences and plans were in place to support people with specific dietary needs, for example, specialised diets or supplements. The Speech and Language Therapy team (SALT) had been involved with some of the people using the service to ensure that food and drinks were prepared correctly and of an altered consistency if necessary, for example pureed or thickened. Staff had also recently undertaken dysphagia training and told us this had been particularly interesting and useful. Dysphagia is the medical term for difficulty in swallowing. Staff described the use of moulds to prepare pureed food in a way that made it resemble the whole food and told us they were awaiting a delivery of these following the

training.

We observed staff supporting people at lunchtime and teatime. Mealtimes were relaxed and friendly with staff chatting and laughing with each other and the people they were supporting. There were plenty of staff on hand to support those people who needed it and staff ate their meals at the dining table with people adding to the homely atmosphere. One person had their food via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG tube passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. This person did not need to sit at the table for their meal but they were encouraged to join the group for the social aspect and were seen to engage well with staff when they spoke about an upcoming activity.

Care records confirmed people had access to a variety of external health professionals to support their health and wellbeing. One relative told us, "I know that the optician goes into the service and they contact the GP is there are any problems with their health or if there is anything I am not comfortable about. I know they have also taken [family member] to the walk-in clinic."

We spoke with a social worker following our visit. They told us "I can't fault the service, they are very proactive. They know who to contact and when, you know if they cry out for help it is because they really need it."

Good

Is the service caring?

Our findings

We observed people being supported by very caring staff who knew their needs well. They were able to describe people's personalities and care needs in a way that accurately reflected the information in their support plans.

Relatives told us they were very happy with the staff and the care they provided. One relative said us, "The service is faultless, staff are brilliant. It's not like a home it's more like a family and there is always a really warm feel when you visit." Another relative told us, "The care is excellent. There is a friendly and loving atmosphere and nothing is too much trouble."

A social worker told us, "I can't speak highly enough of the service and the care provided."

Staff had a positive approach to their work and spoke passionately about their role. One member of staff told us, "We go the extra mile here, you have to. This isn't just a job for me, it's part of my life." Another said, "Relatives say it is like a little family here, we know people so well and understand what they want."

Throughout the day we saw people were treated with dignity and respect. Staff told us how they ensured people's privacy and dignity. One member of staff told us, "Staff always knock on people's doors, nobody just barges in. We make sure food is wiped from people's mouths, it's not dignified to sit with food around your mouth, I wouldn't do it so I make sure [people using the service] don't either." A relative we spoke with said, "They (staff) are very good at maintaining [family member's] dignity, they will wait outside the bathroom to give them privacy and always knock before going in. They don't allow people in [family member's] room and that protects their privacy."

Staff knew the level of support each person needed but they also encouraged independence wherever possible. One member of staff told us, "[Name] would let you do everything for them. They can get frustrated trying to do things for themselves but we keep encouraging them. We de-skill people if we do everything for them."

Relatives told us they were able to visit at any time said they were always made to feel welcome. We observed relatives engaging with staff; it was evident that they had a good rapport and were able to discuss aspects of their family member's care along with day to day conversations about laundry plans for an upcoming birthday celebration.

We saw people had detailed and personalised end of life care plans in place where appropriate.

Although nobody was using an advocate at the time of our visit these had been utilised in the past and information was made available to people about independent advocacy services. An advocate is someone who supports a person so that their views are heard and their rights upheld.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Relatives we spoke with told us they felt the service provided personalised care. One relative told us, "[Family member] has their favourite staff. Sometimes one staff member may have been allocated to [name] for one to one time but if [name] chooses someone else they will switch staff around to accommodate this. They are really good like that." Another said, "[Family member] goes out to a day service three days a week and on other days they go swimming, to the cinema or for a picnic if the weather's good. [family member] likes to be out and the activities they do reflect that."

People were offered choice around all aspects of daily living. We saw clear communication plans were in place to enable staff to understand how people who communicated without speech indicated their choices and preferences.

People were supported to take part in activities they enjoyed. We saw that each person had a weekly activity timetable that was produced by a senior support worker who was also activity coordinator. We were told that although these were a suggested list of activities for the week they were flexible depending on people's choices each day. We saw in one person's records that they had previously attended a day centre but chose to stop as they were bored. Another person was supported to attend a day centre out of the local area as when they moved to the service they and their relatives had indicated it was important for them to maintain the friendships that had been made there. Another person enjoyed walking and trips to the countryside had been arranged and also enjoyed by others. Four people had spent a holiday at an outdoor activity centre. They were supported via positive risk taking to take part in activities such as zip wiring. There were photographs in communal areas of the service showing this holiday and previous trips, events and outings.

A social worker told us, "They get people out as much as they can. When [name] moved to the service it took a while to get finances sorted. During this time the service funded all activities, dipping into their own pockets so that [name] was able to go out and participate in things."
One relative told us, "They do lots with [family member]; they are out more often than they are in."

We found people's needs were assessed before and after admission to the home. Support plans contained clear information about people's support needs and preferences and were reviewed regularly. This meant staff had access to key information about how to support people in the right way for them. One member of staff told us, "The support plans are good. All the information is there and for new staff it is a great way to start to get to know people." The information we read in support plans accurately reflected what we observed throughout the day in respect of care needs and personal characteristics.

We spoke with a social worker who told us that the registered manager and staff had worked hard to ensure the successful transition for one person into the service. They told us, "The situation was very difficult to manage initially but the service has worked well with all involved professionals. They have increased one to one hours and things have really turned around. As a result this person's quality of life has been greatly improved." The registered manager also told us how they had worked to support the transition of this

person, seeking support from psychologists, psychiatrist, SALT, and a community nurse to formulate strategies and develop the skills and understanding of staff. The success of the transition was evidenced by the fact that the incidences of behaviours that challenge and the use of PRN medicines had dropped dramatically.

A compliments book was kept in reception and visitors were able to write in this at any time. We saw that a number of health professionals had made positive comments. One entry from a community nurse read, 'Friendly and approachable staff team who have been committed to ensuring service users placement has been successful. They have managed a very difficult situation extremely well and are now benefitting from their efforts.'

Relatives said they felt involved in the care of their family member on a day to day basis and that the home kept them informed when anything happened. One relative told us, "If staff have any concerns they are straight on the phone for our advice or opinion. There has always been a good level of communication with the service." Another relative said, "Staff always discuss [family member's] progress and let me know if there have been any changes, especially with medicine."

The registered provider had complaints procedures in place. These were on display in the service and relatives confirmed they had been given this information. One relative told us, "Information on how to make a complaint was given to me when [family member] moved to the service but I have never had to use it." Another said, "I have the leaflet telling me how to complain but if I have any problems then I can just speak to [registered manager] and it is sorted. They are very approachable and always act on any concerns." There had been one complaint received in the previous twelve months and records showed this had been dealt with appropriately by the registered manager.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us the service was well led and that they were involved in the service. One relative told us, "[Registered Manager] is lovely, very approachable and straight to the point. They tell it like it is and I appreciate that." Another relative said, "I have been asked to complete a survey, although I felt the questions asked were quite general."

The registered manager told us the service had forged excellent links with other agencies. We saw positive feedback in the compliments book from a physiotherapist, social worker and community nurse. One social worker we spoke with told us, "I am very impressed with the manager and the ethos and culture of the service." Another social worker said, "When I last attended I found the service well led, the manager and deputy were well informed of what was going on in the service and could provide all relevant information required."

There were also good links with the community. People attended a local pub and staff informed us many were on first name terms with the staff there. People regularly used local leisure facilities, shops and cafes and also attended a weekly disco held in a local working men's club.

The service has staff champion roles in the following areas: dignity, infection control, health and safety, nutrition and recruitment. These roles have been developed to provide peer support and guidance in each of the given areas. Staff we spoke with felt that this was a positive element within the staff team.

Staff told us they felt supported by the registered manager. One member of staff said, "I would go to [registered manager] with anything. If there is anything I need I just have to ask." Another told us, "[Registered manager] is very approachable, understanding and very knowledgeable. They are very committed to the service and to the job. They give as much support and encouragement to the staff as they do to the people using the service."

The registered manager told us they had an open door policy and promoted a culture within the service that encouraged staff to make suggestions and voice their opinions. Staff meetings were held every two months and were well attended. Topics discussed included health and safety, infection control, training, and staff vacancies. One member of staff told us, "Staff meetings are an open forum, a chance to say what you think and what you feel." Another member of staff said, "Nobody if fearful of speaking up. You are always encouraged to come up with new innovative ideas and they are always listened to. [Registered manager] has selected a good team and we feel valued as staff. They try to do their best for us and with [registered manager's] backing we can achieve the best for the people living here."

We looked at the systems in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The views of the people who use the service and their families were monitored in a number of ways

including person centred reviews. An annual service review was conducted by the provider and a quality development plan was drawn up to set actions for the outcomes highlighted. This included how to maintain what was working well and how to change and develop what was not. The registered manager also recognised the importance of obtaining feedback from the people who use the service in other ways. Recognising indicators of satisfaction and dissatisfaction in those people who communicate without speech and capturing this feedback in monthly keyworker meetings.

A comprehensive audit of all aspects of the service was undertaken by the registered manager every three months. An action plan was then drawn up from the findings which identified specific actions, responsibilities and timescales for completion. These audits were overseen by the provider's operations manager and the most recent quarterly score was 94%. On top of these comprehensive audits regular health and safety checks were undertaken on a daily weekly and monthly basis. An annual audit of the service was also completed by the provider's quality assurance manager and an action plan produced.

The registered manager understood their role and responsibilities in relation to compliance with regulations and notifications they were required to make to CQC were submitted appropriately.