

# Voyage 1 Limited

# Saxon Lodge

## Inspection report

South Road  
Norton  
Stockton On Tees  
Cleveland  
TS20 2TB

Tel: 01642553795  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
05 June 2023  
07 June 2023

Date of publication:  
03 July 2023

## Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Saxon Lodge is a residential care home providing the regulated activity personal care to up to 9 people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were 9 people using the service. The service accommodates people in 1 purpose-built building across 2 floors. It is located in a residential area.

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

#### Right Support:

The environment was clean, large and spacious which included a variety of communal areas. Ongoing maintenance kept the service to a good standard. Adaptations were in place to support people to be independent. The environment reflected the people who lived there with photographs, artwork and personalised decorative accessories on display in bedrooms and communal areas.

Relatives spoke very highly of staff who were extremely skilled in supporting people to live fulfilled lives. People had choice in all aspects of their lives and were supported to do all they wanted to do. Staff had a flexible approach and accommodated people's wishes. They regularly went out in their community and further afield. Where there were shared interests, people went out together.

People were supported to access healthcare and staff championed their rights to make sure they received timely care and support. They received their medicines and staff worked in-line with recommendations from health professionals. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

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.

#### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

There were always enough staff on duty to provide safe care to people. Staff completed regular training and were very skilled in their care of people. They acted quickly when needed to keep people safe. They

maintained dialogue with relatives and health professionals who had confidence in them to ensure people received timely person-centred care.

Staff knew people really well, referring to people as 'family.' They communicated with people in the way they preferred and consistently understood individual communication needs. People had their own way of communicating, which included sounds, gestures, body language, pictures and symbols.

The care people received reflected their range of needs, wishes and preferences. The approach taken by staff supported people's well-being and enhanced and enriched their lives. Relatives said they were involved in their loved one's care. One relative said, "I'm invited to [develop] plans, reviews and meetings. I'm listened to, definitely. [Staff] always ask my advice and are looking to improve things. They go out of their way to identify what [person] likes and they are willing to explore different things."

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received the best care from staff who had the right skills, experience and training. They empowered people to do all that they wanted to do. An advocate said the service had, "Genuinely caring staff who go above and beyond to make sure people get what they need. "It's individualised care; it's warm and welcoming and everybody gets involved. People are really well cared for and loved."

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people at the centre of their care. They were responsive to whatever people wanted to do and achieve. Staff spoke highly of people and went 'above and beyond' for them to live the best lives possible.

The service was committed to a culture of improvement and regularly sought feedback to this. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 December 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# 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 Health and Social Care Act 2008.

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

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Saxon Lodge is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Saxon Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 5 June 2023 and ended on 12 June 2023.

We visited the location's service on 5 and 7 June. One of these visits took place outside of normal working hours.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 relatives and an advocate who supported 2 people. We spoke with 5 staff including the registered manager and 4 care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed 3 people's records, 2 staff recruitment and training records. We reviewed records relating to the running of the service including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- The care people received kept them safe from avoidable harm. Staff knew people very well and worked in-line with their training and best practice guidance to minimise risks of potential harm. Where needed, safeguarding alerts had been raised quickly and investigated. Staff worked well with stakeholders to share relevant information.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Relatives said the care their loved ones received supported them to be safe. Comments included, "All staff treat them [people] like a family. It's their home and they look after them. I've no qualms" and, "[Person's] very safe, I can see by the way staff look after residents" and, "They [staff] phone me and it goes to safeguarding. It's all in hand and all reported properly."

Assessing risk, safety monitoring and management

- Staff worked with people and relatives to manage risks and ensured they had freedom, choice and control over their lives. People were supported to do all they wanted to do. Positive risk taking was embraced.
- Care records supported staff to provide person-centred care. They were regularly reviewed and updated when health professionals made recommendations about people's care. Referrals for additional support were completed when needed.
- The environment and equipment in it had been carefully considered to increase people's independence. People's sensory needs had been assessed and staff did their best to meet them. We observed smiles and laughter from people using adapted play equipment. The safety of the building had been maintained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- There were always enough staff on duty, including 1:1 support. Staff worked flexibly to ensure people could do all they wished to do. This meant people went out very frequently to undertake activities and visits to places of their choice. A comment included, "None of the people are ever denied going out. The [registered] manager or assistant manager would stay on longer so people can get out." Photographs of people enjoying their days out were shared with their relatives.
- Staff were recruited safely and were supported into their roles by experienced staff who led by example. New staff were given time to understand people's needs and communication styles.
- Relatives said staff had the right skills, training and experience to provide exceptional care to their loved ones. A person-centred approach was taken when people were transitioning into the home. A relative said staff "Came out to see person before the transition, spending 3 months to get to know [person] before she moved in. [Person] didn't like to use the car, [but now does]. This has exceeded our expectations."

### Using medicines safely

- People received their medicines when they needed them. They had received training and understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating. Staff followed national practice to check people had the correct medicines when they moved into the service.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People received visits at a time that suited them and their loved ones. Private and communal visiting areas were available. Relatives said staff were extremely welcoming and were supportive of visiting taking place.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff put people's needs and wishes at the heart of everything they did. The culture was one which valued reflection, learning and improvement and staff were receptive to challenge and welcomed fresh perspectives. Staff led by example. Relatives said, "They know clients and are good for being individualised. You get feedback on what's gone on" and, "I feel they [staff] bring the best out of [person]. They seem to understand and have got time for people. It seems like one happy family. Other residents seem happy when you see them. They understand and go out of their way and are kind and caring."
- All staff promoted equality and diversity in all aspects of the service. Staff from different cultures had been embraced into the service. Staff worked flexibly when people needed time off to celebrate religious traditions and spent time learning about and participating in activities about each other's cultures.
- The registered manager was visible, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Relatives had confidence in the registered manager. Comments included, "I like [registered manager] very much. She's very caring. She's very approachable" and, "She's amazing. She's so kind and caring. She's made me feel happy and relaxed." Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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

- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Staff embedded the provider's visions and values in their work. They were proud to work at the service. Comments included, "I am happy working here; it's just like home. The way the home is being run is amazing" and, "I like the people who live here the most. I like working here. I love them. Every day is a different day. We all help each other out. I walk out of here smiling as I know I've made a difference."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. This led to people receiving

consistently good care.

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

- People, relatives and staff were all involved in developing and improving the service. Regular feedback was sought through surveys and meetings. One relative said, "I'm always asked for suggestions and do contribute. They [staff] look outside the box [to make improvements]."
- The provider was committed to improving the care of people. They had invested in the service, developing a skilled and capable workforce.

Working in partnership with others

- Staff proactively learned from others and shared their own practices to support a culture of improvement. They engaged with stakeholders to improve care and support for people using the wider system. They supported people to have a voice about their own care.