Saxby Care Ltd

Saxby Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Saxby Lodge is a residential care home providing the regulated activity of accommodation with personal care for up to 19 people. People had a range of care needs including frailty of age and people living with dementia. At the time of our inspection there were 13 people using the service. Accommodation was over two floors in one adapted building.

People's experience of using this service and what we found
There were misunderstandings between the provider, registered manager, and staff about the way the service was managed. This had a negative impact on the culture of the service and how it operated. Governance processes were not effective in identifying some service shortfalls. There was a failure to take appropriate action to keep people safe.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People did not always experience person centred care. There was a lack of activities and opportunities for meaningful engagement and stimulation. People had a limited choice of food or snacks to meet their needs or preferences. People told us they had enough to eat and drink.

People had access to healthcare services and staff engaged with health and social care professionals. People received visitors and relatives told us they were kept up to date with their loved one's well-being.

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 requires improvement (published 17 February 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected
We received concerns that the service was regularly running out of food. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective section of this full report. People had enough to eat. There was enough food to last until the next food delivery.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saxby Lodge on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to person centred care, protecting people from harm and how the service was managed at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Saxby Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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
2 inspectors undertook the inspection.

Service and service type
Saxby 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. Saxby 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service and 2 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, care workers, chefs, a company director, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

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. At this inspection, the rating has changed 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.

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

- Processes were not robust to safeguard people from the risk of abuse. There was an inconsistent approach to recording and reporting concerns. Incidents were not always reported in line with the provider's policy or safeguarding guidance.
- There was a failure by staff to respond appropriately when concerns were raised to them. For example, a person told us they been physically assaulted by a person living in the care home. There was no record of the alleged incident or any physical or welfare checks. Staff said they knew about the alleged incident but had not considered it to be credible as it was not witnessed. This demonstrated a lack of judgement and understanding in protecting people from abuse.
- People did not always feel safe. People told us the aggressive behaviour of another person living in the home made them feel frightened and unsafe. A person told us this was having a negative impact on their well-being. We were provided with examples where people had felt scared, including when the person had entered another person's bedroom. The registered manager told us they had made a referral to health and social care professionals for support to address these concerns.
- In response to our feedback the provider told us they would make improvements to the way people were kept safe and how allegations were managed, recorded, and reported.

There was a failure to act to investigate alleged abuse or the risk of abuse. There was a failure to ensure people who made an allegation of abuse or experienced harm were provided with support. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safeguarding training was completed by new staff during their induction and there was a system to ensure staff undertook refresher training.

Assessing risk, safety monitoring and management

- People could not be assured of receiving safe care. Care plans could not be relied upon as being accurate. For example, a person's care plan said they were diabetic when they were not. A person with a known risk of urinary tract infections (UTI) had a daily fluid intake consistently below the recommended daily allowance. This increased their risk of having a UTI. This had not been identified and appropriate action to mitigate this risk had not been taken
- People's behaviour was not managed safely. Behaviour support plans failed to guide staff to safely manage a person's behaviour. Staff had not been trained to support people with complex behaviours. This placed people and staff at risk of avoidable harm.
- Falls management plans supported people to mobilise safely. Protocols were in place to safely support

and manage people's epilepsy and risk of seizures.

Using medicines safely

● Medicines were not always managed safety. On the first inspection day some people did not have access to their prescribed medicines. Some people had missed their prescribed medicines for two days. This included antipsychotic medicines and medicines to treat epilepsy. This occurred because processes had failed to identify some medicines had not been delivered. The registered manager identified this error on their return from leave and arranged for an urgent delivery of medicines. The provider told us they would review their processes for managing medicines and provide further training and competency checks for staff. On the second day of inspection people had access to all their prescribed medicines.

● Trained staff administered medicines. There were processes in place for the safe storage and disposal of medicines. Protocols were in place for people who required medicines to be administered 'as and when required' (PRN). People told us they received appropriate support with their medicines.

Preventing and controlling infection

● We were not always assured that the provider was supporting people living at the service to minimise the spread of infection. There was a failure to provide hand wash and paper towels in toilets used by people living at the service. We addressed this with the registered manager on the first day of the inspection. There remained a failure to provide these products on the second day of the inspection. We spoke with the provider who told us these products would be purchased immediately.

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and there were no malodours. However, consideration had not been given to the risks associated with the lack of hand hygiene products in the toilets. This was addressed with staff and the provider during the inspection. We have also signposted the provider to resources to develop their approach.

● 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 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.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● People were able to receive visitors to the care home. We observed several people received visits from friends and family during the inspection.

Staffing and recruitment

● There were sufficient numbers of staff to provide safe care. Prior to, and during the inspection, we received concerns about insufficient staffing levels. We observed people's personal care needs were met in a safe and timely way. On both inspection days staffing was in line with rota requirements. People and relatives told us they had no concerns about staffing levels. We observed staff were not always deployed effectively and have commented further about this in the effective section of this report.

● Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● Prior to and during the inspection we received concerns about low food stocks and the quality of provisions. On the first inspection day food stocks were low however there was sufficient food to provide people with meals for two days. On the second inspection day the provider had purchased provisions for the following week. We were not assured there was sufficient ingredients to fulfil all of the menu. The provider told us they would top up food supplies where required.

● People and staff told us the service regularly ran out of food such as eggs, cheese, fresh fruit, and potatoes which impacted on the menu. On the first inspection day these items were out of stock. On both inspection days the menu was not followed due to some ingredients not being available in the care home. People were provided with an alternative hot meal which they told us they had enjoyed.

● People told us there was a lack of choice and meal alternatives. The provider prepared the menu. People told us they were not involved in decisions about the menu and did not have a choice of meal options. The registered manager and chef confirmed this. A person said, "We never get told what's on the menu anymore, no choice, it just gets put in front of you." This meant we could not be assured of a person-centred approach to meeting people's dietary needs.

● We observed breakfast was not a positive or person centred experience for people. People told us they were not offered the opportunity to have a cooked breakfast and our observations confirmed this. People were provided with cereal, tea and toast once their personal care needs were met. A person said, "I would love a soft boiled egg for breakfast, but staff tell me they don't have time, or they have run out of eggs." We observed people ate alone either in their bedrooms or in the lounge. Staff were not on hand to monitor people's eating or ensure they consumed the nutrition they needed to stay healthy.

There was a failure to ensure people's nutritional needs were met in a way that provided choice and met people's needs and preferences. This is a breach of Regulation 9 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills, and experience

● Staff were not trained in behaviour management or de-escalation techniques. There was a failure to ensure staff were provided with the skills, knowledge, or training to meet the needs of a person with complex behaviour. Staff demonstrated a lack of understanding about how to support the person safely or well. This meant the person was at risk of not receiving appropriate and consistent support to enable them to achieve the best quality of life. The provider told us they would source appropriate training for staff.

● The deployment of staff was not effective. For example, care staff were required to prepare and serve

breakfast and tea. At breakfast there was no clear allocation of staff roles. We observed care staff constantly moving between providing personal care and meal preparation. This increased the risk of cross contamination and meant people's care needs were not always met in a person-centred way.

● We observed long periods of time where people had no meaningful engagement or occupation. Staff told us as carers they did not feel it was their role to undertake activities and did not have the capacity to do so. The provider told us they would undertake a review of staffing including how staff were deployed. On the second day of inspection the provider arranged for staff to undertake activities. We observed people were engaged, there was lots of laughter and a vibrant atmosphere.

● Staff completed mandatory and refresher training including safeguarding, first aid, moving and handling and food hygiene. New staff undertook and induction which included time shadowing more experienced staff and reading people's care records. Agency profiles were in place which demonstrated agency staff had the required training and induction before working at the service.

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's needs were assessed prior to receiving support at Saxby Lodge. This was to ensure the service could meet people's individual needs. People's protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process as well as people's preferences, backgrounds, and personal histories.

● A range of assessment tools were used to ensure people received care and support appropriate to their needs. These included people's risk of malnutrition, dehydration, and skin integrity. Information gathered was used to create care plans, risk assessments and monitoring processes. People told us they had been provided the opportunity to participate in assessments and care planning processes.

● People told us they experienced good access to medical care professionals. Referrals were made for specialist advice such as eating and drinking and falls management. A person had been referred to a specialist health team following concerns about their mental well-being. A district nurse managed people's pressure ulcers. This supported people's health and wellbeing. A person told us, "I am looked after beautifully, I have no concerns".

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

● Adaptations had been made to meet the needs of people using wheelchairs and walking aids. There was a stair lift to access bedrooms on the first floor. This was out of action during the inspection and people in upstairs rooms who relied on this were using bedrooms downstairs during its repair.

● People's preferences were used to enhance their bedrooms which were personalised and contained personal effects such as pictures, photos, equipment, and items to support their hobbies and interests. We observed a person's bedroom reflected their interests of music and painting. There was outside space, and we observed a person sitting in the garden with their visitor.

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 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 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.

- The service worked in accordance with the Mental Capacity Act 2005 including the appropriate use of Deprivation of Liberty Safeguards (DoLS). Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Records evidenced capacity assessments had been undertaken and where appropriate, best interest meetings took place. Where people's records indicated their representatives had legal authority to make decisions on their behalf, evidence had been obtained to support this.
- Staff had undertaken MCA training and knew how to apply the MCA framework when supporting people with decisions about their care. Staff were aware of people living at the service who had a DoLS in place.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Before the inspection we received information about the management and culture of the service. It was alleged there was a culture of bullying and unprofessional behaviour by senior staff and poor communication between the provider, registered manager, and staff.
- At inspection, the culture within the care home was not positive. There were misunderstandings between the provider, registered manager, and staff about the way the service was managed. This had a negative impact on the way the service operated. Senior managers had taken on some duties usually undertaken by the registered manager to offer extra support.
- Processes failed to ensure incidents were recorded or responded to appropriately. People and staff told us about incidents of aggression they had witnessed or experienced from a person living at Saxby Lodge. There was a failure to ensure these had been recorded and considered in line with the provider's polices or local authority safeguarding guidance. This meant we could not be assured the provider had acted appropriately to protect people from harm.
- Governance systems to monitor and review care plans were not operating effectively. There had been a failure to identify discrepancies within people's care records. Some monitoring forms were not completed in line with people's care plan requirements. This meant the provider could not be assured people were receiving care and treatment in line with their care plan requirements.
- The culture of the service did not consistently promote person centred care. People were not engaged in the running of the service. People told us they were not consulted in decisions about everyday living such as menu planning and activities. A person told us, "If you want something to happen here, you have to drive it yourself. There are no fixed things to join in with."
- The provider had failed to ensure a person centred approach to eating well in care homes. The menu did not reflect specialist diets or personal choices. We observed there was a limited choice of foods and snacks available. More than one person told us they regularly did not have access to fresh fruit and other items they enjoyed.
- There was a failure to sustain improvements. Some of the concerns identified at this inspection had been raised as concerns and breaches at previous inspections. At the last inspection on 10 January 2023 there were positive improvement however there was a failure to sustain or embed some of these into the culture of the service.

There was a failure to ensure effective governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

● Prior to the inspection CQC received information about how the service was managed and about people's care and treatment. We contacted the provider to seek more information and assurances. The provider responded to our questions in an open and transparent manner. They had acted to investigate and address matters raised to them. Outcomes and learning were shared. Statutory notifications had been received by CQC where required.

● The registered manager understood their responsibilities under the duty of candour and had kept relatives informed when something had gone wrong. A relative told us they had been contacted and kept fully informed after their loved one had experienced a fall. They told us they had received good communication and reassurance from the registered manager.

Working in partnership with others

● The service worked in partnership with other agencies. These included healthcare services as well as local authority. Health and social care professionals visited the service regularly to provide advice and support.

● People were supported to stay connected with friends and family. People were able to receive visitors freely. Families told us they were made to feel welcome. A relative told us the registered manager was very amenable and 'chatty'. They said communication was good and their loved one liked the registered manager which was reassuring.

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 9 HSCA RA Regulations 2014 Person-centred care There was a failure to ensure people's nutritional needs were met in a way that provided choice and met people's needs and preferences. People were not involved in decisions about the menu The menu did not reflect specialist diets or personal choices. There was a limited choice of foods and snacks available. People were not provided with food items they enjoyed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There was an inconsistent approach to recording and reporting concerns. There was a failure by staff to responded appropriately when concerns were raised to them. Incidents were not always reported in line with the providers policy or safeguarding guidance. There was a failure to act to investigate alleged abuse or the risk of abuse.

There was a failure to ensure people who made an allegation of abuse or experienced harm were provided with support.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure effective governance of the service. Processes were not robust to ensure incidents were recorded or responded to appropriately. There had been a failure to identify discrepancies within people care records. Some monitoring forms were not completed in line with people's care plan requirements. The culture of the service did not consistently promote person centred care. There was a failure to sustain improvements.