

Norens Limited

# Saxilby Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Saxilby Care Centre provides accommodation, care and support for up to ten people who experience physical disabilities and those live with dementia.

There were ten people living at the service at the time of the inspection.

People's experience of using this service:

People continued to receive safe care. Staff had a good understanding about how to keep people safe from harm and the safeguarding procedures that should be followed to report any incidents of concern or abuse they identified. Risk assessments were in place to manage potential risks within people's day to day lives, whilst also promoting their independence.

Staff recruitment procedures were in place and appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Sufficient staffing levels were being maintained and at the time of our inspection, staffing support matched the level of assessed needs for the people who lived at the service.

Staff induction and on-going training was provided to ensure staff had the skills, knowledge and support they needed to perform their roles. Staff told us they were well supported by the registered management team.

Wherever possible, people's consent was gained before any care was provided. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to treat people with kindness, dignity and respect. Care plans reflected people's likes, dislikes and the way in which they had chosen to be cared for.

People were involved in reviewing their care and in making any necessary changes to the way care was provided. People had access to activities of their choice and were supported to maintain any interests or hobbies they had.

A process was in place which ensured concerns and complaints could be raised. People and their relatives had access to this information so that if needed, they were clear about how to raise any concerns or more formal complaints they had.

The service continued to be well managed. The registered provider had systems in place to monitor the

quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection:

Good (report published January 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Saxilby Care Centre

## Detailed findings

### Background to this inspection

The 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 was 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Saxilby Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection the service was providing care and support for ten people.

The service employed two managers who were registered with the CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was carried out on 17 January 2019 and was unannounced.

What we did:

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does

well and improvements they planned to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. In addition, we contacted and requested information from commissioners who had a contract in place with the service.

During our inspection visit we spoke with eight people who lived at the service. We observed how people and staff interacted with each other and how people were being supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate directly with us.

We spoke with two members of the care staff team, the cook, a visiting community nurse, an external training assessment officer and both registered managers. We also spoke with the registered provider's area manager by telephone.

In addition, we undertook a tour of the premises and at looked at the range of activities available to people and that were taking place. We also reviewed specific parts of the care plan records of three people who lived at the service, the management of their medicines and a range of monitoring and audit information provided by the registered managers about how they ran the service as a whole.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People told us they felt safe. One person said, "I feel safe. I had an accident at home and am here to get better. I feel well supported to do the things I can't otherwise do." Staff had received training to enable them to recognise any signs of potential abuse and knew what to do if they were concerned about the well-being of people who lived at the service. Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action was taken when needed to ensure people's safety was maintained.
- Staff we spoke with felt they had the training and guidance to provide safe support.
- Processes and equipment were in place to keep people safe. This included regular safety checks of the environment and fire safety.

Assessing risk, safety monitoring and management:

- The registered managers and care staff felt confident in supporting people safely, and knew the risks that were relevant to each person's support needs. Risk assessments were in place to support people safely in relation to any risks identified by staff. The assessments included information about how people needed to be supported to move around safely and the equipment they needed to help people feel safe when they were cared for in bed.
- One of the registered managers gave us an example of how they would meet any newly identified risk when they confirmed that a person who lived at the service was in the process of being discharged from hospital. They described how they had returned from undertaking a visit to re-assess the person's needs saying, "We know from our assessment that there has been a change in mobility needs from a walking stick to a frame. We will use the information to update the risk assessment to ensure any additional risks associated with mobility are minimised."

Staffing levels:

- The registered provider had safe staff recruitment processes in place. Checks were carried out before any new staff started to work at the service to make sure staff had the right character and experience for the role. We also saw staffing levels were being maintained through the registered providers on-going programme of recruitment.
- There were enough staff on each shift to safely support people. We observed care staff understood which times people required more support, and followed the assessed plan of care. Rotas were set out in advance and staff we spoke with told us they were clear about when they were scheduled to work. The registered managers showed us that staffing levels were maintained using a dependency calculation process which

they reviewed regularly so that any change in needs could be met.

Using medicines safely:

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medicine administration records we looked at were up to date. The registered managers showed us that they checked all of the records regularly to make sure they were being completed consistently.
- The registered managers also showed us external audits were also carried out periodically by a visiting pharmacist and that they had followed up on all recommendations made following the last audit undertaken on 11 January 2019.

Preventing and controlling infection:

- People were protected against the spread of infection. We observed and staff confirmed they had the equipment they needed to manage the spread of infection. Staff demonstrated they understood how to prevent the spread of infection through the use of personal protective clothing such as gloves and aprons when required. Cleaning schedules were in place which were checked by the registered managers to ensure rooms and communal areas were regularly cleaned.
- The registered managers confirmed they did not have an infection control lead within the staff team. However, they were in the process identifying a lead staff member to take on this role. In advance of this they were taking the appropriate steps needed through staff communications to help keep the care team up to date with any good practice changes and developments.
- The registered managers also told us how they were in the process of recruiting a new maintenance staff member. We saw an interview for the post had been set for the day we visited. In advance of an appointment being made the service was being maintained as needed and responses to any maintenance issues were being followed up using local external maintenance professionals. We were given a clear example of this when we were told about how the one of the drains had become blocked at the service. The work needed to unblock the drain had been scheduled with a local external maintenance company. During our inspection the registered managers showed us the work had been completed in a timely way.

Learning lessons when things go wrong:

- The registered provider had a system in place which ensured incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The management team regularly reviewed and analysed information around incidents to identify any trends and put actions in to place when required. For example, one of the registered managers described the actions they undertook following an incident they had reported to the local authority safeguarding team, including the actions they took to ensure the safety of both people. This included how care records had been reviewed and updated to minimise the risk of the incident re-occurring.

## Is the service effective?

### Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were assessed and their care and support was planned through the creation of a care plan. Care plan records we looked at showed the assessments had involved people and where appropriate their relatives to make sure care could be delivered in the way people preferred and that staff could meet their identified needs.
- People's cultural and social needs were identified so staff could be aware and meet these. The registered managers told us how they took account of people's diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). One person told, "The staff got to know me and I talk to them about the past and the future. They understand me and my ways very well." Care assessments gave a brief overview of a person's background and culture so staff understood what it meant to them. The information was written in the first person and care staff said this helped them to understand each individual and how to meet their needs in the way they preferred.

Staff skills, knowledge and experience:

- Staff we spoke with told us there was a balance of well-established, experienced and new staff working at the service. One staff member said, "The balance is good. We learn from each other. Some staff have been here for a long time and it helps so much having the knowledge to share about what we do but also to learn new things." We observed care staff were confident in using the equipment assessed as needed to help provide support for people to move. Staff also told us the induction and training they had received equipped them for the job. New staff were supported to complete the Care Certificate. This sets out common induction standards for social care staff.
- The registered managers showed us they had a training plan in place which they used to check when training was due and when it had been completed by staff. During our visit we spoke with an external training assessor who told us they visited the service to assess how care staff were meeting the requirements for nationally recognised qualifications in care. They told us the service worked well with them and that new staff they had met with as part of their visit were developing well in their roles.
- Staff told us how their training was kept updated. This was further supported through a structured process of supervision and appraisal. Staff we spoke with said they felt they could access support from the management team at any time.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to maintain a healthy diet. We saw that a range of fresh food was purchased and

prepared to provide a variety of choices for people's meals. Kitchen records and care plan records clearly documented people's food choices and drinks including any specific dietary needs they had, including information about allergies.

- Our observations confirmed staff understood what people's meal preferences were and worked with them to identify what they wanted to eat and drink and when. We also saw people had access to regular drinks in order to keep them well hydrated. During lunch we observed staff noticed when people needed additional help to eat and drink. We also noted people's independence was promoted through the use of plate guards when they were needed.
- People's weight was checked regularly to ensure they remained healthy and records showed follow up actions were undertaken when people lost weight, including referrals to external health professionals so that reviews could be undertaken if needed.

Staff providing consistent, effective and timely care:

- Throughout our inspection we observed care staff responded to people's needs in a timely way, shared relevant information with visiting health professionals and referred to information contained in the daily records care staff maintained. Staff said these were used as part of the staff handover process between shifts and that this helped keep them up to date with people's current needs.

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

- The service environment, including communal areas was accessible for people to use. A stair lift was available for people to access both floors of the service and throughout our inspection visit we saw people moved freely around the service as they chose.
- The service was homely, and personalised to meet people's preferences. Each person had their own room. Those we looked at had been personalised and set out in the way each individual had wanted and in ways which took account of any specific support needs they had.
- Bathrooms were well maintained and we saw refurbishment work had been undertaken to improve some of the communal facilities available.

Supporting people to live healthier lives, access healthcare services and support:

- Staff supported people in a timely manner with their healthcare needs. Care plans documented what healthcare requirements people had, and logged visits and appointments to various health professionals. One person we spoke with told us they were about to attend an appointment with their local doctor. When they returned from their appointment they told us, "I feel better for having gone."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Throughout our inspection visit we saw people were supported to make decisions about their day to day wishes and preferences. We observed people decided how and where they spent their time, what they wanted to eat and drink and who they spent their time with. Care plan records we looked at showed how people liked to make decisions and what support they needed to do so.

- 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered managers had appropriately notified CQC when DoLS applications had been submitted and granted. At the time of this inspection one person was subject to a DoLS authorisation. We saw the registered managers and staff were working within the principles of the MCA and were meeting the conditions set out in the authorisation.

- Staff told us and the registered managers training record showed that they had completed or where scheduled to undertake training related to MCA and DoLS awareness. Through our discussions with them and our observations, care staff demonstrated their understanding of the subjects through the approaches they described and undertook when supporting people.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were supported by staff who were kind and caring. Staff spoke with people using a calm and measured approach. They explained any care tasks they were due to carry out before they started to undertake them. The communication involved two-way conversations and care staff and the registered managers gave people the time and space they needed to respond. It was clear that people and staff knew each other well. One person said, "It is like being part of a family. The home is small but it's my home and I like it this way." Another person commented, "The staff treat me well. I like the way they notice things and check if I am okay." A staff member told us, "Giving good care can only be done if you know the person well enough and they have confidence in how you give care."

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

- The registered managers had developed an open and transparent culture where people felt confident to express their views about their care. One person said, "It's not just the care. The staff ask us about all the areas which affect us and I feel for me they have my best wishes at heart." The care records we looked at had been signed by people to confirm they had been involved in developing them. One person said, "They do respect people. I see the care being given to others and the staff always take the same approach that they do with me."

Respecting and promoting people's privacy, dignity and independence:

- Throughout our inspection visit we observed staff paid attention to supporting people to maintain their privacy and dignity. They knocked on doors to people's rooms and waited to be invited in; they spoke with people about their care needs in private or in lowered voice tones; and they encouraged people to respect the privacy of the others they lived with.
- The registered managers and staff told us they understood the importance of keeping people's personal information confidential. We saw people's care records were stored in locked cabinets within a room that was locked when not in use. Computers were password protected and staff told us they always made sure that any information shared, for example with healthcare professionals was on a need to know basis. Staff were clear about the need to ensure information about their work and the people they supported was never discussed in their personal electronic communications or through social media platforms.
- Although they said they had not needed to use it, the registered managers also showed us they and care staff had access to the information and knowledge to help to access lay advocacy services themselves if they needed this type of support. Lay advocacy services are independent of the home and the local authority and

can support people in their decision making and help to communicate their decisions and wishes.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs. People's needs were met through good organisation and delivery.

Personalised care:

- Each person had a set of care and support plan records which were personalised to reflect their individual needs. Those we looked at had been agreed with each person and signed to confirm this. They contained a brief history about the person, including their life experiences and people of importance. The information was kept under regular review and updated in line with any changes needed.
- At our last inspection we found improvements were needed as some people were not always supported to pursue meaningful pastimes and interests. At this inspection we saw that the necessary improvements had been made. People told us they had access to a range of activities to suit their individual and collective needs. When we started our inspection one person told us how they were about to get ready to go out to a coffee morning with a local church group. They said, "I really look forward to going. So, does another one of us. We usually go together but they are going to the doctors today." We saw the people who ran the coffee morning had arranged to pick up the person who was unable to attend later in the week so they could go to another event. This meant they didn't miss out.
- The registered managers told us that people were regularly consulted on the activity programme for the coming week in advance and the feedback was used to plan activities which were provided twice daily on week days with some activities also provided at the weekend.
- Group activities were set out on an activity planner in one of the service's communal areas. One person told us about the activities saying, "There is always something going on. I like to join in but I don't have to. Sometimes I like to watch and that suits me." Another person commented, "We have done baking through there in the dining room and we try different things out."
- We sat with people and observed a group activity game taking place and saw that people were keen to join in. The activity generated happy discussion between people and the five people who were involved said they enjoyed taking part in it.
- People told us they were supported to maintain their own interests and hobbies. One person said they liked to knit in the evenings and that staff supported them to do this. We also noted a range of books, audio entertainment and games were available for people to choose from. One person showed us they were about to start putting together a jigsaw puzzle. They told us, "This is really important to me. I like to keep my mind sharp and active. Doing this helps me to concentrate and I love it." The person also said, "I like my daily paper to read. It keeps me up to date with all that's going on." We saw the person had the newspaper which had been delivered that day.

Improving care quality in response to complaints or concerns:

- The registered provider had a complaints procedure which they told us they would follow if they received any concerns or complaints. We saw a copy of the information people and relatives would need to assist them in raising concerns was available in each person's room so it was easily available to them.

- People's needs around accessing information had been considered. The registered managers were aware of the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People had varying levels of ability to verbally communicate and to understand written documents. With this in mind the registered managers had ensured that people had access to information that enabled them to understand how their support was being provided. This meant people were not unduly discriminated against. We saw examples of information, such as the activity calendar being made available in picture format and the registered manager told us all of the care record information, policy and procedure documents could be produced in different formats such as large print or braille if it was needed.

End of life care and support:

- Where the information had been given, care records we looked at clearly showed that people had been asked about any wishes they would want to be carried out at the end of their lives. One care record we looked at included a summary of the persons preferences and that they wanted their family to be fully involved.
- Information was also available in the home to guide people and relatives and provide any information they may need in considering any specific issues related to bereavement.
- At the time of this inspection the registered managers told us they did not currently provide specific end of life care packages for any of the people who lived at the service. However, they and staff were clear about their approaches to this type of care.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management:

- The registered provider employed two registered managers to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Both registered managers were available during our inspection visit. They showed us how they had organised rotas to ensure one of them was available for staff to access during the day. An on-call arrangement was also in place so that there was always a manager who could be contacted out of hours if staff needed to.
- Staff told us they enjoyed working at the service and the morale was good. One staff member said, "The team is happy and it feels like we all want the same thing which the key thing in terms of care."
- Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. We saw information was readily available in the home for staff to refer to if they needed to.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The registered provider had a clear vision and set of values which outlined the principles of high quality and person-centred care. The information was available in the registered provider's statement of purpose. A service user guide was also available for people to access. At the time of this inspection we noted it was in the process of being updated. Following our inspection visit the registered provider sent us an up to date copy of the guide.
- People and staff consistently told us that the registered managers took time to manage in ways which ensured that the standard of care was good and that the staff were competent and confident in their roles. One staff member said, "The fact that the managers work alongside us makes a difference in how we communicate. It helps us to all be on the same page."
- The registered managers understood their responsibilities and they had ensured they sent us the information they were required to. This included notifications of changes or incidents that affected people who used the service.

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

- Staff we spoke with were clear about and understood their roles and responsibilities well.
- The registered provider used a quality assurance and audit system to regularly check that the service met regulatory requirements. The registered managers told us how they were well supported by an area manager who visited them regularly to oversee and assist in checking the audit systems and processes in place. Both registered managers told us they felt well supported in the roles and that in between the area managers visits they had access to electronic communications which they used to have conversations about how the service was developing whenever it was needed.
- We saw that all aspects of the service were checked regularly, including health and safety, staffing, and medication.
- We noted our latest CQC inspection report and rating was on display and available for people to read in the home. We also saw the inspection report and rating was displayed on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

Engaging and involving people using the service, the public and staff:

- Feedback was sought from people who lived at the service and this feedback was reviewed and analysed to make any improvements identified as needed. The registered managers told us how they sought feedback on a day to day basis from people and visiting relatives. A suggestion box was located in the reception area of the service which the registered manager said was checked regularly for any feedback or suggestions.
- The registered managers also gathered feedback from people using a folder which contained actions undertaken following discussions with people and relatives called 'You said we did.' We saw that through the period between October 2018 and December 2018 one person had fed back that they would like to have their duvet replaced with blankets and that this had been completed. Another person had asked for a cake to be baked as a surprise for someone they knew and this had also been completed.
- The registered managers said they kept the process used for obtaining feedback from people under review and that they would keep further developing these in line with peoples wishes.

Continuous learning and improving care:

- Team meetings were held to enable consistent communication with all of the staff team. Staff we spoke with told us they were kept updated through these meetings and the day to day contact they had with the registered managers. Information from audits and checks on quality, complaints, feedback, care plan reviews and accidents and incidents, were used to inform changes and improvements to the quality of care people received.
- The registered managers also attended a local support forum for care homes which they said was useful in keeping them updated with service and care practice developments.

Working in partnership with others:

- The service worked in partnership with outside agencies in order to keep developing the service. Before we undertook our inspection visit we contacted the local authority for feedback who confirmed they worked in partnership with the service to drive improvements when required.
- Both registered managers and care staff had good links with a range of professionals including external health and social care professionals, to ensure that the right care was delivered to people promptly. During our inspection visit we spoke with a visiting health professional who told us they felt the service was good at

communicating with them, well organised and well-led.