

# Abbey Care Saxon Limited

# Saxon Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Saxon Court is a residential care home providing accommodation and personal care to up to 49 people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were 10 people using the service. One of whom did not have a learning disability.

The provider told us that currently a maximum of 20 people would be able to live at the home. This was because refurbishment of other rooms was required.

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

The provider had worked hard to address the areas for improvement following the last inspection. Although significant improvements had been made, further time was needed to fully embed these changes into day to day practice as the service continues to grow and develop.

Improvements had been made to the quality assurance system. Areas for improvement and development were identified and actions taken. These were continuing to be reviewed and developed to include all the relevant information. Changes had been made to record keeping, but further improvements were required to ensure that records fully reflected people's needs and contained all the information staff may need.

Risks to people were generally well managed as staff knew people well and understood their needs. However, risk assessments were not always in place.

Although the home was clean and tidy improvements were needed to ensure all high touch points were regularly cleaned.

People were protected from the risks of abuse and discrimination. However, there was a keypad on one door in the communal area. Although the door was closed, and there was no evidence to suggest that this was to restrict people's movements, it did mean people did not have free access throughout the home.

People were supported by staff who were kind and caring. Staff knew people really well and understood how to support them with individualised care. There was a system in place to ensure people's medicines were managed safely. There were enough staff, who had been safely recruited to support people.

The provider and staff team were committed to improving and developing the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions Safe and Well-led. The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence;  
The home was much larger than most domestic style properties. However, it was similar in design to other homes in the area. There were identifying signs visible outside the home which showed it was a care home and who support was provided for. At the time of the inspection most of the people who lived at Saxon Court had lived together there for many years. The provider told us that due to the layout of the home they were able to divide the home into separate units when more people moved in.  
Improvements were needed to promote and develop some people's independence and to support them to be involved in making their own choices and decisions about the running of the home.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;  
Care provided was person-centred. Staff knew people well and understood what was important to each person. Staff supported people in line with their individual preferences and abilities. They respected each person and took account of their rights as individuals. One relative told us, "[Name] has lived there for many years, she is really happy."

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives;  
The provider and staff were committed to supporting people to live a happy, contented and as least restrictive lives as possible. People were supported and encouraged to maintain their skills and independence. Due to their age and general frailty some people chose to live a more sedentary life. People were given choices about how they lived their lives and what they done each day. However, further work was needed to ensure people's independence was fully promoted and opportunities for development

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 and update

The last rating for this service was rated Inadequate (published 18 November 2021). There were four breaches of regulation. We imposed a condition on the provider's registration and the service was placed in special measures.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, further time is needed to allow these improvements to be fully implemented and embedded into everyday practice. The service is now rated Requires Improvement.

This service has been in Special Measures since 18 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focused inspection to follow up on the concerns identified at the previous inspection.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. The provider will continue to send us information as part of their condition of registration. We will work alongside the provider and local authority to monitor progress.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Saxon Court

## 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

The inspection was undertaken by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. They were also the provider and 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 unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our 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.

#### During the inspection

We spoke with five people who lived at Saxon Court. Not everyone could express themselves verbally therefore we spent time in communal areas observing interactions between people and staff. We spoke with 11 members of staff including the provider, two senior managers from the organisation and the deputy manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the maintenance of the home were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training and supervision data, meeting minutes and a range of policies. We received feedback from three relatives and four health and social care professionals who have had involvement with the service.



# 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 Inadequate. At this inspection the rating has changed to Requires Improvement.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection people were at risk of harm and abuse because the provider had not implemented systems to protect them. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation. However, further improvements were still needed to fully develop and embed the changes made into everyday practice as the service and staff continued to develop.

- Environmental improvements had been made. Previously, several internal doors required keypad access codes, this had meant some people's movements were restricted. At this inspection most keypads had been removed. One remained in place following discussion with the person it affected. However, a further keypad remained on a door in the corridor that led to the main lounge. Staff told us this door usually remained open, however it was closed at various times during the inspection. Although the door was closed, there was no evidence to suggest that this was to restrict people's movements however it did mean people did not have free access throughout the home. We discussed this with the provider as an area that needed to be improved. The provider told us he thought the keypad had been removed and this would be addressed.
- At our inspection published 7 June 2019 improvements were needed in the management of people's finances in relation to appointeeships. At the inspection July 2021 we saw improvements had been made. At this inspection we saw work was on-going to move the appointeeships from the provider to other responsible services, such as local authorities. However, we were made aware that when people moved to new services outstanding funds were not being transferred in a timely way. We discussed this with the provider and they told us about the actions they were taken to address this.
- Staff received safeguarding training and understood their responsibilities around safeguarding. They told us if they had any concerns that people were at risk of harm from abuse or discrimination, they would report it to the most senior person on duty. Staff also said if they did not believe appropriate action had been taken, they would report their concerns to the local authority or to CQC. One staff member said, "Once I am aware of the concern, it becomes my responsibility." Staff told us that any concerns reported had been addressed appropriately.
- People were relaxed in the company of staff. They approached staff freely and were happy to spend time with them. One person told us, "I'm very happy here, the staff are very good." Relatives told us they believed their loved ones were safe. One relative said, "[Name] loves the carers, he's not in danger, he's well fed and is happy." Another relative said, "The care staff are very kind and helpful to [name]. She feels safe and looked after."



- When safeguarding concerns had been identified these had been reported appropriately to the local authority safeguarding team and to CQC.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured that risks to people had been identified and addressed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation. However, further improvements were needed to fully embed the changes into everyday practice.

- Staff knew people well and understood the risks associated with their care and support needs. Some people required modified food consistency and support with meals due to their risk of choking. Others had been identified at risk of weight loss and needed support and encouragement at meals times. There was information about this in people's care plans, staff were aware of the support required and this was provided safely and appropriately. Staff told us that agency staff, who did not know people well, did not provide support at mealtimes to people who were at risk of choking or needed extra support.
- Some people were at risk of becoming distressed, anxious or upset. There was guidance for staff to follow to ensure people received consistent and appropriate support. There was a risk one person's physical health may have an impact on their mental health and well-being. There was clear guidance for staff to follow to identify if the person was distressed and to help determine if this was related to their physical health. Staff understood how to support this person safely and appropriately.
- At the previous inspection we identified people who were at risk of falls were not supported safely. At this inspection no one was at risk of falls however, some people did require support with their mobility, and this was managed safely. For example, some people were able to walk around the home independently, or with a walking aid but required a wheelchair when they went out.
- Changes had been made to the environment to ensure it was safe. Door thresholds had been altered to ensure they were not a trip hazard and provided easy access for people who used wheelchairs. Other environmental risks were identified and managed. Regular fire checks and fire drills were completed. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Servicing contracts were in place, these included electrical equipment and legionella checks. Staff told us that maintenance issues were addressed promptly once they had been reported.

#### Preventing and controlling infection

At our last inspection the provider had not ensured that people were protected from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation. However, further improvements were needed to fully embed the changes into everyday practice.

- We were somewhat assured that the provider was using PPE effectively and safely. One staff member was observed not wearing a facemask in certain areas of the home. However, there was no risk assessment in place to mitigate potential risk. We identified this as an area that needed to be improved. Following the inspection, a risk assessment was put in place.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Housekeeping staff were employed covering seven days a week and records were kept of areas cleaned. However, this was a simple tick box form which provided no detail around times or staff involved which made auditing difficult. Night staff had cleaning responsibilities, but no records were

kept. Although the home was generally clean, tidy and free from unpleasant odours it was identified that one person's bedroom required some cleaning. We identified this as an area that needed to be improved. This was discussed with staff who were able to tell us why this hadn't been done and what actions were being taken.

- There were cleaning records for high touch point cleaning. However, these did not include the large touch screen electronic devices that people were seen using throughout our inspection. On the second day of the inspection more detailed cleaning records had been developed and this included the high touch points.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 have also signposted the provider to resources to develop their approach.

Visiting arrangements followed the latest government guidelines. Relatives and loved one's pre-booked visits and on arrival had to show a negative COVID-19 test for that day. PPE was worn and visitors were restricted to which parts of the building they could visit.

### Staffing and recruitment

At our last inspection the provider had not ensured that there were enough staff to ensure people were safe or receive the care and support they required in a safe way. This is a breach of regulation 18 Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

- Since the last inspection, due to their changing needs, some people had moved to different care settings. This meant the dependency level at Saxon Court was reduced and allowed staff to spend more time with people and support them to engage with activities. Recruitment for activity staff was ongoing. There had been some changes to the staff team which included the recruitment of a deputy manager who worked with care staff and had good oversight of each shift. Previously, there had been a reliance on agency staff but now there was generally enough employed staff to support people safely.
- There was now housekeeping staff working each day. There was a cook during each weekday and meals were bought in at the weekends or in their absence. The cook ensured there was adequate supplies of alternative meals available, in case people did not want the bought in meals or they were not appropriate. This enabled staff to spend time with people as they were not distracted by additional roles.
- People were attended to in a timely way. Staff supported them to go out. There was always a member of staff present in the main lounge area. Staff told us there was enough staff working. One staff member said, "Things are much better now, we have enough staff and can spend more time with people. We used a lot of agency staff back then but working here you need to know people well. Lots of agency staff did not work well."
- The provider told us that any future admissions would be dependent on them having recruited enough staff to meet people's needs.
- Staff were recruited safely. Checks were completed on new staff before they started work. This included employment history, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- When staff commenced work, they completed an induction and training relevant to the people they supported. Staff told us they received the training they needed. This helped ensure staff had the appropriate skills to support people safely.

#### Using medicines safely

At our last inspection the provider had not ensured that medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

- There was a system in place that ensured medicines were ordered, stored, dispensed and disposed of safely. Staff received medicine training and had their competency assessed before they were able to give medicines.
- Medicines were given to people individually in a way that suited each person. Some people lacked capacity around their medicines. However, mental capacity assessments identified the decisions they were able to make. For example, if one person wished to take their medicines they would sit down, if they did not want them, they would walk away. There was information for staff to try again at a different time.
- Some people had been prescribed 'as required' (PRN) medicines, such as pain relief. There were PRN protocols in place which provided information staff would need to give these medicines. One person had been prescribed medicine for anxiety. Information in the Medicine administration records (MAR) guided staff to the person's care records to identify what actions to take to relieve their anxiety or distract them before making the decision to give the medicine.
- There were regular audits of medicines and this included regular checks of stock levels to help ensure medicine was being given correctly, as prescribed.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff told us how they recorded and reported any concerns they identified. When people's risk assessments and care plans were updated, information was shared with staff to ensure they were aware of any changes to care and support.
- Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.

# 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 Inadequate. At this inspection the rating has changed to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider had failed to establish and operate effective governance system to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not in place, accurate or complete. The culture was not always positive and there was limited engagement and involvement with people and staff. These issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. However, further time was needed to fully develop and embed the changes made into everyday practice and fully implement the principles of Right Support, Right Care, Right Culture.

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

- There had been considerable improvements since the last inspection. The provider had good oversight of the service. He was supported by senior managers from other services owned by the provider and a deputy manager who had been recently employed. They were all focussed on improving and developing the service.
- Improvements had been made to people's care plans and care records. These were person-centred and contained information staff needed. Staff were informed when there were changes to people's care needs and directed to read the updated care plans. However, risks associated with smoking had not been recorded. Although this was addressed at the inspection this is an area that needs to continue to be reviewed and developed to ensure all information is recorded and available to staff.
- Improvements had been made to the quality assurance system. Areas for improvement and development were identified and actions taken. Although we could see actions had been taken this had not always been recorded as completed. There were enough staff working each shift, however the dependency tool did not reflect staffing numbers accurately each day. We discussed this with the provider and senior manager. The senior manager told us they were aware and were continuing to review and developed this tool to include all the relevant information.
- Cleaning records were audited each month. However, as discussed in the safe key question one person's room had been identified as needing a deep clean. Whilst staff were able to tell us why this had not happened they had not been informed by housekeeping staff that it had not been possible to clean this room. Housekeeping staff were reminded of the importance of communication to ensure prompt action could be taken in the future.

- The issues above are areas that need to be improved and embedded into everyday practice. Risks to people were minimised because staff knew people well and understood their individual needs.
- Improvements were needed to Saxon Court to ensure it fully embraced the principles of Right Support, Right Care, Right culture. There was Easy Read information displayed around the home for people. Medicine information had been provided in Easy Read format for people who wanted it. However, this needed to be further developed. Although care plans reflected people well these were not in an accessible format, such as easy read. Although was information in people's care records to show whether they wished to be involved in their care plans. There was limited evidence that people were involved in reviewing their own care plans on a regular basis.
- One health and social care professional told us the person, whose support they were involved with, had been supported to maintain their skills and independence. However, more work was needed to ensure people were given opportunities to develop their skills and independence. For example, people were supported to eat and drink food meals of their choice. They were asked about meal choices in meetings. However, there was no evidence that they were involved in the planning of the menu. Whilst, some people had been supported to make their own packed lunches before they attended the day centre, people were not generally involved in preparing and cooking meals.
- There were improvements to activities and people's social engagement. People were supported to go out to day centres, shopping, for meals and with family. There was an activity program for the whole home. However, individual activity plans displayed in people's bedrooms were not up to date to reflect people's current activities.
- There were areas of the home that people were not able to access, for example, a small kitchen. Staff told us about the safety risks and this was acknowledged by the provider as an area that would be addressed as that part of the home was refurbished.
- We discussed these issues with the provider and senior managers. They acknowledged improvements were needed. They told us since the last inspection they had concentrated on making the home a safe environment and addressing shortfalls identified by CQC and the local authority. Further time was needed to fully implement these improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at Saxon Court. The provider knew people well and had been spending more time at the home. Staff were happier. One staff member said, "It's much better here than it was before, if I have any issues I can contact [provider]." Another staff member said, "It's much better, there's been lots of changes, especially for people's quality of life."
- Staff told us they felt supported by the provider. One staff member said, "I generally ask [provider] if I have any concerns or issues and he will get back to me quickly." They received regular supervision and told us they could discuss any concerns with the deputy manager or manager from a sister home. Staff spoke highly of the positive impact of working with the deputy manager and the support they provided.
- Relatives spoke about the positive culture at the home. One relative said, "[Provider] and whole team have put a lot of effort into making the service good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had not been any relative meetings. There was mixed feedback from relatives. They told us they were kept informed about their loved ones needs and any health concerns. However, they were not always updated about changes at the home. One relative said, "Communication about management and staff

changes has been patchy." There had not been any surveys sent to gather feedback to help inform the provider what others experience of the home was. This is an area that needs to be developed and improved.

- There were regular meetings with people where they were able to discuss their day to day life at Saxon Court. People discussed what they liked to do each day and if there was anything else they would like to do. Minutes from the meeting showed that people's requests were honoured. People also discussed general activities, which showed people particularly enjoyed the singers. General discussions with people about what they would like to do took place on a daily basis.
- Minutes from previous meetings indicated that some people may have been unsettled by changes that had happened since the previous inspection. There was evidence that people had been reassured and supported through the changes.
- There were staff meetings and these showed staff had the opportunity to discuss changes at the home. This included discussions around the previous inspection and the changes that needed to be made. Discussions also included changes to people's support needs, people's activities and incident reporting.

#### Continuous learning and improving care

- The provider and staff acknowledged that changes had been needed at the home. One staff member said, "Something like this (previous inspection) needed to happen. It's made a very big difference, people are happy." One relative told us, "I think [Provider] took his eye off the ball previously, that won't happen again."
- A manager worked with staff each day and was a visible presence. This helped ensure staff were supported and people received the care and support they needed.
- Accidents and incidents were recorded, reviewed and used to reduce the likelihood of the event reoccurring when possible. Information was shared with staff for learning and to confirm any changes in practice.

#### Working in partnership with others

- Previously there had been concerns raised about the working relationship between the provider and some external professionals. The provider had been referred to as "defensive." However, from feedback we received this had improved. One professional told us about their most recent visit. "There was a good manager who had a good knowledge of everyone's needs, manager was much more welcoming."
- The provider had worked closely with the local authority to improve areas identified through the inspection process. The provider told us this had been a beneficial experience.
- Discussions and records showed that despite previous difficulties staff did work with professionals to ensure people received the appropriate care and support.

#### 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 provider was aware of their responsibilities and regulatory requirements, including those under duty of candour. Since the last inspection statutory notifications, which are required by law, had been appropriately submitted to CQC.