

Saxon Care Solutions Limited

# Saxon Care Solutions Limited

## Inspection report

Saxon Court  
Gladstone Road  
Chippenham  
Wiltshire  
SN15 3BW

Date of inspection visit:  
15 December 2016

Date of publication:  
13 March 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Saxon Care Solutions Limited provides a care at home service for adults in Chippenham and the surrounding areas. At the time of our inspection 118 people were receiving personal care from the service.

The service was last inspected in November 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 15 December 2016. This was an announced inspection which meant the provider was given notice before we visited. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

There was a registered manager in post at 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 and associated Regulations about how the service is run.

Systems to support people with their medicines were not always clear. It was not always recorded what action was needed to support people with medicines that were prescribed to be taken 'as required'. The registered manager acknowledged this shortfall and said immediate action would be taken to clarify issues in the care plan. Despite the lack of clear information in the care plan, staff had worked with the person's relatives and had received specific training about the person's needs and how to administer their medicines.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I feel very safe in their hands. They know exactly what they are doing", "I think they are very well trained, they all do a very good job" and "They are all very good, very capable".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. Comments from staff included, "They're very accommodating and work around any issues. We are not expected to do things we're not confident about", "We are able to raise concerns at any time and they will drop everything. I feel 100% supported" and "I feel well supported. We are able to raise any concerns and I am clear about the values of the company".

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People and their relatives felt they could contact the office if needed and they also had contact numbers out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

## 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 usually safe, although work was needed to address the information provided to staff regarding medicines management.

People who use the service said they felt safe when receiving care. There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage them.

### Is the service effective?

Good 

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

### Is the service caring?

Good 

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

### Is the service responsive?

Good 

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People were aware of the complaints procedures and action had been taken to investigate and respond to complaints received.

**Is the service well-led?**

The service was well led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

**Good** ●

# Saxon Care Solutions Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 15 December 2016 and was announced.

The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR), which is information given to us by the provider.

As part of the inspection we spoke with 12 people who used the service, one relative, the managing director, the registered manager and eight members of care staff. We looked at the records relating to care and decision making for four people. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

Systems to support people with their medicines were not always clear. It was not always recorded what action was needed to support people with medicines that were prescribed to be taken 'as required'. Most care plans contained information about the support people needed with medicines, although we saw the plan for one person where the information was incomplete. This person was prescribed medicine 'as required' to manage their epilepsy. The care plan was not clear at what point the medicine should be administered or that the medicine should be taken with them if they went out of their home. The registered manager agreed that the care plans could be worded more clearly. Despite this lack of clear information, staff had worked with the person's relatives and had received specific training about the person's needs and how to administer their medicines.

There had been two incidents in the previous month in which staff had supported people to take the wrong medicine. Following the incidents, staff took action to ensure people were safe, included consulting the person's GP and providing additional support and monitoring for the person. Staff involved in the incidents had received additional training and supervision to ensure they learnt from mistakes that had been made.

Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and were observed supporting people by their supervisor to ensure they were putting the training into practice. Training records we viewed confirmed this.

People and their relatives told us they felt safe when care staff visited them. Comments from people included, "I feel very safe with them. They are all very good" and "I feel very safe in their hands. They know exactly what they are doing". One relative told us, "I am happy (my relative) is safe with them".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report any abuse and were confident the registered manager would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on-call system in place which they had used when needed. This enabled staff to receive support and guidance from a member of the management team if needed. Staff said this system worked well and they received the support they needed.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how risks would be managed. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to

review risks following incidents and make changes to the way staff worked where necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the last year. These showed that staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. People told us staff usually arrived on time and they had usually met staff before they visited them to provide care. Comments included, "New carers always shadow the long term carers first until they are able to do the work themselves" and "They let me know each time there is a change to my carer". Staff said they felt there were sufficient staff to make the calls necessary and provide the care people needed. Staff said they had enough time allocated to them to travel between appointments.



# Is the service effective?

## Our findings

People and their representatives told us staff understood their needs and provided the care they needed. People felt the care was good and they had regular staff who they knew well and who knew them. Comments included, "I think they are very well trained, they all do a very good job", "They are all very good, very capable" and "They know exactly what they are doing".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were also able to raise concerns outside of the formal supervision process at any time. They said the registered manager was very accessible and always made time to discuss issues with them. During the inspection we observed staff calling into the office to discuss issues with the management team.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Staff said the induction period lasted as long as they needed, with comments including, "We are not expected to do things we are not confident about" and "We shadow (experienced staff) where there are any issues we are not sure about". Training was provided in a variety of formats, including classroom based group sessions, individual instruction and observations of practice. Staff told us the training they attended was useful and was relevant to their role in the service. Comments from staff included, "Training is brilliant here. It's good quality and relevant to our role" and "Training courses reflect our role. If you feel you need some training they will add in extra sessions where needed. This helps to give staff more confidence". The registered manager had a record of all the training staff had completed, which was used to plan the training programme and ensure staff completed refresher courses when they were due.

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 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 take particular decisions, any made on their behalf must be legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The service had a record of people who had appointed a lasting power of attorney. The records set out whether these related to finances or health and welfare decisions. Where people were not able to consent to a specific decision, the service had completed capacity assessments and followed the principles of the MCA to make a decision in the person's best interest.

People were supported to discuss changes in their condition with relevant health professionals, such as the district nursing service, occupational therapist or GP. Details of these consultations and any changes in the care staff provided were clearly recorded in the care records. People said they received good support, with comments including, "They notice anything untoward. If needed, they ring the doctor and then let my family know". The registered manager regularly sent information to people, such as well-being leaflets produced by the NHS on staying healthy, keeping warm during the winter and coping with hot weather.

## Is the service caring?

### Our findings

People and their relatives told us they were treated well and staff were kind and caring. Comments included, "They treat me with the greatest respect. They have a professional, caring approach to my care", "I enjoy the carers visits, they take time to chat and we can have a laugh" and "They sense if I'm having a bad day as soon as they come through the door. They distract me and lift my spirits".

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their personal care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way. In discussions with staff they demonstrated that they had created a strong relationship with people who used the service and spoke about them with warmth and affection.

People were involved in making decisions about the support they received. People said they had opportunities to express their views about the care and support they received. People were supported to have regular review meetings to discuss how their care was going and whether any changes were needed. Comments from people included, "I have full input into what goes in my care plan". Details of these reviews and any actions were recorded in people's care plans.

People were supported to be as independent as possible. Care plans set out the support people needed to maintain their independence and people said staff provided good support. Comments included, "They are encouraging and help me to increase my confidence" and "With their help I can maintain my independence".

Staff told us that when they finished providing the care earlier than the allocated time, they would ask if there was anything else needed. Staff said the planning of workload enabled them to spend time with people and not rush the care that they provided. The records of support provided included details of taking time to provide assistance to family members of people using the service, staff returning to people who were unwell later in the day to check on them and staff helping people with domestic tasks.

Information about people was written in a respectful manner. The registered manager told us they tried to make the agency as person centred as possible. They said dignity and respect were regularly discussed with staff and was a strong focus in the training programme and induction of new staff. Observations of staff interactions and telephone calls during the visit demonstrated people were treated with respect and in a dignified way. Staff discussions about people were respectful and staff were careful to ensure conversations took place in private.

# Is the service responsive?

## Our findings

People and their relatives told us the staff had enough time to meet their needs in the way they wanted them met. Comments included, "They are always helpful and responsive. Their provision of care and carers is exactly what we needed" and "They are very accommodating. Last week I had a hospital appointment and they swapped the times of my visit without any problems".

People knew who to contact if they were concerned about their call time, or if any changes were needed. Staff told us the registered manager and supervisors discussed people's needs with them regularly, including during their group and individual meetings. Staff said the service responded promptly to ensure people were receiving sufficient care. This included arranging additional calls when people were unwell or increasing the length of visits where people needed more care. Changes were made in consultation with people and their representatives.

The service had an electronic system to record that staff had arrived to provide care to people. This was monitored by staff in the office, who could respond if staff had not arrived within the scheduled time-frame. This system generally worked effectively, although there was one occasion when additional calls had been scheduled for a person which were not provided due to a communication error. The management team completed a thorough investigation of the incident and made changes to the booking system as a result. Action was taken to reduce the risk of a similar incident happening.

Each person had a care folder in their home, which contained a detailed care plan and records of the care staff had provided. People were aware of their care plan and said they and their relatives were involved in the development of it. People and their relatives felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and were reviewed regularly. Changes to people's care plans were recorded and staff were alerted to the changes. Comments included, "I am fully involved in the care plan. It is very structured and covers every item. If someone came who didn't know me they could follow the details in the plan".

The registered manager said they worked closely with people's social workers and health services when people's needs changed, for example as a result of a deterioration in their condition. Records demonstrated there was close consultation with other professionals and amendments were made promptly to people's care plans as a result of their changing needs.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The complaints procedure was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. People said they knew who to contact if they had a complaint. Comments included, "I get regular calls from the office asking if things are alright" and "I'd ring the office with any complaints".

People said their concerns had been resolved effectively and promptly. Comments included, "I complained

to the company and they were very obliging. They sorted it out for me" and "I made one complaint and the company dealt with it very effectively".

The service kept a record of all complains received, details of the investigations and the response provided to the complainant, including an apology where mistakes had been made. These records demonstrated that complaints were thoroughly investigated and action taken where necessary. Complaints were analysed to identify any trends or themes.

## Is the service well-led?

### Our findings

The service had a registered manager, who was responsible for the day to day operation of the service. The managing director for Saxon Care was also based in the office and provided support and direction to the registered manager. The registered manager and managing director had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised their independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Comments from staff about working for Saxon Care included, "I love my job. I would recommend Saxon, I want them to look after me", "I love working here – I look forward to going to work" and "It's a good place to work. (The registered manager) cares about clients and listens to staff".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager and supervisors gave them good support and direction. Comments from staff included, "They're very accommodating and work around any issues. We are not expected to do things we're not confident about", "We are able to raise concerns at any time and they will drop everything. I feel 100% supported" and "I feel well supported. We are able to raise any concerns and I am clear about the values of the company".

There was a quality assurance process which focused on the way care was being provided and the experiences of people receiving care. This included spot checks completed by senior staff to ensure staff were working in agreed ways, reviews of care records and meeting with people using the service to receive feedback. Satisfaction surveys were sent out to people using the service and staff. Feedback received from the surveys was analysed with the previous year's responses to identify improvements in the service and any areas where further development was needed. For example, records showed an increase in the proportion of people aware of the complaints procedure, the proportion of people who would recommend Saxon Care to other potential service users and people who felt they had sufficient say in the development of their care plans. Information from the audits, reviews and surveys was used to develop an action plan to address any shortfalls and improve the service provided.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of legally notifiable events.

The service had regular staff meetings, which were used to keep staff up to date with people's needs, to reinforce the values of the organisation and how staff were expected to work. Staff reported that they were encouraged to raise any difficulties and the registered manager and senior staff worked with them to find solutions.