

Abbey Care Saxon Limited

Saxon Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

The Inspection was carried out on 02 June 2017 and was unannounced. Saxon Court provides care and support to adults with learning disabilities, limited verbal communication abilities and challenging behaviour. The service provides residential care for mostly older adults with learning disabilities and complex needs. Saxon Court is divided internally into three separate wings. At the time we visited there were 18 people living at the service.

We carried out an unannounced comprehensive inspection of this service on 25 October 2016. A breach of legal requirements was found in relation to consent and the Mental Capacity Act (2005). After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saxon Court on our website at www.cqc.org.uk.

There was a newly registered manager employed at the home. 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. The provider had also recruited a general manager for the service who had started some weeks before our inspection.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. The processes of the Mental Capacity Act 2005 had been followed when applying for DoLS. Appropriate applications for DoLS had been made for people who lived in the home.

Peoples' health was monitored and they were referred to health services in an appropriate and timely manner. Any recommendations made by health care professionals were incorporated into peoples' care plans and acted upon.

People had sufficient food and drink to maintain good health. Staff were aware of people's specific dietary needs and where required adaptations were made to ensure people received adequate nutrition.

Staff were trained with the right skills and knowledge to provide people with the care and assistance they needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

Saxon Court was effective.

Mental capacity assessments had been completed when necessary and applications for DoLS had been submitted to the local authority appropriately.

Staff had access to training to enable them to fulfil their role.

People had sufficient food and drink provided to meet their needs.

People had access to healthcare services to ensure that their needs were met and they maintained good health.

Saxon Court

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. We undertook an unannounced focused inspection of Saxon Court on 2 June 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 25 October 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting some legal requirements.

The inspection team consisted of one inspector. Prior to this inspection we reviewed all the information we held about the service, including an action plan sent by the registered provider and data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with two people, the registered provider, a manager, a support worker and the chef. We looked at a range of records relating to how the service manages issues around the Mental Capacity Act (2005), staff training, nutrition and hydration, and people's access to healthcare.

Is the service effective?

Our findings

People told us that the staff at Saxon Court knew how to look after them. One person told us, "The staff are nice. My knees are sore and I got to see the doctor." Staff members told us that they were trained to carry out their duties. One staff member commented, "We are provided with on-line training and also in-house training. I recently did moving and handling training that was done in-house."

At our previous inspection on 25 October 2016 the registered provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people had not all been assessed under the MCA and their consent sought regarding restrictions in the home. At this inspection, we found that improvements had been made and the service was now compliant with the regulations.

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 in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had ensured people were protected under DoLS and saw that all applications for DoLS had been submitted to the local authority. We looked at care records of people whose capacity had not been assessed at the last inspection and found that applications had been sent to the local DoLS office. Restrictions that were in place, such as coded locks on doors, had been considered as part of the DoLS application, and an assessment of people's mental capacity had been completed before an application for DoLS was made.

The principles of the MCA were being followed by staff when assessing people. People had received effective assessments of their mental capacity and decisions had been recorded or had been made appropriately. Mental capacity assessments were in place for a range of decisions. For example, one person had an assessment in place for bed rails to keep them safe at night. A further assessment was carried out in line with the MCA code of practice and the person was found to lack the mental capacity around this decision. A best interest meeting had followed the MCA assessment where a staff had discussed whether the restriction was still necessary. It was agreed to monitor and re-assess the decision in three months' time with a view to safely removing the restriction. People's mental capacity had been considered during the planning of their care and where DoLS applications had been made this was recorded. However, following recent management changes in the service we experienced some difficulty in locating correct and up to date MCA assessments and records of DoLS applications. The registered provider had sent us all documents following our site visit but staff members could potentially struggle to locate the information in the future.

We recommend that the registered provider audits and implements a storage system for all MCA and DoLS paperwork.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff had access to a wide range of training courses to ensure they could carry out their roles. New staff members were supported to complete an induction programme before supporting people on their own. The registered provider had made standard training available for all staff in areas such as fire safety, first aid, safeguarding, and food hygiene. In addition to this staff members were given the opportunity to undertake more specialised training in order to meet the needs of people they were caring for, such as challenging behaviour training. We looked at the training records for two staff as well as the training matrix for the service. All staff had completed safeguarding training except for one person who had been scheduled to attend. People were supported by staff who had regular supervision sessions (one to one meeting) with their line manager. Staff supervision records confirmed this.

People's dietary needs and preferences were documented and known by the chef and staff. We spoke with the chef who was able to tell us that one person required a pureed diet. There was information displayed in the kitchen about people's dietary needs and preferences, such as several people who required a soft diet and which people require thickened fluids to be able to swallow safely. One staff member told us, "Menus are always written so there's a choice for residents and soft diets come out already prepared. If residents want another choice it's provided for, and even puddings are adjusted to people's health needs." One person was being cared for at the end of their life and had guidelines from the local speech and language therapy team (SALT) in place. This person had been reassessed by SALT following a change in need and the staff team had implemented adaptations such as the use of a soft spoon and a lipped plate.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. We looked at care plans in order to ascertain whether people's healthcare needs were being met. The registered provider involved a wide range of external healthcare professionals in the care of people. These included GP's and community nurses. Advice and guidance given by these professionals was followed and documented. People's health needs were reflected in their care plans and led to appropriate referrals to healthcare professionals. For example, one person's file showed that they were experiencing issues with continence and they had been seen by a district nurse. One staff member told us, "Today I assisted four people to see the district nurse. Afterwards I give the outcome for each person to the senior and load all the details on to the care plans."

The registered provider had consulted national guidance around malnutrition and used the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who may be malnourished, at risk of malnutrition, or obese. The MUST tool enables providers to monitor people's risk of malnutrition and acts as a baseline assessment. As a result, where people were at risk of malnutrition and required their weight to be monitored they were weighed regularly and had food and fluid intake charts completed. People who could not speak and were at risk of experiencing chronic pain were assessed using the Abbey Pain Scale, which is a nationally accepted assessment tool. As a result, appropriate action was taken to ensure people were not experiencing pain or discomfort.