MacIntyre Care

# Saxon Close

## Inspection report

2 Saxon Close
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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

Saxon Close is a residential care home for up to six people with learning disabilities and/or autistic spectrum conditions. At the time of our inspection there were five people living at the service.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The people who lived at the service that we met were unable to tell us about their experiences in detail, so we observed the support they received and their interactions with staff to help us understand.

People using the service appeared to feel safe and were clearly comfortable in the presence of staff. Staff had received training to enable them to recognise signs of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as possible whilst also remaining safe. Staff knew how to manage risks to promote people's safety, and balanced these with people's rights to take risks and remain independent.

There were sufficient numbers of skilled staff on duty to support people to have their needs met safely. Effective recruitment processes were in place to ensure only suitable staff were employed.

Medicines were managed safely and administered as prescribed and in a way that met people's individual preferences. The service was clean and people were protected from the risk of infection.

Staff understood and worked in line with the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had completed training related to the specific needs of the people using the service to ensure that they were able to provide skilled care based on current good practice. They were also supported with regular supervisions and annual performance reviews (appraisals).

People were supported to have enough to eat and drink and were involved in making choices about meals.

People were supported to access a variety of health professionals when required, including opticians, doctors and specialist nurses to make sure that they received appropriate healthcare to meet their needs.

Staff provided support in a caring and meaningful way. They knew the people who used the service well.

People and relatives, where appropriate, were involved in the planning of their care and support. Where people were unable to be involved, the reason for this was recorded and care plans were written in people's best interests in consultation with people who knew them well.

People's privacy and dignity was maintained and staff treated them with kindness and respect. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People were supported to make complaints by staff who understood the ways in which people communicated that they were unhappy about something. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive continuous improvement. The registered manager and the provider promoted a person centred service and people were supported to share their views of the support provided.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains good | Good |
| **Is the service effective?**<br>The service remains good. | Good |
| **Is the service caring?**<br>The service remains good. | Good |
| **Is the service responsive?**<br>The service remains good. | Good |
| **Is the service well-led?**<br>The service remains good. | Good |

# Saxon Close

**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 comprehensive inspection took place on 26 July 2018 and was unannounced. It was carried out by one inspector.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we observed how the staff interacted with people who lived at Saxon Close. We met all the people who lived there, although some of them went out for the day shortly after our arrival. As people were not able to tell us about their experiences in detail, we observed the interactions between them and staff. We looked at two people's care records as well as other records and systems relating to the management of the service. These included systems relating to the management of medicines, meeting minutes and audits that had been carried out to check the quality of the service being provided.

After the inspection we contacted some of the local authorities responsible for commissioning the service for people living at Saxon Close to seek their view about the care provided.

Good

# Is the service safe?

## Our findings

At the end of last year, there was an incident at the service which tragically led to the unexpected death of a person who used the service. This was an unforeseeable accident and it was found at the subsequent inquest that the service could not have done anything differently to prevent this distressing event from taking place. However, in the light of this tragedy, the provider took action to review processes within the whole organisation to further reduce the risk of anything like this happening in the future. This demonstrated that the provider used incidents, accidents or errors as a learning opportunity and to make continuous improvements to the service.

Staff had received safeguarding training and were able to tell us about different types of abuse and how they would report any concerns they had. One member of staff told us, "I would always report anything to [registered manager] or [the provider] and I think they would respond well because they have people's interests at heart. If I couldn't talk to them about something I would inform the local authority. There was information displayed regarding how to report safeguarding.

There were individualised risk assessments in place to enable people to be as independent as possible whilst maintaining their safety. The risk assessments were detailed and regularly updated to ensure they met the current needs of the person. They included assessments in relation to issues such as; going out in the community, using a kettle, finance, medicines, specific medical conditions, and participating in particular hobbies.

There were sufficient numbers of appropriately skilled staff on duty to support people safely. Although there were some vacant permanent posts at the time of our inspection these were being recruited to. In the meantime, these vacant posts were being covered by the provider's own relief staff who knew the people living at the service well, having worked with them for a long time.

Staff had been recruited using robust procedures and all necessary checks, such as references from the previous employer and Disclosure and Barring Service (DBS) checks were completed prior to the member of staff starting work.

Medicines were managed safely. All the people using the service required full support to take their medicines and we saw care plans were in place to help staff to know how the person was to be supported with this. We looked at the Medicines Administration Records (MAR) for two people who used the service and these were completed correctly with no unexplained gaps. We noted that two staff signed the MAR on each occasion that medicine was administered. The registered manager told us this was put in place to reduce the risk of errors being made.

Regular audits of medicines management were undertaken to ensure the providers medicines policy and processes were adhered to and that errors in administration and stock management were identified quickly should they occur.

Saxon Close was clean and people were protected from the risk of infection because staff followed current guidance on good practice in relation to infection prevention and control. People were supported by staff to keep their bedrooms clean and we saw that they were involved in cleaning other parts of their home with varying degrees of support.

Good

# Is the service effective?

## Our findings

People's needs had been assessed prior to coming to live at the service. They experienced a good quality of life because staff ensured their care and support was delivered in line with current standards and evidence-based guidance, such as 'Registering the Right Support'. 'Registering the Right Support' values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen. Care and Support was regularly reviewed and appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an awareness of their responsibilities under the MCA and care records reflected the level of capacity people had in relation to various specific aspects of their care. Where people lacked capacity, decisions were made on their behalf in their best interests. We saw that appropriate processes had been used and best interest decisions were clearly recorded. We also saw that staff took time to support people to make decisions and used communication aids, such as pictures, and objects of reference to help them to understand the decision they were being asked to make. We saw from records that DoLS authorisations had been applied for as appropriate.

Staff told us they received training that supported them to do their job well and our observations and review of records supported this. One member of staff said, "We get a lot of training. It's really good and helps you to know what to do in different situations." Training records showed that staff undertook training related to the specific needs of people using the service such as epilepsy, positive behaviour management, diabetes and dementia awareness. This was in addition to training such as safeguarding people from abuse, moving and handling people, first aid, food hygiene, fire safety and health and safety.

Staff told us they received regular one to one supervisions and an annual appraisal. They confirmed that they were supported to develop within their role and those we spoke with had opportunities to complete qualifications to support their career progression.

People were supported to have enough to eat and drink and to make choices about their meals. Staff told us that people decided what they wanted to eat at the weekly house meeting and a menu was planned from this. People were supported to be actively involved in this process through a range of communication aids, to enable them to understand the choices they were being asked to make, and staff assisted when required.

People were supported to access healthcare services when required. Within care records we saw that people had been referred to external professionals in a timely manner and staff had accompanied them to a variety of appointments, including dentists, GPs and specialist outpatient clinics. Each person had detailed health action plans that identified their health needs and how these were to be met.

The premises were accessible and suitable to people's needs. Corridors and rooms were wide enough for wheelchairs and hoists if required and there was level access to a garden area. The communal areas of the service were pleasantly decorated and comfortably furnished. People's bedrooms were personalised to their tastes.

Good

# Is the service caring?

## Our findings

We observed that people were very comfortable in the presence of staff and that there was a positive rapport between them. Staff supported people in a quiet and unobtrusive manner, which showed respect, patience and kindness towards them. Although staff were present at all times, the people who used the service clearly felt they had 'ownership' of their home. There was a homely atmosphere and people appeared to be in control of their home environment and their lives with as much or as little support as they needed.

It was obvious that staff knew people well, and they chatted with them, and showed genuine interest in people's lives and things that were important to them. People were involved in any decision making and were encouraged to express their views as much as they were able. Staff communicated skilfully with people, and clearly understood how each person needed to be supported to make decisions. They used a variety of methods to support communication, such as signs and gestures, pictures, objects of reference, short simple questions, options (would you like this or this?). They took time and communicated at a pace that supported people to make choices as much as possible. The registered manager told us that some families were involved in their loved one's care and support but that an advocacy service was available for anyone who may need it.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's bedroom doors and waited to be invited in. Staff involved people in conversations rather than talking to each other. When we arrived, we were introduced to everyone, the purpose of our visit was explained and people were included in the conversation as much as they were able.

Staff understood their role as enablers and promoted people's independence. Where people needed assistance, staff offered it in a natural and low-key manner. For example, one person was getting cleaning products together preparing to clean their bedroom. It was a very hot day, and a staff member said to the person, "Would you like me to give you a hand, I can help if you like? It's too hot to do all that on your own." This supported the person in way that did not dominate, or take over, but offered warm and equable support that enabled the person to retain control.

Good

# Is the service responsive?

## Our findings

Records showed that people had been involved as much as possible in planning their support. Where people were not able to be involved in this process the reasons for this were clearly recorded, particularly where a person lacked the capacity to understand their support plan. In these circumstances it was recorded that the support plan had been written in their best interests. Support plans were very detailed and fully reflected people's needs. Each aspect of support included guidance about what the person was able to do for themselves and what degree of support they required. Where people had plans in relation to managing behaviour that may have a negative impact on the person or others, they were written in a respectful and positive way. They detailed triggers and signs of escalation to support staff to reduce the chance of this behaviour occurring, and explained why the person may be communicating their needs in this way.

Support plans included information about people's goals and aspirations, and records of regular key worker meetings with people clearly showed that people were supported to work towards achieving these. We saw during the inspection that staff worked in an empowering way with people and supported them in line with their support plans.

People were supported to follow their interests. On the day of our inspection some people had gone to a day service where they participated in activities such as horse riding, exploring the countryside and cooking. One person was at home for the day and went out to lunch and to the shops with a member of staff before returning home to clean their room. Staff told us they helped people to access a variety of activities within the local community, such as going out for meals, shopping and going to church. One person, who had a keen interest in wildlife had been supported to go on a VIP day at Woburn Safari Park where they had been able to engage closely with the animals. People were also supported to attend social gatherings and to go on holiday.

The provider had a complaints policy in place and, where able, people were aware of how to complain. We saw that staff were good at understanding how people expressed dissatisfaction in other ways than through verbal communication. The formal log for recording complaints contained a number of entries where people had expressed complaints through body language and vocalisations rather than words. Each of these complaints, as well as those expressed verbally or in paper form, were handled appropriately. The log provided a way of the manager monitoring complaints and using the information to make improvements to the service provided.

Within people's care records was information regarding the person's wishes for their end of life care and funeral wishes. This had been carried out using easy read and pictorial information to support people to understand. Where people did not have capacity to understand this process, decisions had been made in their best interests, in consultation with people who knew the person well.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who was aware of their regulatory requirements. 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.

We found that the registered manager and the provider promoted a person-centred culture, where positive engagement and the needs and views of the people who used the service were prioritised. There was a strong awareness of current guidance in relation to good practice in services for people with learning disabilities.

Records showed that people had many opportunities to provide feedback on the service through a number of means including surveys, care reviews, house meetings and one to one key worker meetings. We saw from records that staff offered appropriate levels of support to enable people to participate in sharing their views.

Staff meetings took place on a regular basis and staff told us they had the opportunity to contribute to discussions and to share their views about the service and how improvements could be made. Staff were positive about the support they received from the management team and the provider. One member of staff said, "The [registered] manager is still quite new, but she's great so far. Really supportive, and puts people's needs first." They went on to say, "Yes, they [the provider] are good. They provide support to the service but also to the staff if something happens." All the staff we spoke with told us the management team were approachable and they were confident that they would listen to any concerns they raised and take appropriate action.

The positive teamwork shown by the staff team had recently been recognised by the provider when the registered manager had nominated them for, and they had won, an award for outstanding teamwork. This showed that the registered manager and the provider valued the team and recognised the importance of positive feedback to encourage continued good practice.

Staff we spoke with were clear about their role and responsibilities and had a good understanding of the provider's values, talking with enthusiasm about their role in supporting people to take control of their lives.

The provider had effective systems in place to assess and monitor the quality of the support provided. A number of quality audits were carried out on a regular basis to assess the quality of the service and to support continuous improvement.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisations such as the local authority, hospitals and other health professionals to ensure the provision of joined-up care.