Hales Group Limited

Saxon House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

Saxon House provides care and support to people living in an 'extra care' housing scheme. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care provided by the service. Not everyone living at Saxon House received the regulated activity of personal care. On the day of our inspection 32 people were receiving this service.

Saxon House is situated near Norwich in Norfolk. The service provides support to people who live in their accommodation, with their own tenancy agreements.

This was the first inspection to the service since a change in registration in May 2018 when Hales Group registered the service independently of its local branch to provide the regulated activity of personal care. During November 2018, we received safeguarding concerns and other information of concern about the service. We therefore brought this scheduled inspection forward, so that we could check that people were receiving safe care. Prior to the end of the inspection it was confirmed to us that the safeguarding concerns were not substantiated and the provider had already investigated the other area of concern raised with us.

The service is required as part of its registration to have a manager registered with the CQC. 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. There was a registered manager in post however they had submitted an application to CQC to cancel their registration. A service manager was in post who had already submitted an application to register. At the time of this inspection their application was being progressed.

There was a quality assurance audit in place however the system was not always effective because issues identified at the inspection had not been recognised during the monitoring and auditing process.

Not all care plans were up to date and sufficiently detailed to reflect individual's care and support needs. Some care plans were not up to date, however, others were detailed and provided staff with specific guidance on the support people required. Improvements were required to ensure risk assessments reflected people's actual needs.

There were sufficient staff to meet people's needs. Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse, harm and all forms of discrimination. Staff told us they would report any concerns to their managers who they were confident would take any action necessary to ensure people's safety.

There were systems in place for managing medicines and staff had completed training in relation to safe

medicine administration. People were protected from the risk of infection by staff that complied with their infection prevention policy.

People were happy with the support they received to eat and drink, and were supported to maintain good health and had access to healthcare when required.

Most people were supported and cared for by staff who were kind and caring, however people had mixed views the caring nature of staff. Staff supported people to be as independent as possible. People were enabled to make decisions about their care and were involved in how their care was planned and delivered.

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 not always safe.

Not all care records provided clear up to date guidance to staff about how to meet people's needs.

There were sufficient numbers of suitably qualified staff to safely meet the needs of people.

Staff observed safe infection control practices.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and felt supported in their roles.

People were supported to make choices in relation to their food and drink and to maintain good health.

The service was meeting the requirements of the Mental Capacity Act 2015, which helped to ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

People and relatives were mostly positive about the care and support provided by staff.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

Improvements were needed to update people's care records however staff knew their care needs well.

Regular meetings took place in an attempt to involve people who used the service and their relatives.

The provider had a clear complaints policy in place and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance systems were not always effective in identifying actions needed.

The provider sought people's feedback on the quality of service.

Staff felt supported by the provider and management of the service.

Saxon House

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 unannounced comprehensive inspection was carried out by two inspectors 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.

The inspection site visit activity started on 5 December 2018 and ended on 18 December 2018. It included visiting the service, speaking to people, relatives and staff. We visited the office location on 5 December 2018 where we met with the regional manager and care staff; and to review care records and policies and procedures. We reviewed the care records of four people to check they were receiving their care as planned. We looked at records relating to the management of the service, and training, and systems for monitoring the quality of the service.

We spoke with the regional manager, service manager, two senior care staff, two care staff and a healthcare professional. With their permission, we met with eleven people and a relative. Following our visit to the office we left our contact details for the staff to share with further relatives and staff so they could contact us to provide further feedback. As a result, we spoke with one further staff member.

We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

Requires Improvement

Is the service safe?

Our findings

Risk assessments covering specific medical conditions were not always in place. For example, two people had pressure ulcers and there were no risk assessments within their care plans to state what interventions staff needed to take to help support the person and what the plan of care was. We were contacted on two occasions at the beginning of November 2018 by two healthcare professionals with concerns about pressure ulcer care at the service for two people. We looked at the care plan for both people and found that there was no care plan in place that covered pressure ulcer care and the actions that staff should take.

We discussed individual risks to people with staff and found that, although care plans and specific risk assessments were not in place, staff spoken with were familiar with the person's needs and associated risks and how they should be managed. As a result, there was no evidence of impact on people as a result of this recording shortfall. However, without appropriately detailed information in care records there was a risk that people could receive inconsistent care and support, particularly if newer staff were supporting people. We did find that risks had been considered in some areas such as moving and handling and environmental risks in people's homes that may have affected them or staff delivering their care.

People told us they felt safe in the care of staff. One person said, "If you could go somewhere else and find it better, you are welcome." Another person told us, "I'm lucky to be in a place like this. I'm quite satisfied with the treatment I get here."

Care staff had received training in safeguarding adults as part of their induction and on-going learning and development and understood their responsibilities to report suspected abuse or harm. Staff told us they felt the service manager and regional manager would be responsive in the event of any concerns being raised.

We received mixed feedback from people about the staffing levels. Some people told us there were enough staff to meet their needs in a timely manner and other people had concerns that they had to wait for their support at times. One person said, "They say we will come along shortly, and I am never sure what shortly will be. When I fell they responded fairly quickly. They have recently put up the staff a lot, they were quite short for a while. I think on the whole they do their best, sometimes I think where the hell are they, but you know they have lots of other people to care for." Another added, "Staff shortage has been an excuse at times, I can understand a real medical emergency, but that is not a daily thing." A third person told us, "There have been times when they have been terrible, they were awfully late. I went to see the manager, she obviously had a word and they have been more or less on time".

Some people were positive about the staffing levels. One person said, "I have planned visits where staff come and help me on a morning but there have been a few occasions when I have pressed my emergency bell – they have always been very quick to respond." Another person told us, "They are always on time, unless they are extraordinarily busy. You just buzz, and they say we'll be with you as soon as possible." A third person commented, "I fell in the kitchen, I was able to access the alarm and they were in here in seconds."

A relative we spoke with told us there had been staffing issues but that this had improved since the provider had increased the staffing levels. They told us, "They have increased staff from two to three. Before, [family member] had complained about staff not coming at the right time, that has helped."

Staff told us they felt there were enough of them to meet people's needs and deliver their care at the planned times. We were told there were three staff available in the mornings until 2.30pm and then two staff until 4.30pm and three until 9.30pm. We were informed there were two staff overnight. The service manager told the levels of staff on duty were adjusted to reflect the needs of the people using the service. They also explained how there were two staff on site at all times with additional staff deployed during the early mornings and evening when planned care was greater.

At the time of our inspection, the service supported 32 people with the regulated activity of personal care, but also provided emergency support to people in all 37 flats. Rotas showed that at least two staff were on duty at all times, with on call support out of normal office hours for emergency support and guidance.

Most people told us they received the support they needed to take their medicines as prescribed. One person said, "They try to keep my medication as regular as possible, but you can't help emergencies. As for getting the right pills, I leave them to it." Another person commented, "Staff give me my tablets, they try their best, but they are not always on time. I'm sometimes waiting ever such a long time, they could be better with them, they leave me to the last minute to see me."

Staff helped some people with ordering, storing and administering some of their medicines. Records we looked at showed this had been managed safely. Medicine administration records (MARs) were completed and staff ensured people had a supply of any medicines that were needed. A member of staff described to us how they had undertaken training in the safe administration of medicines and how this had been followed up with them observing an experienced member of staff administering medicines and then a senior member of staff observing their practice prior to them undertaking this task.

Plans were in place for the service which described the actions to be taken to minimise any risk to people's health and safety in the event of any emergency. A personal emergency evacuation plan (PEEP) had been developed for each person and copies of them were held in the office. PEEPs detailed the type and level of support the person needed to assist them safely out of their homes during an evacuation.

Staff had access to personal protective equipment such as disposable gloves. All staff had received infection control training and understood the importance of following good infection control practice.

Records of accidents and incidents were kept and these contained the required level of information. Staff told us very few accident or incidents occurred at the service, but they would record any that took place.

Good

Is the service effective?

Our findings

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they delivered their care. Initial care records included a summary of the person's background, medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements with regard to personal care, medicines, meal provision and domestic tasks. Care plans were not always updated.

People told us there had been several changes to the staff lately and as a result there were new staff now in post who they were still getting to know. However, people were mostly positive that they received support from staff who had the relevant skills and knowledge. One person said, "There has been a high turnover of staff recently, but there are a lot of regular staff. I definitely feel staff know what they are doing." Another person commented, "They do their best on the whole." A third person told us, "There has been a big change of staff recently and I do feel I am losing touch with everyone."

An induction process was in place to ensure new staff were introduced to the service in a structured way. Staff told us they had the opportunity to shadow experienced staff and work with support during this time. Staff we spoke with told us they felt supported within their role and had the opportunity to have regular formal supervision with a senior member of staff. This enabled them to discuss their work role and any learning or developmental needs they may have had. A range of training was available to staff and we saw from the training matrix supplied that this training was up to date for all staff. Staff told us this training was effective and gave them the skills they needed. This included training in basic life support, fire safety and dignity and respect.

People's nutrition and hydration needs were met. Many people who used the service told us they prepared their meals independently or with a little staff support. Where staff were supporting people with their meals we were told this was to their liking. People who had been assessed as being nutritionally at risk had their food/fluid intake monitored and follow up action was taken as required. Staff we spoke with could tell us who required specific diets and what was needed to support those people.

People were supported to access external healthcare services as necessary and staff liaised with other teams and professionals to ensure people's needs were met. One person told us, "They are quite 'on the ball' if you want a doctor." Another person said, "The manager arranged for me to see the chiropodist the other day." A recent referral for additional healthcare support and funding for one person had resulted in more support hours being provided for them specifically in order that their increased needs be met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

In the care plans we reviewed we saw people had consented to the initial care planned with them and had signed their care plan. When we spoke with people they confirmed this to be the case. People also confirmed that staff asked for their consent when performing individual aspects of care, such as administering medicines or helping someone with aspects of personal care.

Good

Is the service caring?

Our findings

People were mostly complementary about the care they received and told us staff treated them with dignity and respect. One person said, "I don't think you could live here and not appreciate the care they give, they all go over and above." Another person told us, "You can't fault the staff here. They are down to earth and friendly. If I am at my friends they will bring my medication there. They are fantastic, I can't say a word against them."

We also received some feedback from people which was not so complimentary, about the caring and respectful approach of the staff. One person said, "Staff are satisfactory, you get good and bad, the odd one is not respectful, but generally they are very good. I've never had any argument or altercation and generally speaking it's a friendly group of staff." Another person told us, "Some [staff] are a bit abrupt, but I put that down to being in a hurry."

People looked relaxed and comfortable around staff and during interactions between them. Those interactions we observed were both warm and friendly. Staff spoke enthusiastically about supporting people and told us how they strived to do 'extra' for people to help them out. One member of staff told us how care staff often went out in their own time, food shopping for people who had no one else to support them with this.

The staff and regional manager that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that staff knew people very well, including their personal preferences and likes and dislikes. We heard the regional manager providing reassurance when one person was feeling unwell and when another person was anxious because there was something they needed that they didn't have.

People were involved in the initial planning and development of their care plans and their views had been taken into consideration in the development of their support.

Most people told us staff respected their privacy and that their independence was promoted. One person said, "You get cared for but left alone. I moved from just up the road so I'm still close to my friends. They come in twice a day to see I'm alright. They [staff [ask if there is anything they can do for me." Another person commented, "Staff do wash and dress me if I want, and someone will give me a shower. The thing is staff vary, some are better than others."

Good

Is the service responsive?

Our findings

People had plans of care that described the actions staff had to complete to help the person manage their care need. However, these were not always up to date and reflective of the person's actual and current care needs. This meant important care could have been overlooked, particularly in the event of agency or temporary staff working at the service.

The lack of up to date care plans was raised by a relative we spoke with who told us the care plan version within their family member's flat was not the most up to date version. They told us that six months ago the person's social worker had recommended that the person's copy of their care plan be updated and provided to them in their flat, however this still had not happened.

However, despite the shortfalls in care planning documentation, staff we spoke with knew people's care needs very well and were aware of the support people individually required. This mitigated the risk of any out of date care planning records.

We viewed the meeting minutes of the monthly 'tenants' meetings held at the service and saw that the service manager frequently attended and a variety of topics were discussed and people were asked for feedback. We also saw that meetings were used as an opportunity to update people on activities and social events available that they may wish to take part in. Each set of meeting minutes also included a form where people could record agenda items they wished to have discussed at the next meeting.

People told us they were confident raising any formal complaints and most people felt these would be resolved appropriately by the provider. Several people told us they had no reason to have made a complaint. One person said, "I've got no complaints, they always treat me very well." Another person told us, "I don't think there is anything to complain about."

There were arrangements in place to deal with people's complaints if they were unhappy with any aspect of the support provided. We looked at the records pertaining to complaints received since the provider had taken over the service. Any complaints raised had been investigated and a detailed report written of any lessons learned or follow up actions necessary. For example, we saw that following some concerns raised a lesson learnt had been for the staff to be reminded to take a certain action each day.

We looked to see how people's end of life care needs were planned for. At the time of this inspection one person was receiving end of life care and the regional manager told us they had just put in place an 'end of life care management plan' which was used to record the person's wishes on how they wished for their care to be delivered. We viewed this document and found it was very person centred and detailed and included details of how the service had worked with other healthcare professionals to ensure the persons needs were met and they could remain in the own home to receive end of life care.

Requires Improvement

Is the service well-led?

Our findings

This scheduled inspection was carried out earlier than planned because we received a number of safeguarding concerns and other information of concern about the service. We therefore brought this comprehensive inspection forward, so that we could check that people were receiving safe care. The safeguarding concerns raised were investigated by the local authority and not substantiated.

Registered managers and providers are required to submit to the Care Quality Commission (CQC) statutory notifications in accordance with regulatory requirements. Statutory notifications are documents which inform the CQC of the incidents/events which occur whilst services are being provided in the carrying on of a regulated activity which affect the safety and wellbeing of people who are receiving the service. Notifiable incidents include safeguarding concerns and serious injuries. We found that whilst we had been notified of some incidents at the service, we had not been notified that a person had a grade three pressure ulcer.

The service had a registered manager who we were told had recently submitted an application to cancel their registration. We did not meet the registered manager during our inspection as they were on leave. Following our visit all correspondence we received from the provider came from the regional manager, service manager or managing director. We were told the registered manager had taken up a new position within the provider company however was still available to the service if needed. The service was being led by a service manager who had worked at the service since November 2017 and who had applied to CQC to become the registered manager. The service manager and staff told us they felt supported by a 'hands on' regional manager.

The current provider had taken over the contract for the delivery of care in May 2018. This had meant a number of changes for the people who received a service as they had had some changes of staff as well as a change to the manager of the service. We received a lot of mixed feedback about the provider during our visit and in each of the five questions we ask. We recognised that it was still relatively early in the transition from one provider to another however people were not all positive about the management of the service. One person who used the service told us, "I don't know much about the management here, I never see them." Another person commented, "The manager doesn't listen, they will tell you anything. [Manager] is never here and if [manager] is, they sit in the office. It's very bad." A third person added, "It is not as effective since Hales took over." A relative we spoke with was concerned that the manager and senior staff were not always welcoming to them.

Other people were somewhat more positive saying, "I could recognise the manager, but I don't know their name. The place is run reasonably well, they do all I expect staff to do and I haven't had any problems." Another person said, "The manager is always approachable and accessible."

The provider sent out 'satisfaction' surveys to people referred to as 'are we caring' monthly survey. We viewed the results of these and found that there were lots of positive comments made by people such as how happy they were with the service provided.

Staff spoke positively of the management team and the support they received at a local and regional level. They told us that the service manager and regional manager were supportive and responsive and available on call during evenings and weekends. One member of staff described to us how staff had telephoned the regional manager in the middle of the night when concerned about a person and the regional manager had gone straight to the service to provide support. Another member of staff described how the service was in the early stages of 'settling down' since the change of provider and the changes to the staffing.

The service manager carried out a programme of audits to assess the quality of the service and identify any issues or improvements needed. These were completed as part of a 'quality assurance trend analysis' which reviewed staff completion of daily logs for gaps and accuracy and an overall service level 'quality assurance action plan' which reviewed across the service. However, there were some areas of improvement needed as identified in our inspection.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

The provider and service manager worked with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care. We found the provider had assisted the local authority with a review of the circumstances and care of one person who had recently moved out in an open and transparent manner.