

Abbey Care Saxon Limited

Saxon Court

Inspection report

The Manor
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Saxon Court is a residential care home providing personal and nursing care to 16 people at the time of the inspection. The service can support up to 49 people. Saxon Court provides care and support to adults living with learning disabilities, limited verbal communication abilities and behaviour that challenges. The building was divided internally into four separate wings; High Beeches, Meadowview, Ashcroft and Cherry Trees.

Services for people with learning disabilities and or autism are supported

When we inspect we look to see whether the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. As this was a focussed inspection, we did not cover all aspects of the home that would demonstrate full compliance with Registering the Right Support. We looked at the full aspects of Registering the Right Support at our last comprehensive inspection. Details of where this report can be seen are detailed below.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 49 people. Sixteen people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

Quality assurance systems and audits were not always effective enough to ensure that people's finances and the appointeeship process was managed sufficiently. Risks to people's finances were recorded but were not always detailed enough to cover the full risks associated with managing people's money.

People told us they felt safe at the service. Systems and processes were in place to ensure people were safe from potential abuse, including their finances. People's medicines were managed and administered safely. There were enough staff to support people to remain safe, while people were protected from the risk of infection. Accidents and incidents were recorded and acted upon.

People, relatives and staff were complimentary about the service manager and deputy manager. People felt managers promoted an openness and transparency in the home and sought their views and involvement. The service manager was open to making improvements and driving quality of care at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 7 June 2019)

Why we inspected

We received concerns in relation to the management and oversight of people's finances. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Saxon Court

Detailed findings

Background to this inspection

The inspection

We carried out this focussed 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Saxon Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. This means that they and the provider 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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about. We spoke with professionals at the local authority to gather further information about the concerns we received. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

four members of staff including the service manager, deputy manager, team leader and support worker. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to two relatives of people living at the service. We continued to seek clarification from the provider to validate evidence found. The registered manager and provider sent us an action plan relating to the service's management of people's finances.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Prior to the inspection we had received concerns relating to the oversight and management of people's finances as well as with the oversight of the appointeeship role which was held for some people by the registered manager. At this inspection the management team had taken steps to make systems and processes more robust so that people's finances were safe, and they were protected from the risk of abuse.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The service manager and registered manager had taken steps to ensure people's money was protected, and they were protected from abuse.
- The management had ensured people's money and valuables were handled appropriately and in confidence. Money was held securely, and people could access and request money when they wished. One person said, "I don't keep money in my room. I give it to staff to keep it safe." Another person said, "I ask (staff member). He always gives me money, He gives me money when we are out so that I can pay for stuff."
- People's money was managed and handled in a way that minimised the risk of criminal activity or financial abuse. For example, when money was withdrawn by the registered manager, receipts and evidence of withdrawal were passed to the service manager and support worker whose role was to account for people's day to day finances.
- The service manager had implemented a safer and more robust checking of people's money whereby two members of staff checked and signed for any money transfers and purchases. When one designated person was unable to sign, there was a process in place to ensure another senior staff member could sign off transactions.
- Risks to people's finances had been assessed. These had been recorded and actions to mitigate risks had been identified. These risks had not been recorded within standalone assessments of people's finances and formed part of people's mental capacity assessments and best interests' decisions. We have covered this in further depth, within the well-led section of this report.
- Relatives were happy with the financial arrangements in place and told us they had no concerns. One relative said, "I have no issues at all. I opened a bank account with which is only used for (their family member) and the home holds a cash card. They have access to this account, I have a copy of the bank statements. (The staff member who handles money) keeps meticulous records. I am confident that all is well."
- People and their relatives told us they felt safe living at the service. One person said, "I feel safe here because it's quiet and there's no noise." Another person said, "The staff and my room make me feel safe." One relative said, "(The service manager) is a very caring person. We have confidence they are safe and will be treated with respect."
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to

identify potential signs of abuse. Staff had a clear understanding of the different types of abuse, how to recognise these especially with people living with a learning disability.

- Incidents had been escalated appropriately where safeguarding concerns were highlighted. The registered manager had oversight when notifications to the CQC and reports of concern to the local authority needed to be made.
- Other risks to people had been identified and comprehensive assessments were in place. For example, one person had risks associated with their mobility and needed support to move around, there was detailed guidance for staff in how to support people in the way they preferred. Risks had been mitigated with the use of pressure relieving equipment to ensure their skin integrity was maintained. Other people were at risk associated with some behaviours that challenged. Guidance for staff was detailed and identified individual triggers and interventions to ensure they, and others, remained safe.
- Environmental risks had been assessed. The equipment used to support people had been monitored, checked and serviced regularly.
- Risks from fire were managed well. People had individual personal evacuation plans to ensure they were supported properly in the event of an evacuation.

Staffing and recruitment

- There were enough staff to ensure people remained safe.
- The service manager told us both they and the deputy manager were flexible in providing support should a member of staff be unavailable. The service manager said agency staff could be used to cover for sickness and planned leave.
- We observed staff supporting people when they requested assistance. Staff based themselves around communal areas during the inspection, so they could be available to support people when they needed or requested it.
- Staff rotas showed consistent scheduling of staff based on the required levels of staff which were determined by the service manager. The service manager used a dependency tool to determine appropriate staffing levels.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely

- People required support to take their medicines and staff ensured these were managed and administered safely.
- Staff received training in medicine administration. The service manager assessed staff competencies annually. Audits and checks were regularly undertaken to ensure administration practices were correct and safe.
- We observed medicines being administered and this was completed correctly with effective recording, administering and infection control procedures being followed.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. Where people had 'as and when needed' (PRN) medicines, staff were supported by guidance on when to administer these.

Preventing and controlling infection

- Systems were in place to prevent and control infection
- The home was clean and tidy and there were no odours present. Staff used personal protective equipment (PPE) such as gloves and aprons when providing care, handling food and administering medicines.

- A regular cleaning schedule was in place to ensure all areas of the home remained clean. Staff worked with people on designated days to support them to clean and tidy their rooms. Night staff carried out undertook regular cleaning tasks as part of their role.
- Staff received training in infection control, while guidance was on display around the home to guide staff on dealing with outbreaks of infection. For example, there was guidance on supporting people with the management and spread of eye infections. The service manager told us this was completed in response to one person developing this type of infection.

Learning lessons when things go wrong

- Incidents and accidents were consistently recorded and reviewed to determine trends and ensure practices improved when things went wrong. For example, a mental health referral was completed following the service manager identifying a pattern of self-harm for one person.
- Records showed staff had sought appropriate medical or specialist support when people required it following an incident.
- The service manager carried out an audit of incidents and accidents and would sign off each completed incident form to ensure appropriate actions had been taken by staff.
- Action was taken following reviews of incidents to implement change. For example, it was identified the administration of one medicine in the evening for one person had potentially caused a fall. Following consultation, the medicine time was altered to just prior to the person going to bed to ensure risks were mitigated.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This was because policies and processes had not always been in place, or sufficiently robust, to ensure there was full oversight of the people's finances.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Auditing systems and policies and procedures were not always robust enough to ensure that there was sufficient oversight of the management of people's finances.
- Although there was a regular reconciliation of the money people spent and staff ensured money was appropriately signed for, there was no overarching check or internal audit to ensure either the appointeeship role or financial processes were being followed appropriately.
- The registered manager had recently updated the policy and procedures for appointeeship and finance management. The policy stated the care manager should 'review the account periodically' but did not contain any guidance on how this should be undertaken. The service manager confirmed no overarching review had been completed. They provided assurances this would be implemented and form part of the service's quality assurance process going forward.
- Risks to people and their finances had been assessed. However, these had been recorded in supporting peoples' mental capacity assessments and best interest decisions. No individual risk assessments had been completed for each person to reflect the overall risks associated with managing their finances.
- People did not have finance care plans in place to record people's individual needs. The service manager told us this was because there was no default finance care plan on the electronic care system staff used. Although finance details were recorded on the homes systems, the lack of personalised care plan meant staff could not be clear on the individual needs of each person. The service manager assured us they would implement these.
- The providers appointeeship policy did not always provide transparency in identifying costs incurred by people when staff supported them. For example, the policy did not determine or make clear what costs would be incurred by people when staff supported them on trips and excursions. The service manager told us the policy would be updated to include this.
- The registered manager had updated the appointeeship and finance policy to include the role of the appointee at Saxon Court, as well as the responsibilities of staff, in managing and supporting people with money at the home.
- The updated policy and procedure included how the appointeeship role was managed and how staff should safely support people in the management of their money. This guided staff on monitoring how people's money was spent, and how to support people when they paid for items.
- The service manager told us staff supported people to make appropriate decisions and would discuss purchases with them, so they could make an informed choice. For example, one person wished to buy a

specific pair of shoes that would not have supported an existing foot condition. Records showed staff had discussed the choice with the person and explained the implications of their choice, allowing the person to make an informed and safe choice about how they spent their money.

- At the time of the inspection, the registered manager was the Appointee for 12 people living at the home. An Appointee has the responsibility to act in the best interest of the individual by managing a person's welfare benefits in order to ensure everyday bills are paid, and to report any changes in circumstances to the Department of Work and Pensions.
- Although there were no concerns about staff supporting people to control their finances and to make decisions on their behalf, the provider demonstrated there was a need to ensure a full and transparent process was in place.
- For example, the service manager told us the registered manager had taken the decision in 2019 to relinquish their position as Appointee for each person they acted for. The service manager had already taken a number of practical steps to transfer the registered manager's appointeeship role to either local authority control, independent agencies or to family members. The service manager told us, "It makes sense to have a more transparent way."
- This work had been in progress in the months prior to our inspection. This demonstrated the registered manager was proactive in taking decisions that ensured there was a culture of transparency and openness within the management team. One family member told us, "One of the things I've always liked about Saxon Court is that it's never been a closed-door place. It's always been open."
- Managers and staff were clear about their roles and responsibilities at the home. They told us about providing person centred care, ensuring people's needs were met and supporting people to be as independent as possible. The service manager said, "We are clear what we have to do. (The deputy manager) is good with approaching families. I am good with care plans and assessments. We have a clear structure of who has to do what."
- Relatives told us they were happy with the management of the home. One relative said, "That they have brought (the service manager) in has brought us confidence. The deputy manager is a delight and is loved by the residents and is totally open to suggestions we have. You have two people running it who are most likely to get it right."
- The service manager was receptive to guidance from other agencies in driving improvement. Following a quality assurance visit from the local authority, the management team had updated assessments and processes and ensured best practice was being implemented.

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 service manager was aware of the responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The service manager said, "It's about transparency and having an open culture. It's about not having a blame culture. For example, the incident we discussed. We rang the family straight away and said this is what happened."

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

- People, their family members and staff all told us they were involved and could provide feedback about the home. Surveys and questionnaires were completed and analysed by the service manager. One relative said, "On occasions there have been questionnaires. I've always been happy with the treatment she's getting."
- People were involved in choosing their key worker and worked with them in discussing their care and

support.

- Relatives told us the service manager had arranged 'family days' for people and their loved ones to meet at the home and provide feedback. The service manager used these days to inform relatives of developments and plans for the home. One relative said, "The first one was very useful. It was very open. His intention that it should be on a regular basis. It's a really good idea. He told us about strategies about the place gave us the opportunity to make comments."

Working in partnership with others

- The service worked in partnership with local organisations and services such as the local authority learning disability team to share information and best practice for the delivery of care.
- Staff worked closely with a number of specialist agencies to ensure people's needs were met. These included GPs, district nurses, the mental health team and speech and language therapists.