

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Saxon Court is a care home that was registered for 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 three separate wings namely; Meadowview which housed six people, Ashcroft housed seven people and Cherry Trees housed three people. At the time we visited there were 15 people in total living at the home, one person was in hospital.

People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who live at the home can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence.

People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

People received planned and co-ordinated person-centred care which was appropriate and inclusive for them.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported with good nutrition and could access appropriate healthcare services. People's wellbeing was monitored and promoted.

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. People were involved in planning and reviewing their care and support.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The care manager and staff team promoted the values of promoting choice and control and independence and inclusion. People were supported to achieve their own goals and be safe.

Systems were in place to monitor the quality and safety of the service. The registered manager and staff

were keen to drive improvement that would impact positively on people's lives.

Rating at last inspection:

At the last inspection the service was rated Good (published 7 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

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

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 effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

Saxon Court

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector completed the inspection.

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:

The inspection was unannounced.

What we did:

Before visiting the service, we looked at information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains 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.

We reviewed three people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment

including one staff file. We also looked at a sample of audits, surveys, minutes of meetings and policies and procedures.

We gathered people's experiences of the service. We spoke with four people. We also spoke with the deputy manager, care manager and four members of staff.

We used a range of different methods to help us understand people's experiences. Some people were unable to communicate verbally with us. We observed the support people received from staff when in communal areas.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe and supported by members of staff. One person told us, "I like it here and feel safe and looked after."
- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy. A member of staff said, "We know people really well. People have lived here for a long time."
- Staff told us about the safeguarding training they had received and how they put it into practice. Staff were able to tell us what they would report and how they would do so.
- Information about how to report safeguarding concerns was readily available in the service's communal areas and records showed safety concerns had been appropriately resolved.

Assessing risk, safety monitoring and management

- Risks in relation to the environment and people's support needs had been assessed. Staff understood how to manage identified risks and people's care plans included guidance for staff on how to ensure people's safety.
- Where people experienced periods of confusion or anxiety staff knew how to respond effectively. Care plans included information on how to distract or otherwise support people if they became upset or anxious.
- The environment was well maintained and all equipment had been regularly tested and serviced to ensure it was safe to use.
- Where equipment was needed to help people move around, support was provided safely with staff providing reassurance and clear instructions during transfers.

Staffing and recruitment

- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed.
- There were sufficient numbers of staff available to meet people's needs on the day of our inspection and records showed these staffing levels were routinely achieved.
- Staff responded promptly to people's request for support throughout our inspection.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines, medicine administration records were regularly audited and staff were appropriately trained.
- Staff followed organised systems to ensure safe and timely administration of medicines to people.
- When people were prescribed their medicines on an 'as required' basis, we saw guidance was available for staff to follow. Records we looked at confirmed staff were following the guidance in place.

Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. For example, different coloured aprons were used for the kitchen and personal care.
- Staff had received training in infection control and appropriate equipment was available throughout the service to manage infection control risks.

Learning lessons when things go wrong

- All incidents and accidents that occurred were reported to the care manager or deputy manager and investigated.
- Where investigations identified trends or opportunities for learning this information was shared promptly with staff to prevent similar events from reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices.

- People's needs were assessed before they started using the service and used to develop support plans.
- Assessments of people's needs were thorough. People were supported to identify outcomes, goals and aspirations.
- Care and support was reviewed to reflect people's current needs and make changes where needed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good, relevant to their role; and they felt well supported to deliver good standards of care. One staff member told us, "Training is always available for us and we get support if we need it."
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences. People told us that they were happy with the food provided
- There was a pleasant relaxed atmosphere during the lunch time meal. Where people required support with their food this was provided discreetly and promptly.
- There were two menu options available at meal times and people were able to request other dishes if they wished.
- Drinks were offered regularly throughout the day.
- Where concerns in relation to possible weight loss were identified, additional monitoring and support was given at meal times and appropriate referrals made to professionals.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with community based mental health professionals and other healthcare professionals to ensure people received effective care. Records showed one professional had commented, "They have a great team here - they all work together for the best outcome."

Supporting people to live healthier lives, access healthcare services and support

- The deputy manager told us they were proud of the fact that the service had been successful in supporting people to achieve outcomes that were important to them. They gave us examples of the progress people

had made and how this had improved their quality of life. One person had recently been supported to move out of residential care and into a supported living flat.

- People's care records showed that staff were proactive in contacting health professionals if they had any concerns about people's mental or physical health.

Adapting service, design, decoration to meet people's needs

- The service had been suitably adapted to meet the needs of people living there. The service was homely, with photographs of people enjoying activities around the service. We observed people moving freely around the service and other people supported to access areas of choice with the support of staff.
- Risks in relation to premises were identified, assessed and well-managed.
- Each bedroom was different and decorated in line with people's preferences and needs. Where possible people and relatives were involved in this process.

Ensuring consent to care and treatment in line with law and guidance

- 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).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications had been made where appropriate and people's capacity to make specific decisions had been assessed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and considerate. One person told us, "I wouldn't want to be anywhere else."
- Staff had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. One staff member told us, "We work hard to develop relationships with people."
- People spoke positively about their experiences of living at the service. One person told us, "I like going out with the staff."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. People were supported to attend the local church. One person was no longer able to do this, so the provider was developing a room within the service that the person could use for quiet reflection.
- Staff knew people well and supported them in their preferred way.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in their own lives and making decisions about their support. This supported them to grow in confidence and develop their skills. Staff respected people's lifestyle choices.
- Information, such as how to make a complaint, or what activities or meals were planned had been produced using an easy read format. These were displayed on noticeboards throughout the service.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care. This included using different methods of communication.
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence.

- Staff respected people's privacy and took action to ensure people's dignity was protected while receiving care and support.
- Staff valued the importance of maintaining and developing people's independence and promoted this in as many aspects of people's lives as they could. A member of staff said, "We don't want people to be robots, they are independent people." Another staff member told us, "Keeping people as independent as possible is really important."
- Staff were committed to providing the best possible care for people. Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice.

- Systems were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care, support and treatment personalised specifically for them.
- Care plans contained detailed guidance for staff on how to meet people's individual needs. The plans were person centred, referring to people's preferences on how they wished for their care to be provided. These included how they communicated, made decisions, and accessed activities of interest and therapies that benefited their health and wellbeing. For example, the use of body language to communicate with people.
- People had access to a range of indoor and community-based activities designed to meet their interests and benefit their health. For example, people were going to local community groups to enjoy time with friends from outside of the service.
- People were encouraged to participate in activities both on an individual and group basis. The deputy manager told us that people were being supported to arrange holidays and days out.
- Staff had received training in various communication mediums including Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. One staff member told us, "We will always find a way to communicate with people."
- Staff supported people to maintain relationships that were important to them.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff and relatives, where those needs related to a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- People had information about how to complain about the service. This information was also displayed on noticeboards throughout the service. There were regular discussions with staff and people about the home and any areas they were unhappy about.
- There had not been any complaints. The registered manager told us about the process in place to act upon any complaints they received. They told us complaints would be used as an opportunity to improve the service.

End of life care and support:

- No-one was receiving end of life care.
- The service did not routinely provide support for people at the end of their lives. However, they would support a person to remain at the service as they neared the end of their life in line with their wishes.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The management team had developed a positive culture which was open and transparent and valued the importance of providing high quality care. Discussions with staff demonstrated they shared the same culture and values.
- Staff demonstrated a commitment to providing high quality, person-centred care. They told us they would be confident for a relative to live in the home.
- Staff told us they enjoyed working in the home and felt treated fairly by the care manager, deputy manager and colleagues.
- The management team and staff demonstrated that they had a good understanding of equality, diversity and human rights in order to provide safe, compassionate and individual care.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff told us they felt supported by the care manager and deputy manager. Comments included, "We are really supported, we all support each other." And, "You are never on your own, there's always someone there to help."
- There were regular systems in place to effectively monitor the quality and safety of the service. Audits included infection control, medication management, the safety of the environment, the accuracy of care records and the nutritional needs of people.
- Accidents and incidents were analysed to identify any actions needed to prevent reoccurrence.

Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- People and staff were engaged and felt able to speak up freely, raise concerns and discuss ideas.
- People and their relatives were given opportunities via feedback and meetings, to comment on the service

provided.

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes and raise any suggestions.
- All the feedback received was used to continuously improve the service.
- The care manager told us they looked for opportunities to extend staff knowledge and undertake training and reflection.

Working in partnership with others:

- The provider told us in the PIR they worked in partnership with other agencies and sought advice about people's care from health professionals. They told us they made links with the local community for people.
- Staff told us and records confirmed there were other health professionals involved in people's care plans.