

## Housing & Care 21

# Housing & Care 21 - Saxon Court

### Inspection report

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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 

### Overall summary

This was an announced inspection which took place on 29 May and 01 June 2015. We gave the provider 48 hours notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that staff would be available.

We last carried out a comprehensive inspection of the service on 29 and 30 April 2014. At that inspection we found the provider required improvement in the management of medicines, safe staffing levels, and the

management of safeguarding, missed calls and complaints. We found at this inspection that improvements had been made across all areas needed and the provider met the regulations.

Saxon Court is a housing with care scheme which provides housing with personal care support for people over 55. Domiciliary care packages are allocated according to people's assessed needs with care provided from a designated team of carers based within the housing scheme. There were 108 people living within 87

# Summary of findings

flats and eight bungalows and 28 people were using the domiciliary service. In addition the provider also run Birmingham Domiciliary care from the same location and this provided 40 care packages to people living in their own homes in the South Birmingham area.

There was a registered manager in post at the time of our inspection. 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.

All the people that we spoke with told us that they received a safe service. Procedures were in place to ensure that people received a safe service. The risk of harm to people who used the service was assessed so that people received care and support in a safe way.

People received their medicine as prescribed and systems were in place to ensure that risks to people was minimised.

People told us that there was enough staff employed to provide a reliable service and to meet planned and scheduled calls. However, some people living at Saxon Court told us that there should be more staff at night to respond to emergency calls.

Staff received the training and support needed to ensure they did their job well and provided an effective service.

People received support with their food, if needed and people told us that staff helped them to access healthcare support and emergency services where required.

People and relatives told us that they were able to raise their concerns or complaints and were confident that they were listened to.

The management of the service was stable and there were systems in place to monitor the quality of the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People received a safe service. Procedures were in place to help keep people safe and staff knew how to reduce the risk of harm to people.

Risks to people were assessed and managed.

Arrangements were in place to ensure that people were supported to take their medication.

Good



### Is the service effective?

The service was effective.

People were supported in a way that they wanted.

Staff were trained and supported in their role. Staff had the knowledge and skills they needed to support people.

Good



### Is the service caring?

The service was caring.

People said that staff were caring.

People were supported to make informed decisions about their care and support.

Staff ensured that people's privacy and dignity was respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People needs were met in a way that suited them and their expectations.

People were able to raise their concerns. Arrangements were in place to respond to people's concerns and complaints.

Good



### Is the service well-led?

The service was well led.

People received a service that met their needs.

Improvements had been made to the management of the service. The management of the service was open and receptive to on-going development and improvement.

Good



# Housing & Care 21 - Saxon Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 inspection took place on 29 May and 01 June 2015 and was announced. The registered manager was given 48 hours' notice because the location provides both a domiciliary care service to people who live in Saxon Court and also a domiciliary care service to people who live in the community, referred to as Birmingham Domiciliary Care. The inspection involved one inspector who visited the offices based at Saxon Court on both days.

In planning our inspection, we looked at the information we held about the service. This included notifications

received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We asked the provider to complete a Provider Information Return (PIR) so they could provide information about the service to us including what they did well. This was completed and returned to us as requested. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service.

During our inspection we met with six people who used the service and three relatives and we spoke on the telephone with four people that used the service and two relatives. We met with the registered manager, two team leaders and six care staff. We looked at, safeguarding and complaints records, and sampled four people's care records. This included their medication administration records and daily reports. We also looked at the recruitment records of four care staff.

# Is the service safe?

## Our findings

All the people that used the service and relatives spoken with told us that people received a safe service. One person told us, “I feel 100% absolutely safe with the care staff”. Another person told us, “I do feel safe, however I think there should be two staff in the building [Saxon Court] at night”.

Staff that we spoke with knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff told us that they knew how to report concerns both within the service and to external agencies. Staff told us that they had been provided with training in the safeguarding of adults from abuse. We saw that there were procedures in place to help staff to minimise the risk of abuse. Information was displayed in the entrance hall of the service to inform people and visitors about how to report abuse. At our last inspection we found that systems in place had not ensured that safeguarding concerns had been recorded and reported. At this inspection records looked at confirmed that the manager had kept us informed about concerns and that staff had followed the provider’s procedure to keep people safe.

People told us that they were confident in the staff’s ability to support and manage any risks to their care. One person told us, “We all have a pendant if we need help we can just press it and the staff will come [Saxon Court]. Another person told us, “I had a fall and they came really quickly and they called an ambulance for me”.

All staff spoken with told us that risk assessments and risk management plans were available in people’s homes to tell them how to care for people safely. Staff told us that they would promptly report any concerns or changes in people’s care to a senior staff member. A staff member told us, “We are told about any risks with people’s care before we provide care to people. We as a staff team are really good at keeping each other informed about caring for people safely”. We saw that risk assessments had not been completed for the use of bedrails. The manager told us that this would be dealt with immediately to ensure people’s safety. Records confirmed that any equipment in place and used by staff to keep people safe, for example hoists, were monitored and checked for their safety.

A relative told us, “I am confident the staff would do, and they have done what they needed to do to keep [person’s name] safe. When they had a fall they called the ambulance straight away”. Staff told us that they knew what to do in an emergency and if a person was unwell. Staff told us that there was an effective on call system in place which provided them with advice and support if needed.

At our last inspection we found that the provider had not ensured that there were sufficient numbers of staff to meet the needs of the people using the service. Following the inspection the provider told us that they had employed additional staff to ensure that planned or unplanned staff absences were managed. All the staff we spoke with told us that there was enough staff employed to provide people’s care. We saw that the service operated two different systems for allocating staff. Staff supporting people who lived in the community had recently transferred over to a new system operated via a mobile phone. This system informed the office staff of arrival and completion of a care call and also alerted the office staff if a call had been missed. Within the extra care facility staff were still working to a computerised rota system. The manager showed us how both systems were managed and the systems in place for ensuring staff levels were managed.

All the staff that we spoke with confirmed that the required employment requirement checks had been undertaken before they started working. Records sampled confirmed that the provider had carried out a number of checks on staff before they were employed.

At our last inspection we found that medication was not managed safely. We saw that improvements had been made to minimise the risk of medication errors. This included ensuring that people’s medication needs and any risks were recorded so staff had the information needed to support people safely. All staff spoken with told us that they felt they had the training and skills they needed to administer medication safely. One staff member said, “It is really clear on people’s care records what we need to do, we just need to follow the records carefully”. A person told us, “The staff help me and I am happy with the support I get”. Another person told us, “The staff assist me with my medication. They always talk through and tell me what the medicines are”. We saw records confirming that any incidents of medication errors had been recorded and reported appropriately.

# Is the service effective?

## Our findings

People that we spoke with told us that they thought the staff were knowledgeable and well trained. One person told us, “The staff that support me are very good they know me and my needs and they do not rush me”. Another person told us, “Most of the staff are very good; you get one or two that are not quite as good as the majority”.

Most people told us that the staff were good. Some people said they were very happy with the regular care staff however it was when they had different staff due to sickness or holidays that the standard of care received may fall down a little. We received a few comments in the surveys saying that some staff did not always carry out tasks related to people’s care to the standard that was expected. For example, not clearing bedding away properly after supporting people with personal care and not leaving kitchen items used for meal preparation clean. These comments were passed onto the manager who told us that she would follow up on these matters and remind staff of their responsibilities.

Staff were knowledgeable about the people that they supported. Staff had some understanding with regards to the Mental Capacity Act 2005 (MCA) and staff understood the need to ask people’s consent. However, staff had only limited knowledge about best interests and related Deprivation of Liberty Safeguards. The manager told us that there were plans in place to ensure that all staff received the training needed to ensure that they fully understood their responsibilities of MCA.

All the staff spoken with told us that they had received the training and support needed to enable them to carry out their role. Two new staff members told us about their induction. They were enthusiastic and praising of the quality of the training they had received and the support of their colleagues who had welcomed them and supported them in their new role. One staff member told us, “The induction and training was very good. The trainer really got us involved in the training and it was clear what was expected of us”. Staff told us that they had received regular supervision and also their work practices were observed by managers. This meant that staff were provided with opportunities to discuss their work performance and plan any training needs.

The on-site catering facilities in the extra care service enabled people to be able to have a hot meal with support from staff in the communal dining room. Some people in the extra care facility and some people supported in their homes received support from care staff with food preparation and the heating up of pre-packed meals. Where the service provided support for people at mealtimes this was recorded within people’s care plans.

Most people were able to manage their healthcare independently or with support from family members. People told us that if needed they were supported by care staff to access healthcare professionals. One person told us, “I can ring the GP myself, but if I couldn’t I know the staff would help me”. Staff told us that any concerns about a person’s health and wellbeing would be acted on and reported immediately.

# Is the service caring?

## Our findings

People we spoke with told us that they were well cared for by staff. They told us that the care staff treated them with respect and kindness. One person told us, "The staff are very good and always ask me what I need". Another said, "I feel I have a good relationship with the staff and things are going very well".

Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. One person told us, "I always ask the person's consent and I try and put myself in their shoes when I am helping them with personal care. I don't rush, I make sure they are properly covered for privacy". All the staff that we spoke with showed concern for people's wellbeing.

We also observed interactions during our inspection between staff and people and heard telephone discussions between people using the service and staff. All interactions and discussions we saw and heard showed that staff were polite, calm and caring with people that used the service.

People told us that they had been involved in making decisions about their care. One person told us, "The staff are very good they do ask me about my care. I am well able

to say how I want things to be done. I feel listened to by staff and respected". One person told us, "I think the staff are very good. They tend to the little things and they make sure my clothing is straight and comfortable when I have needed to use the hoist."

Staff told us that they discussed the importance of confidentiality during their induction. We saw records that showed that staff signed a confidentiality agreement as part of their contract of employment. This required staff to not discuss people's personal information outside of the care environment. We received some comments in the surveys we received and also one person told us that sometimes staff discussed work related problems [staffing problems] in front of them and they find that this is inappropriate. We discussed this with the manager at the time of feedback and she agreed to remind staff about the code of conduct.

The provider had introduced a carer of the month where people that used the service nominated a staff member who they thought had been particularly caring in their role. This showed that good practice within the service would be recognised and promoted

Staff told us that people's care records provided enough detail about how a person's care should be provided and included detail about how to care for the person in a way that promoted the person's dignity and independence.

# Is the service responsive?

## Our findings

Most people told us that they received support from regular care staff. Some people told us that this was the only thing they were not happy about because sometimes they had a staff member that they didn't know come to their home. Many of the people we spoke with told us that the service had started to provide information telling them the names of the staff who would be carrying out the care calls and people were really pleased about having this information. A person told us, "It is great I get the list so I now know who will be doing my call".

People that we spoke with told us that they had been involved in the planning and review of their care. People gave us examples of when they had asked for changes to be made to their care call, for example the timing of the call or some extra support. They told us that these requests had been responded to.

The manager told us that there were systems in place to ensure that people's individual needs and preferences were met by staff that were suitably trained and qualified. Staff were knowledgeable of people's needs. They were able to describe to us how they met people's care needs and how they supported people to express their choices and maintain their independence by encouraging them to do as much as they could for themselves with staff support.

Staff told us that they asked people about what help they wanted. Staff told us that any concerns or changes in care needs would be passed onto the manager. Care records

showed that systems were in place to assess people's changing needs and plan people's care. These were reviewed with people so any changes in people's needs would be responded to.

All the people we spoke with who lived in Saxon Court told us that they received a daily call to check on their wellbeing. One person told us, "It is nice to get the call in the morning so they know you are alright".

We saw that there was a hospital discharge process was in place and staff were able to tell us what steps they would take following the discharge of a person back to the extra care scheme to ensure that the person received continuity with their care.

All the people we spoke with knew how to complain about the service and were confident that concerns would be listened to. People told us that they had received information about how to raise their concerns or complaints at the start of their service. One person told us, "She [the manager] is approachable I can chat to her about things if I need to".

At our last inspection we found that complaints had not always been dealt with effectively. At this inspection we found that complaints had been recorded and responded to. There was a clear audit trail describing the dates complaints had been received and action taken by the provider to resolve the complaint. We saw that many complaints that had been made were about the building [Saxon Court] and very few were about people's care.

# Is the service well-led?

## Our findings

At our previous inspection we found that there were a number of breaches in the regulations in relation to the monitoring of the service, and improvements were required in the management of medicines, safe staffing levels, and the management of safeguarding and complaints. We found that improvements had been made across all areas so that people received a good quality service.

At our last inspection we found that there was no system in place to monitor and assess calls. One family member told us that there had been some problems and there had been missed calls. However they told us that there had been improvements in the service. They told us, "I feel things have really improved. We as a family have kept on top of things and let the agency know when there were problems. The standard is very good now." We found that systems were now in place to audit care calls so that people received the care they needed and to minimise the risk of missed calls.

There was a registered manager in post and a team leader for both services to help plan and monitor the service provided. This showed that there was an appropriate management structure in place to manage the service. The manager had informed us of any notifiable incidents so they fulfilled their legal responsibilities.

The manager told us that the two services, Saxon Court and Birmingham Domiciliary Care had recently been separated into two separate services and plans were in place so that both services would have separate registrations and be run independently of each other.

Staff told us that they felt supported in their role. Staff from Saxon Court told us that many improvements had been made and that the service was now well run. Staff from Birmingham Domiciliary Service told us that any concerns they had they would contact the team leader of the service. They told us that she was very supportive. All staff that we spoke with told us that staff morale had improved. One staff member told us, "This is the best place I have worked. I get good support and training." All the staff we spoke with told us that they could raise any concerns that they had with their managers and that a member of the management team was always available to offer support and advice.

Staff told us that meetings took place and they were able to share their views about the service. Minutes showed that policies and procedures were discussed in these meetings and this ensured that staff were kept informed about the service and their responsibilities as staff members.

We saw that there were systems in place to monitor the service to ensure that it was delivered safely and as planned. This included auditing care records and carrying out on the job checks on care staff to ensure that staff were carrying out their caring duties in a professional and caring way. People that we spoke with and staff confirmed that these checks had taken place.

We saw that improvements had been made to the management of medication and regular audits were completed to ensure that the medication practice was safe. We saw a system was in place to record, report and investigate medication errors. A medication incident was still under investigation when we visited. The concern had been reported to us and the local authority as required. The manager told us and we saw records to confirm that analysis of medication incidents had taken place and that the manager had acted upon any learning that needed to take place.

Some people living at Saxon Court told us that the changes to the way staffing was organised within the service had made them feel let down by the provider. They also felt that one staff on at night [after 10pm] to respond to all emergencies was not adequate. The manager told us that on-going discussions were taking place with people and commissioners regarding these matters.

We saw that the provider's representative had completed an audit to assess the quality of the service provided. We saw that action plans were in place and areas requiring improvement were completed.

The management team monitored the quality of the service by speaking to people to ensure they were happy with the service they received. People that we spoke with told us that they had received occasional telephone calls to ask their views about their care. We also saw that discussions with people about their care had been recorded in their care records. The manager told us that the provider would be sending out a survey to people and their representatives to capture their views about the service. This information would then be analysed and used to inform developments.