Isle of Wight Council

Saxonbury

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

Summary of findings

Overall summary

This inspection took place on 19 and 21 December 2018 and was unannounced.

Saxonbury is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to seven people and there were six people living at the home at the time of the inspection. Saxonbury is a detached property which has been extended and adapted to be suitable as a care home. All bedrooms were single rooms, with some on the ground floor and some on the first floor, accessible via a flight of stairs. Communal areas included a lounge, kitchen and dining room. An enclosed garden was fully accessible for people.

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

The provider had arrangements in place to protect people from risks to their safety and welfare. Arrangements were also in place to store medicines safely and to administer them according to people's needs and preferences. People were supported to access healthcare services, such as GPs and other health professionals.

Staffing levels enabled people to be receive all necessary care and support as well as enjoying a range of outings and excursions. Recruitment processes were followed to make sure only workers who were suitable to work in a care setting were employed. New staff received appropriate training and arrangements were in place to ensure other staff completed required update training. Staff felt supported by the management team.

Staff were aware of the need to gain people's consent to their care and support. 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. The arrangements included processes and procedures to protect people from the risk of abuse.

People were supported to eat and drink enough to maintain their health and welfare. They could make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs.

People and visitors found staff to be kind and caring. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy, dignity and independence. The home had an open, friendly atmosphere in which people, visitors and staff

were encouraged to make their views and opinions known.

Care and support were based on plans which considered people's needs and conditions, as well as their abilities and preferences. Care plans were adapted as people's needs changed, and were reviewed regularly.

People could take part in leisure activities which reflected their interests and provided mental and physical stimulation, as well as opportunities to be part of the local community.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The registered manager and provider acted where these systems found improvements could be made.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service continued to be well-led.	Good

Saxonbury

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 19 and 21 December 2018 and was unannounced. It was completed by one inspector.

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people and spent time with the other four people who were living at the service. We also spoke with three family members of people. We spoke with the registered manager, the provider's nominated individual, a member of the provider's management team and five care staff. We received feedback from two healthcare professionals who had regular contact with the home.

We looked at care plans and associated records for four people and records relating to the management of the service, including: quality monitoring audits, duty rosters, staff training records, recruitment files and maintenance records. We observed care and support being delivered in communal areas of the home.

Good

Is the service safe?

Our findings

The service continued to provide safe care.

People felt safe. One person said, "I feel safe, the staff are here" whilst another person responded, "Yes" when we asked them if they felt safe. One visitor said, "[name of relative] seems safe here, the staff know him and tell me if there have been any problems." Another told us, "I've no worries [about Saxonbury]."

We identified an isolated incident had occurred between two people living at the home. No harm had occurred. Staff had noted this in the person's daily records and completed an incident form however, they had not informed the registered manager who was unaware of the occurrence. This meant that no action had been taken to further investigate or take action to reduce the risk of further incidents. The registered manager immediately investigated this. They took appropriate action to reduce the risk of recurrence and to ensure that in future they would be informed of any such events.

Staff had received training in safeguarding adults and were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member told us, "I would go to [the registered manager]. They would take action but if not, I could contact [name of senior manager], you [CQC], or safeguarding." Another staff member said, "We have all done training in safeguarding, I know how to contact [local authority safeguarding team] if we needed them but I would tell the senior or the [registered] manager first." The registered manager explained the action they would take if they had a safeguarding concern. The action described would ensure the person's safety and help reduce the risk of any further concerns.

Individual risks for people were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and accessing the community. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Staff had been trained to support people to move safely and describe the equipment they used in accordance with best practice guidance and the person's risk assessment. Staff explained the risks related to individual people and what action they needed to take to mitigate these risks. For example, they described how they supported a person who was at risk due to a specific health need.

Where staff noted minor bruising or marks on people's skin, they completed body maps to record these. However, these were then filed within the person's records, meaning the registered manager was unaware and therefore unable to follow up potential causes for these. During the inspection, the registered manager reminded staff of the need to inform her so that she could review all noted bruising and marks on people. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. This information was included on the monthly report for the provider.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. People

had personal evacuation plans in place detailing the support they would need in an emergency. Staff had also undertaken first aid training.

The provider had a safe recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All the appropriate checks, such as references, full employment history and Disclosure and Barring Service (DBS) checks were completed for all the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. A staff member confirmed that they were unable to start work at the home until their DBS had been completed and references from previous employers were received.

There were sufficient numbers of staff on duty to meet people's needs. People told us staff were available when they needed them. A visitor told us, "There are always staff around." Another relative told us, "[Person's name] is often going out with staff, there seems to be plenty of them and most seem to have been there a long time." The registered manager told us that staffing levels were based on the needs of the people using the service. They had identified that additional staff were needed to ensure people could continue to enjoy outings and excursions. Therefore, they had recruited to provide an additional staff member for seven hours every day who could work at various times to support people with activities outside the home. Staff were not rushed and were able to respond to people's requests for assistance in a timely manner. Staff felt that the staffing levels were suitable to meet the needs of the people.

Medicines were safely managed with appropriate arrangements were in place for obtaining, storing, administering, recording and disposing of prescribed medicines. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored and the temperature of the medicines storage area and medicines fridge were monitored. Action had been taken to obtain an air cooling unit when safe storage temperatures for medicines had been exceeded in the hot summer weather. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.
People were protected from the risk of infection. One person told us, "I help, I do the hoovering", whilst a visitor said, "The home is kept clean, no smells or anything." The premises and the equipment were clean, with schedules in place to ensure all areas were cleaned at regular intervals. Staff followed the provider's infection control procedures to prevent and manage potential risks of infection. The registered manager appropriately described how they managed any specific infection concerns. Equipment, such as single use aprons and gloves, were available and used by staff. Infection control audits and an annual infection control statement had been completed.

Good

Is the service effective?

Our findings

The service continued to provide effective care.

A visitor told us, "[Name of relative] always looks well cared for and they [staff and the registered manager] sort out any health appointments." People were supported to maintain good health and staff helped people to access appropriate healthcare services when required. Records showed people had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes of consultations were recorded in detail, showing staff identified medical needs and sought appropriate treatment promptly. One person had been supported by staff to receive some hospital treatment to improve their eyesight. This had involved working with the hospital as part of a planned programme to enable the person, who was scared of hospitals, to attend appointments and undergo treatment. The treatment had been completed with positive benefits for the person.

Where people had specific needs in relation to their health, there were systems in place to ensure they received the necessary care they required. Should a person require hospital treatment in an emergency, there was key individual information prepared to ensure hospital staff understood the person's needs and how these should be met. A member of staff also accompanied the person and remained with them until the person was discharged home from the emergency department or they were admitted to a ward. This helped to ensure people received support whilst in the emergency department and staff on the ward understood the person's needs. One visitor told us how staff had supported their relative when they were in hospital and provided guidance to hospital staff as to how best to meet the person's needs safely.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support individual people. For example, one person's care record gave guidance for staff on how best to support the person to meet a known healthcare need and another described the individual support needed with personal care. Care staff said they would report any changes in people's care or needs to senior staff as soon as they occurred, meaning prompt action could be taken to ensure people's needs were effectively met.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People told us that staff asked for their consent when they were supporting them. One person said, "They [staff] ask me." Staff had received training about the MCA and understood how to support people in line with the principles of the Act. Assessments had been completed of people's ability to consent to specific aspects of their care. Where this showed they lacked the ability to give consent, a best interest decision involving relevant people had been made. A family member confirmed this had occurred in respect of a specific decision to meet a healthcare need of their relative.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been appropriately made to the local authority. Where DoLS had been approved by the local authority, there was a system in place to ensure any individual conditions were known and complied with. There was also a process to ensure DoLS were reapplied for when necessary.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme which included shadowing experienced staff. Records showed staff had completed training when first employed and where necessary, refresher training was undertaken. A health professional said, "[The registered manager] is on top of the training, we provide some specific health training and [the registered manager] always reminds us when we need to update this."

Staff said they felt supported appropriately in their role. They said they felt able to approach the registered manager if they had any concerns or suggestions for the improvement of the service. Records of staff supervision and appraisals showed a formal process was followed. An on-call system provided staff with access to a member of the management team when one was not immediately available in the home.

When asked about the meals, one person said, "The food is good here. They [staff asked me what I want." The person showed us their snack cupboard and confirmed they could access these treats when they wanted them. People received appropriate support to eat and drink enough. People were offered varied and nutritious meals which were freshly prepared at the home. Staff were aware of people's preferences and special dietary needs and described how they met these. Staff monitored people's weight and people were supported to maintain their weight. People could access the kitchen at all times and we saw people either making themselves drinks or requesting staff to do so. These requests were complied with.

Saxonbury was well maintained and suitable for the people who lived there. Everyone had their own bedroom and had been involved in choices about how these had been decorated. People's bedrooms were also personalised with their own belongings. People had access to a safe enclosed rear garden as well as a front garden, which was secured by a gate. Seating had been provided in the front garden for one person who liked to spend time there watching traffic pass by.

There was effective use of technology although most people had no need of this to aid their daily life. One person required a special mattress to reduce their risk of pressure injuries and staff demonstrated a good understanding of how this should be used as well as equipment to support the person to meet their nutritional needs. One person had their own tablet computer and there were plans to improve the internet access to cover all areas of the home meaning the person would be able to use their equipment more freely.

Good

Is the service caring?

Our findings

The service continued to be caring.

People were treated with kindness and compassion. One person told us, "I like living at Saxonbury – I would not want to live anywhere else, I like the environment and the staff." A visitor told us staff always treated people with kindness and they had "never seen staff being in any way not nice" to the people who lived there. A relative told us staff were always pleasant and they felt people were treated correctly at all times.

Interactions between people and staff were positive and supportive. Staff engaged with people and could tell us about people's individual needs and interests. For example, they were aware of family members that were important to people and what people enjoyed doing. A relative said, "The staff have mainly been there a long time and have got to know everyone really well." A health professional told us they felt staff knew people well. Care plans contained information as to how people's emotional and social needs should be met and what was important for them.

Staff expressed a commitment to treating people according to their individual needs, wishes and preferences. One staff member said, "It's their home. It's all about what they want." Relatives told us they were involved in discussing the support people received. A relative said, "Yes I'm involved with that [care planning], I've had meetings with [the registered manager]." Another relative said, "We [family] couldn't get to a meeting so [the registered manager] arranged to telephone us to talk about things." They added, "We are kept up to date at all times."

Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. We heard people being offered choices throughout the inspection in relation to what they ate, where they spent their time and what they did. People confirmed staff offered them choices and respected their wishes. For example, one person said, "They [staff] ask me." Records showed that people could get up and go to bed at times of their choosing and undertake activities of their choice.

Staff understood the importance of protecting people's privacy and dignity and ensuring people were happy to receive care before providing this. A relative confirmed this saying, "From what I've seen the staff do seek the consent of my relative." All bedrooms were for single occupancy meaning people could receive personal care in private. Staff described how they always promoted people's privacy by reminding people to shut bathroom and toilet doors and to ensure to close these if they were supporting people with personal care.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. People's care plans included information as to what support they needed and what parts of personal care they could do independently. When one person's eyesight was deteriorating they had been offered a ground floor bedroom which meant they would be safely able to move between their bedroom and communal areas independently. People were involved as far as they wished in domestic tasks and had full access to the kitchen where we saw staff supported them to make drinks and access snacks.

People's relationships with family and friends was encouraged and staff ensured family members were kept up to date with events that had occurred for their relative. One relative told us how staff always welcomed them when they visited and offered them refreshment such as a hot drink. Staff supported a person to visit a close family member on a weekly basis, who lived in a nearby care home for older people. Another person had been supported to meet family members on the mainland as they had been unable to come to the Isle of Wight. Care plans contained lists of birthdays for people's extended family meaning keyworkers could support people to send cards and best wishes. This helped promote family contact and involvement.

The registered manager understood the importance of meeting people's religious, cultural and diversity needs. They explained that, at the time of this inspection, nobody living at the home had any specific religious needs. However, they had links with the local church as a previous person living at the service had attended church on a regular basis. The registered manager said any individual religious, cultural or diversity needs would be identified during the pre-admission process for new people coming to live at Saxonbury and they would work with the person and any other relevant family or professionals to ensure these needs were met.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. Any information which was kept on the computer was also secure and password protected.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People were provided with personalised care. Care plans contained information about people's life history, preferences, medical conditions and any individual needs. They each contained a description of the individual care people required, covering needs such as washing, dressing, bathing, continence, nutrition, health needs and information about activities and interests. Where people lacked capacity, relatives had been involved in care planning. Reviews of care were conducted regularly and these included the person and any other relevant people such as keyworkers, family members or health and social care professionals. A relative told us about a meeting which had included the person, their keyworker and the registered manager. Care staff who were keyworkers told us they were asked about any specific information for reviews and told us they felt their views were considered when planning and reviewing people's care. Keyworkers completed a monthly update for each person detailing activities they had undertaken, any health needs or appointments and a general summary of how the person had been. These corresponded to information in the person's care plan showing care as per the plan was being provided.

Staff used the information contained in people's care plans to ensure that care provided met the individual needs of each person. Staff had a good awareness of people's needs and daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff could describe the care and support required by individual people. For example, one care staff member described the support a person required with their personal care and to meet their nutritional needs. Another was able to tell us about activities a person enjoyed and what was important to them. This corresponded to information within care plans and was appropriate to ensure their needs were met.

People were supported to lead happy and fulfilled lives in the least restrictive way. They were encouraged to make choices about all aspects of their lives, including what they did each day, where they went and how they spent their time. They told us about a variety of in house and community-based activities they were supported to take part in locally and across the island. These included organised activities such as day centres and informal activities provided by care staff such as visiting local pubs and restaurants, shopping and attending events around the island. People had also been supported to visit places of interest on the mainland and we saw that four people had visited an animal park in Hampshire shortly before the inspection. One person said, "I like going to the pub." We saw in their care records that they were supported to do this on a regular basis. During the inspection, we saw that people were free to take part in an extensive range of activities in the local community, or pursue their own interests within the service. A staff member commented, "Activities-wise, we have a lot of freedom because of the cars." The provider had arranged for a suitable vehicle to be available for everyone to use whilst another person used some of their personal money to pay for their own car which staff drove when they wanted to go out.

At the time of the inspection nobody was receiving end of life care. However, during the previous year, the service had supported a person as they approached the end of their life. Support and guidance had been sought from health professionals and the person had been able to remain at the home and receive the care

they required to have a dignified and pain free death in familiar surroundings. Staff and other people living at the home had received support when required.

People and their relatives said staff were good at communicating with people. We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS). This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs had been assessed and people had a communication care plan which detailed what support they required to communicate effectively. Care staff were able to interpret people's communication. For example, they explained that when a person went into the kitchen and stood near the kettle they wanted a hot drink, which we saw staff then prepared for them. Pictures were also available of some food items, to help keep people informed of planned menus and which staff were due to be at work each day.

People's views about the service were welcomed by the provider. There was a suggestion box into which comments could be placed by people, visitors or staff. People were provided with information about how to complain or make comments about the service. This information was also available for people in suitable an easy read format. The registered manager was aware of how to access advocacy services, should people require support to make a complaint or have their views heard. Relatives and people told us they had not had reason to complain, but knew how to if necessary. They said they would not hesitate to speak to the staff or the registered manager, who they said they saw regularly and was very approachable. Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

People and their families told us they felt Saxonbury was well-led. One relative told us, "The [registered] manager is very approachable, any problems I can go to her and I'm sure she will sort things out." A health professional said, "I really enjoy working with Saxonbury and the team are a credit to [the provider] with the personalised care they give in a homely environment." A person, relatives, health professionals and staff all said they would recommend the home to others.

The service had a registered manager. 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. The registered manager had attended a variety of training to ensure they kept their skills and knowledge up to date.

The registered manager was supported by the provider's management team who they had regular meetings with. The registered manager told us they were involved in decisions the provider made such as the introduction of new policies or procedures. The nominated individual (provider's legal representative) attended the home for the second day of the inspection. Where we identified some areas for improvement on the first day of the inspection, action had been taken by the second day of the inspection. This showed the registered manager was open to suggestions and took action when required for the benefit of the service and people who lived there. Care staff said that if needed, they had contact numbers for the nominated individual and other members of the senior management team and felt confident to approach them.

The registered manager said their aims for the service were, "For people to lead a happy, healthy life with the best quality of life and to be as independent as possible." These values were reflected in how people received a service. Care staff told us the home's values were to ensure everyone received the best possible care and that they were happy and enjoying life. Formal and informal staff meetings, as well as individual supervision and support meetings held by the registered manager and staff, helped reinforce the registered manager's vision and values for the service. Staff told us there was good morale amongst staff and all would help each other out where ever required. Staff said they felt able to approach the registered manager and other members of the management team should the need arise. All staff said they felt valued and part of a team.

The provider's and registered manager's attitudes contributed to the open and supportive culture within the home. They worked in partnership with other health and social care agencies to ensure a coordinated approach to people's care. The registered manager notified CQC of all significant events and the home's previous inspection rating was displayed prominently in the home's entrance hall. There was a duty of candour policy in place which required staff to act in an open way if people came to harm. The registered manager was clear about how and when it should be used. A whistleblowing policy was in place, which was available to staff. Staff were aware of the whistleblowing policy and said that they would have no hesitation

in using it if they saw or suspected anything inappropriate was happening.

The provider and the registered manager monitored the quality of the service provided. A range of audits were conducted including infection control, medicines management and around the day to day running of the service and its environment. For example, a staff member was delegated to check the correct functioning of fire systems on a weekly basis and senior staff undertook audits of care records. Where systems in place required improvement, the registered manager responded promptly. For example, following some medicines errors, new checking procedures had been introduced to reduce the likelihood of further incidents. The provider and registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and actions were taken to drive improvement. There was a contingency plan to deal with foreseeable emergencies.

Records were well maintained, secure and confidential. The registered manager and staff had completed training in relation to recent legislation regarding access and retention of personal data on staff and people called General Data Protection Regulation (GDPR), which was effective from May 2018. Specific policies and procedures were in place to ensure compliance with this legislation.