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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this home on 25 October 2016. This was an unannounced inspection.

Saxon Court provides care and support to adults with learning disabilities, limited verbal communication abilities and challenging behaviour. The service provides residential care for mostly older adults with learning disabilities and complex needs. Saxon Court is divided internally into three separate wings namely; Meadowview which had seven people, Ashcroft had four people and Lynwood four people. At the time we visited there were 20 people in total living at the home.

There was a new manager at the home. The new manager is also the provider and they had submitted their application as the registered manager with CQC after the previous manager left. 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 Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. However, the processes of the Mental Capacity Act 2005 had not been followed when applying for DoLS. Not everyone had appropriate DoLS in place, hence, appropriate DoLS applications had not been made when we visited.

People were protected against the risk of abuse. We observed that people felt safe in the home. Staff recognised the signs of abuse or neglect and what to look out for. The new manager, care manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place. This was to identify and reduce risks that may be involved when meeting people's needs such as inability to verbally communicate, which could lead to behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

Effective recruitment processes were in place and followed by the manager. Staff had the opportunity to discuss their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

Medicines were managed safely. The processes in place ensured that the administration and handling of

medicines was suitable for the people who used the service. People had good access to health and social care professionals when required.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The new manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The new manager understood the requirements of their registration with the Commission.

During this inspection, we found a breach of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this report.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. However, they had not followed the process of MCA and DoLS application.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses.

Staff received supervision and annual appraisal which was planned by their manager to ensure they had the support to meet people's needs.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were treated with dignity and respect by staff, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

The provider had a complaints procedure, which was understood by the new manager and staff.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

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 checked 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 25 October 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with three people who used the service. Not everyone was able to verbally share with us their experiences of life at the service. This was because of their complex needs. We therefore spent time observing people and how care was delivered.

We spoke with three healthcare assistants, cook, one senior healthcare assistant, care manager, area manager and the new manager who is also the provider. We also requested information via email from healthcare professionals involved in the service. These included professionals from the community mental health team, care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included three people's care records, which included care plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

At our last inspection on 28 August 2013, we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

One person said, "Yes, I am safe here". Another person said, "I have been here for 28 years and I love it here". We observed that people felt safe in the home and were at ease with staff.

Healthcare professionals commented as follows, 'I did find that the two residents funded by us whom I have visited in the past, receive a good and safe care and all their needs are fully met with the current support plans'.

Staff had a good understanding of the different types of abuse and how they would report it. They 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. They were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff had access to the provider's safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Sussex area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended. There were notices displayed regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). This information was also in pictorial format to assist people with learning disabilities. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had information about whistleblowing on a notice board for people who used the service, and staff.

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that may challenge staff regarding service provision to people. As well as having a good understanding of people's behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. For example, one person who needed more support while out in the community had plans in place such as 'one to one' support to help the staff keep them safe when out in the community. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines. These were to support people with identified needs that could put them at risk, such as when they become agitated. People had individual care plans that also contained risk assessments which identified risk to people's health, well-being and safety. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the care manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. There was a system of regular audit checks of medicine administration records and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. We checked two people's medicine records. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

There were suitable numbers of staff to care for people safely and meet their needs. The home care manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. We observed that there were sufficient staff on duty to meet people's needs, for example supporting people attending planned activities. The care manager said that if a member of staff telephones in sick, the staff in charge would contact their bank staff team to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The new manager told us that the roster is based on the needs of people. Staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in 2015. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was recently reviewed in 2016. Fire equipment was checked weekly and emergency lighting monthly.

There was a plan for staff to use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

Requires Improvement

Is the service effective?

Our findings

Healthcare professionals commented as follows, 'Saxon court referrals are promptly made to the appropriate service following an identified need, often following a consultation with the residents GP.' and 'From my experience, the team have been efficient in processing referrals, when required, to make sure the two residents from LBR are supported accordingly and their needs are met. For example, when supporting one of the residents managing his onset of dementia.'

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. One staff member explained that every person has some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS application had been made to the local authority for people who lived in the home. The new manager and care manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. However, DoLS applications had not been made for all the people living in the home for specific decisions or consent to actions carried out by the home. For example, only 10 applications were sent out of 20 people who required an application. There were coded key pads on doors in the home and some people were unable to go out into the community without support. MCA process had not been followed in the application for DoLS. We found no documentation which showed that people's capacity to make specific decisions had been assessed or a best interest meeting was held and decisions made wherever necessary when people lacked capacity to make informed decisions. This meant that people had not been assessed under the MCA and their consent sought to these restrictions. Steps taken in the home did not follow the principles of the Mental Capacity Act (MCA) 2005.

This is a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received induction training, which provided them with essential information about their duties and job roles. The care manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with learning disabilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were caring for people effectively, and for staff to understand their roles. Staff received refresher training in a variety of topics, which included equality and diversity, health and safety, fire safety, safeguarding and food hygiene.

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the new manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal had been planned for all staff. Records confirmed that supervision and annual appraisal plans were in place.

People had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. A member of staff said, "We take their likes and dislikes into consideration when offering choices". People were supported to take cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruits and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. Weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. A healthcare professional commented, 'All health needs are met when required'. The health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health.

Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate, staff accompanied people to appointments. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well men clinics. People were regularly seen by their treating teams.

Good

Is the service caring?

Our findings

People said, "I love it here, it is my home" and "It is nice here". We observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes.

We observed that staff respected people's privacy and did not disturb them if they didn't want to be disturbed. For example, one person who lived in the home was asked if they would like to speak with us, and agreed before we could see them. All bedrooms doors were closed. Staff knocked on doors before they entered. Staff treated people with dignity and respect.

People we spoke with told us that they were able to receive visits from their family members and friends at any reasonable time. They also said family members and friends were always made to feel welcome and there was always a nice atmosphere.

However, the current environment of Lynwood area for four people did not promote their dignity and respect. Lynwood had two communal bathrooms and toilets next to each other. The distance from service user's rooms to the bathrooms/toilets was approximately between 10 and 20 yards. The corridor was narrow and the carpet along the corridor to the bathroom was worn and outside the bathroom smelt of damp. The bathrooms looked very tired and in dire need of modernising. People in Lynwood require support with their personal care and monitoring. The poor state of this environment affects the upholding of people's dignity and respect. We discussed our findings with the new manager who is also the provider. They showed us a detailed modernising plan which was in progress as at the time of our visit and sent us a revised plan to hasten the on-going refurbishment. They said, 'This is part of an on-going programme to transform Saxon Court to a modern home with all bedrooms en-suite. I inherited management of the home with just one en-suite back in 2012. Since then I have added eight more en-suites, modernised the main kitchen, laundry and Ashcroft unit. We have also secured energy supplies by removing expensive gas and oil and moved towards biomass and solar PV.' Biomass is fuel that is developed from organic materials, a renewable and sustainable source of energy used to create electricity or other forms of power and solar PV is a power system designed to supply usable solar power. This demonstrated that the new manager/provider had been working towards ensuring that people's dignity and respect are upheld through the modernisation of the environment that people lived in.

Staff were attentive, showed compassion and interacted well with people. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that showed compassion and respect for people. Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in the new manager's office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff knew the people they were supporting well. They had good insight into people's interests and

preferences and supported them to pursue these. The care manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

People and relatives were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people or their relatives. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff provided support as recommended in people's support plans during the day. The care manager told us that if people's needs required more support during the night, then this would be provided.

The care manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

Good

Is the service responsive?

Our findings

We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks. We asked one person if they were going out for the day and they said, "I go out shopping to buy chocolate, coke and pipe tobacco. I like it" and another person said, "I like to go out into the community. I am going on a coach trip in November".

Healthcare professionals commented, 'Yes, Saxon Court have always co-operated with our service, relevant information is shared as appropriate such as when people's needs change and request for a review or reassessment. Saxon Court also report that they are currently in the process of transferring all its residents' documentation to a computerised system, rather than recording daily notes on hand written forms.' and 'My experience was of a fluent and transparent communication from all team members at Saxon Ct, including management, towards the two residents reviewed at the time. Yes, when needs have changed there has been a proactive approach from staff to identified the changes and to share the information with relevant teams including funding authority.'

Each person's physical, medical and social needs had been assessed before they moved into the home and communicated to staff. Pre-admission assessment of needs included information about people's life history, likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about people's individual needs from the onset.

The provider had recently introduced a new electronic care planning system. They told us that the new system is an innovative computer-based care planning and home management system for Residential and Nursing Care Homes. This is still in transition according to the provider. Hence, people's care plans including risk assessments were both paper based and electronic. People's care records were updated in both areas to reflect any changes in their needs. For example, people were discharged from regular visits to their physician. This was changed in their care plan to 'as at when necessary' visits. A staff member told us, "One person's needs changed after they visited the GP. We reflected the changes in the care plan, medicine administration records and the rota in order to meet the person's needs". This ensured that staff had access to up to date information about people's changing needs.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's mental health team and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

There was a weekly activities timetable displayed in people's care files and people confirmed that activities

were promoted regularly based on individual's wishes. Staff provided a flexible approach to activities to meet people's needs. We observed that people were encouraged to pursue their interests and participate in activities that were important to them. For example, one person loves to attend the local Church. We saw in their records that staff regularly supported them to attend. There were two activities coordinators employed Monday to Friday to provide activities for people. Activities staff provided a flexible approach to activities to meet people's needs. They recognised that people may not always be well enough to participate in group activity and so varied activities daily. Activities staff explained how they provided activities and engagement both in the activities centre (located in the grounds) and in the home. This ensured that people could choose to be in a quieter environment or a noisy environment; this ensured that people's preferences could be met in a person centred manner. The Home's staff clearly placed great emphasis on activities for the people and everyone spoke highly of them.

Daily records confirmed that activities were promoted regularly based on individual's wishes. People were supported to access leisure activities in the local community. During our visit, two people went out into the community, as they had expressed they wanted to go based on their activities plan.

People had regular one to one sessions with their key worker to discuss their care and how the person feels about the home. A keyworker is someone who co-ordinates all aspects of a person's care at the home. These sessions were documented in the person's support plan and agreed by them. Therefore, people were given appropriate information about their support at the home, and were given an opportunity to discuss and make changes to their support plans.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service and then they discussed this at resident's meetings. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the new manager. People told us that they were very comfortable around raising concerns and found the new manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

Good

Is the service well-led?

Our findings

Our observation showed that people knew who the new manager and care manager were, they felt confident and comfortable to approach them. We observed people engaging the care manager in a relaxed and comfortable manner. The care manager runs the shifts on a daily basis while the new manager was responsible for the administration of the home.

A healthcare professional stated, 'My general comments would be that Saxon Court's overall service works well'.

The management team at Saxon Court included the new manager currently undergoing registration with the commission and care manager. Support was provided to the care manager by the new manager/provider and an area manager, in order to support the home and the staff. The area manager visited the home monthly or as and when necessary to support the care manager and they supported both the new manager/provider and the care manager with the inspection. All the managers knew each resident by name and people knew them and were comfortable talking with them. We observed a jovial banter with one person in the office which showed us that people were very relaxed in the company of staff and managers in the home.

The management team encouraged a culture of openness and transparency. Their values as stated on their website were, 'Saxon Court provides a friendly, safe and homely environment, where residents are supported to maintain their independence in daily living activities and develop close community links.' Our observations showed us that these values had been successfully cascaded to the staff who worked in the home. Staff demonstrated these values by being passionate about the care we observed being delivered. Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the care manager was supportive to them. Staff told us that the care manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. Members of staff said, "The care manager is likable and very approachable" and "He is straightforward. I can talk to him anytime." We observed this practice during our inspection.

The provider had been carrying out various renovations in the home, which was their own form of innovation. They had introduced sensor units to lightings in the home to further improve energy efficiency. All newly refurbished rooms are fitted with PIR motion sensor (A passive infrared sensor (PIR) is an electronic sensor that senses movement) for full dementia support to alert staff when necessary. This showed that the provider continue to support the service through the introduction of innovative equipment.

We found that both the new manager/provider and care manager understood the principles of good quality assurance and used these principles to critically review the home. The provider engaged an external professional who visited the home every month to carry out a monthly service audit. We found that the provider had effective systems in place for monitoring the home, which the care manager fully implemented. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, personnel, learning and development for staff. They used these audits to review the home.

We found the audits routinely identified areas they could improve upon and the care manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the care manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Communication within the home was facilitated through monthly meetings. This provided a forum where staff shared information about people's needs, maintenance, catering, activities and administration and reviewed events across the home. Staff told us there was good communication between staff and the management team.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Healthcare professionals we contacted told us that the home always liaised with them. A healthcare professional told us that staff at Saxon Court worked well with them at all times. They said, "Saxon Court work well with the GP surgery and conduct a standard annual review". This showed that the management worked in a joined up way with external agencies in order to ensure that people's needs were met.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The new manager and care manager were aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the new manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People had not all been assessed under the MCA and their consent sought regarding restrictions in the home. This is a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.