

Saxon Care Solutions Limited

Royal Wootton Bassett Office

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

About the service

Royal Wootton Bassett Office is a domiciliary care service that provides personal care to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives were complimentary about the service provided. They received a person-centred service which met their needs. Each person had a detailed, well written care plan which they were involved in developing. People and their relatives knew how to raise a concern if they needed to. They felt they would be listened to, and their concerns would be satisfactorily addressed.

People were supported by a small team of staff, who knew them well. People's diverse needs were respected and their rights to privacy, dignity and independence were promoted.

Systems were in place to enhance safety and minimise the risk of abuse. Risks people faced had been assessed and measures were taken to mitigate them. There were enough staff to support people safely and staffing capacity was regularly reviewed. People's medicines were safely administered, and safe infection control practice was being followed.

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

Staff received a range of training to keep their knowledge and skills up to date. They were well supported both informally and through systems, such as meetings with their supervisor. Staff assisted people to have enough to eat and drink and liaised with health care professionals when needed.

The service benefitted from clear leadership and a strong, caring culture. There were a range of audits which ensured regular monitoring. People, relatives and staff were encouraged to give their views about the service and felt listened to. The management team demonstrated a commitment to provide good quality care and a desire to continually improve.

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

Rating at last inspection

This service was registered with us on 13/01/20 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Royal Wootton Bassett Office

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20/05/21 and ended on 28/05/21. We visited the office location on 20/05/21.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, commercial manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff support and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were clear processes in place to help protect people from the risk of harm.
- Staff had access to a range of information about abuse and had completed training in safeguarding. They knew what to do if they had concerns about a person's safety.
- People told us they felt safe with staff, and relatives had no concerns about safety. One relative told us, "There are very few people that I trust to look after [family member]. I can be very hard to please, but I can absolutely assure you that I have the utmost confidence in them, and I can't fault their care in any way."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people faced had been considered, and measures were in place to mitigate them.
- Records showed risks such as falling, mobility and the person's environment had been assessed. All assessments were regularly reviewed, or as people's needs changed.
- People received a reliable service, which enhanced safety. One person told us, "It's been really important to me that I don't have to worry when a carer is going to turn up, or who it's going to be."
- Any accidents or incidents were analysed to see if anything could have been done differently. This ensured lessons were learnt, and further occurrences were minimised.
- The registered manager told us they were always looking for things to improve. They said new telephone and IT equipment had helped to enhance the efficiency of the service.

Staffing and recruitment

- There were enough staff to safely complete people's support.
- Staffing capacity was regularly reviewed and discussed with the team before a new care package was accepted. This ensured the person's support could be safely accommodated.
- People were consistently supported by a small team of staff who knew them well. One relative told us, "[Family member] has a small number of regular carers who have been able to get to know them, their medical needs and how they like things to be done."
- Staff had been recruited safely. Checks included gaining information about the applicant's performance from their current employer, and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.

Using medicines safely

- People's medicines were administered and managed safely.
- A new electronic medicine administration system had been introduced. This alerted the staff member and

registered manager, if any steps of the medicine administration process had not been fully completed. Immediate action could then be taken to minimise the risk of further error.

- Records showed people had been given their medicines as prescribed.
- There was guidance for staff to follow regarding the administration of topical creams and medicines to be taken 'as required'.
- People and their relatives had no concerns about medicine management. One relative told us, "The timings of [family member's] visits were worked around when their medication needed to be taken. They give them their tablets with a drink, and then it all gets completed on the records."

Preventing and controlling infection

- Systems were in place to prevent and minimise the risk of infection.
- The registered manager had regularly sought up to date guidance in response to working safely within the pandemic. Staff were updated with this information as needed.
- Staff were given plentiful supplies of hand gel and personal protective equipment (PPE). Regular checks were undertaken to ensure the PPE was worn correctly.
- Staff had received training in infection and prevention control, and hand hygiene. Videos were available to show staff how to put on, and take off, their PPE safely.
- A weekly testing programme was in place for all staff, to minimise the risk of spreading COVID-19.
- People told us staff took additional precautions to minimise the risk of infection. One person told us, "Carers always make sure they tell me what they're doing regarding washing their hands and their gowns and things. That's given me the confidence to trust them and know that I'm hopefully going to be safe."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were thoroughly assessed and then discussed with the staff team, before it was agreed a service would be offered.
- Records showed the people's initial assessments were detailed and well written. They covered areas such as the support the person required, personal choices and preferred routines.
- The information, which was gained as part of the assessment process, was used to develop a comprehensive plan of care.
- Relatives confirmed their family member had a detailed assessment before any support was provided. One relative told us, "They sent out two people. They took their time and talked through with us about what [family member] was still able to do for themselves and then what we needed their assistance for. They also asked us about how we'd like the care organized, and at what times we would like them to visit."

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they were kept up to date with their knowledge and skills.
- Records showed training topics included moving people safely, fire safety for domiciliary care and dementia awareness.
- Systems were in place to support staff and enable career progression if required. Support systems included informal discussions, staff meetings and a review of performance known as supervision and appraisal.
- All new staff completed a robust induction period when they started work at the agency. They undertook training, worked with more experienced members of staff and had discussions with their mentor and the management team. The length of the staff member's induction varied and was only completed, once the staff member felt confident to work on their own.
- People and their relatives told us staff were well trained. One person said, "As far as we're concerned, they are very well trained, knowledgeable and experienced. They provide an air of knowing what they are doing, which in turn gives you the confidence that you haven't got to worry."

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

- People were supported to have enough to eat and be well hydrated.
- People were asked about any assistance they needed with eating and drinking, during their initial assessment. This information was then detailed in the person's care plan.
- Staff told us they encouraged people to choose what they wanted to eat. This included snacks, microwaved meals or cooking from scratch. One staff member said, "We are always told if a person declines

a meal, we have to leave something for them, as they may get hungry later."

- Any concerns with people's food or fluid intake was raised with the registered manager. The concerns were then followed up by gaining consent to inform a relative or GP, and further monitoring.
- People and their relatives were happy with the support staff gave with eating and drinking. One relative told us, "They will usually tell [family member] what's in the fridge and if they're not very enthusiastic, they will always say they can cook them something like eggs on toast or make them a toasted sandwich or jacket potato. We really appreciate they take the time and effort with them."

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support;

- People were supported to attend appointments and access health care services as required.
- Records showed information and guidance from professionals, was incorporated into the person's care plan. This included working with an occupational therapist, due to equipment they had recommended the person used.
- Staff were efficient in identifying and reporting any concerns about a person's health. One relative told us, "Because [family member] has a small number of regular carers, we all benefit that they are able to pick up warning signs, like becoming unwell or something wrong with their skin. This is at a much earlier stage, than if they had different carers every day."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- No-one using the service at the time of the inspection lacked the capacity to consent to their care and support.
- The service worked closely with the local authority when capacity was being assessed, and if best interest decisions were needed.
- Records showed people were asked to consent to their care and other areas such as staff accessing their property.
- Staff had undertaken training in MCA and understood the principles of capacity, gaining consent and decision making.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Systems were in place to ensure people were treated with compassion and care. This included robust recruitment, staff training and regular checks of staff's performance.
- The management team had strong values, and clear expectations of how people should be treated. These values were adopted throughout the staff team.
- Diverse needs of people and staff were respected. The registered manager said if possible this included matching a staff member to a person, with the same ethnicity, to enhance their support.
- People were complimentary about the staff who supported them. Specific comments were "The carers couldn't be any more kind and caring than they are" and, "They are very professional and caring, and they are all really good ambassadors for the agency as a whole."
- The registered manager told us, "We have a good team of carers who genuinely care for our clients."

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

- People were encouraged to direct their care and be involved in the development and review of their care plan.
- People had signed their care plan, to show they were happy with its content.
- Staff told us they encouraged people to say how they wanted their care to be delivered and in what order. People were able to change their mind, and decline aspects of their support if they wished.
- Relatives told us staff respected people's wishes and involvement. One relative told us, "They will always ask them about their preferences. They are patient and support them by way of allowing them the time to try and do the bits they can do for themselves. They do not make them feel rushed, despite maybe having a deadline to meet, to get to the next person."

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy, dignity and independence were promoted. One relative said, "The carers have always been very conscious that there are other family members here in the house. They will always close the door once they are ready to start helping [family member] to have a wash, so that their privacy is maintained."
- Staff were confident and knowledgeable when talking about promoting people's rights.
- Staff received training in Dignity in care and Equality, Diversity, and Inclusion. The registered manager told us "During the training we always instil into the carers the need to treat our clients with fairness, respect, dignity, equality, and autonomy, encouraging the client to make choices and do as much for themselves as they can."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a person-centred service, which met their individual needs.
- People were involved in the development of their care plan, and its review. The information within the plans was well written, detailed, and person centred.
- Staff told us they were always able to provide personalised care, as they knew people well and were aware of personal preferences.
- People received support at a time that was convenient to them. One person told us, "This was our number one priority that we had the carers organized, in a small team, and the timings of visits were consistent. Even during the pandemic, they have managed to deliver this to us."
- People and their relatives were happy with the service they received. Specific comments included, "They've always been very accommodating, and nothing is ever been too much bother" and, "It's actually quite lovely to hear them laughing when the carer is with them. I know that the carers have been able to get to know [family member] well and understand their particular needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was fully compliant with the Accessible Information Standard.
- People's communication needs were considered during the initial assessment process. Any assistance required was incorporated into the person's care plan, and staff were informed.
- The service was able to offer people with easy to read documents. They also gave people the choice in how they would prefer to be contacted.
- Staff training in meeting people's communication needs, was arranged as required.

Improving care quality in response to complaints or concerns

- The service had a positive approach to complaints. The registered manager told us "If there are any problems, we jump on them straight away. It's about the clients and carers feeling comfortable talking to me and knowing I will listen and act on their concerns."
- There was a complaints policy and procedure in place. This was given to people, when they started to use the service.
- People and their relatives told us they would have no hesitation to raise a concern if needed. One relative

told us, "I wouldn't be afraid to call and talk to any of them about any problem I did have, because I am absolutely certain they would listen to me and treat me fairly."

End of life care and support

- The agency was able to provide support to people at the end of their life if needed.
- Details of the support required and personal wishes, were documented in the person's care plan. These were discussed with staff and regularly reviewed.
- Staff worked alongside associated professionals, such as the local hospice, to ensure best practice was followed.
- Staff received training in end of life care. They received additional support from the registered manager and management team, when caring for a person at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had strong values, which were cascaded and adopted throughout the staff team. There was a positive culture and clear commitment to provide high standard, quality care.
- There were many positive comments about the management of the service. One relative told us, "What impresses me about the management, is that they can be flexible and provide whatever is needed, even when circumstances change quickly."
- Staff were complimentary about the culture of the agency. One staff member told us, "We're all like family. Everyone cares about each other. They're a great company to work for. They work with you to make sure you can do your best and you can talk about anything that's getting in the way. They expect you to always do your best and everyone does."
- The registered manager understood their responsibilities under the duty of candour.

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

- The registered manager had good leadership skills and a clear understanding of their managerial responsibilities.
- There were effective quality assurance systems in place. These included regular audits and spot checks of staff's performance.
- New systems, such as electronic call monitoring, had been introduced to enhance auditing. The registered manager told us "It allows us to check that the carer has arrived on time and has tagged out on time."
- Staff were aware of what was expected of them. The registered manager spoke to all staff regularly, and there were staff meetings and one-to-one reviews of performance. The registered manager told us, "One of us is always on hand to provide advice, guidance, and reassurance."
- We received positive feedback about the agency from two health/social care professionals. One comment included, "They are very organised, they're brilliant. The processes mean everything is seamless and easy, and all actions are carried out. [Name of registered manager] is a very good manager with clear leadership. The agency is very refreshing and has clearly got it just right. They're doing a great job."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were encouraged to give their views about the service. This was informally

or via more formal surveys. One relative told us, "We are regularly contacted to make sure we are happy with everything and as I say, I know I can always get hold of someone if there is anything, I'm not happy with."

- The service had worked closely with various health and social care professionals. This was in relation to people's needs, and service delivery. Regular guidance had been sought about ways of working within the pandemic.

Continuous learning and improving care

- The management team were continually looking at ways to improve the service. This included developments to systems, and equipment to support service provision.

- The registered manager was proactive, and forward thinking. They told us, "On a Monday morning we hold an operations meeting to discuss what has happened over the weekend and discuss how to keep the business compliant."

- People and staff were empowered to be open and honest. This enabled their views to be discussed and used to improve the service. One member of staff told us, "They're always asking if everything is alright. They expect you to raise anything you are not sure about or if you have any suggestions. They listen and appreciate your point of view."