

Hales Group Limited

Saxon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Saxon House is a domiciliary care service that supports people with their personal care needs in their own homes or flats both in the community and in an extra care housing unit where the service was based. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care provided by the service. Not everyone being supported by Saxon House received the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the day of our inspection 35 people were being supported with their personal care in the extra care housing unit and 21 people in the wider community.

In May 2018 Hales Group Limited registered Saxon House to provide the regulated activity of personal care. The previous organisation continued to manage the extra care housing accommodation and are responsible for the upkeep of people's flats and the communal areas. This meant Hales Group Limited only provided personal care to the people living in the extra care complex, within their contracted hours and are not responsible for who moved into the flats or providing care or supervision outside people's contracted care times. The previous organisation had provided activities and other services, without charge, that were outside their remit as a registered domiciliary care agency. This has led to misunderstandings and expectations from the service that are outside their remit. Hales Group Limited are not obliged, under their registration with the Care Quality Commission (CQC), to offer or arrange activities within the housing complex or out in the local community.

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

People's care plans were person centred and gave staff the information they needed to be able to meet people's needs. However, people told us they did not know which staff member was going to work with them and sometimes staff they had not met before arrived to support them with their personal care needs. Nor did people have consistency in the staff that attended to them. One person told us in the previous nine days they had received care from nine different staff members.

The registered manager was supported by the organisation and staff told us they were open and supportive. There were quality assurance systems in place to monitor the quality of service the organisation offered people. However, the governance systems in place had not yet ensured people received their visits when they needed them and from consistent staff.

People who used the service were protected from bullying, harassment, avoidable harm and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. People were protected by staff that had been safely recruited.

Risks were assessed, and steps have been put in place to safeguard people from abuse. Risks to individual

people had been identified and action had been taken to protect people from harm.

Staffing levels were rotated at sufficient levels. However, staff absences, short notice sickness for example, meant people's care visits were sometimes late and on occasion missed without notice. People were supported with their medicines in a way that ensured that people received them safely.

People received care from staff that had the knowledge and skills they needed to carry out their roles. People were asked for their consent by staff before supporting them. People were supported to eat and drink enough to maintain a balanced diet. People were also supported to maintain good health and access healthcare services.

We saw examples of positive and caring interaction between the staff and people using the service. People told us they were able to express their views, staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks. Prior to the end of the inspection it was confirmed to us that the concerns were not all substantiated, and the provider had investigated those area of concerns raised with us.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Saxon House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. The service offered support as a small domiciliary care agency and provided personal care to people living in their own houses and flats in the wider community.

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

This inspection was unannounced. Inspection site visit activity started on 12 November and ended on 13 November 2019. We visited the office located in the housing complex on both days.

What we did before the inspection

We reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We had not asked the service to complete a Provider Information Return since their last inspection on 11 March 2019, but we reviewed the last one they sent us. 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 also

reviewed any information about the service that we had received from members of the public and external agencies. We used all of this information to plan our inspection.

During the inspection

We looked at records relating to seven people's care from within the housing complex and from the wider community. We also looked at four staff recruitment records, training records and complaints. We also looked at what audits and systems they had in place to check on the quality of service provided. We spoke with the registered manager, community care manager and acting care coordinator, office administrator and the area manager. We also talked with five people using the service who lived within the housing complex, one person who lived in the wider community, and one person's relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During our last inspection we found risk assessments covering specific medical conditions were not always in place. During this inspection we found personalised risks assessments demonstrated the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.
- Staff understood the actions they should take to make sure people were safe. The registered manager told us they routinely raised subjects regarding risk as a discussion point during team meetings, such as what action staff should take if they could not access a person's home for their care visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to contact if they felt unsafe. One person said, "I'm safe, [the staff] are good people. They check how I am and ask if I'm okay before they go."
- Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
- The registered manager and staff told us what action they would take if they had any safeguarding concerns or were worried about people's safety. The provider's and local authority's safeguarding policies and procedures, along with contact details, were displayed within the service.

Staffing and recruitment

- Although we received mixed feedback from people about the staffing levels, sufficient staff were employed to cover people's care visits. Some people told us there were enough staff to meet their needs in a timely manner and other people had concerns that they had to wait for their support at times. For example, one person told us, "I've been waiting for my tablets, I'm never sure when I'll get them." And another person said, "I'm 100% happy with the care I get, very much so. If I have to wait it's because they are helping others that need it more than I do at the time."
- The staff we spoke with all said there were enough staff, but if someone went sick at short notice, it was hard work. One staff member told us, "One weekend two of the four staff were off sick, it was very hard work until cover was found."
- The registered manager told us people were told at the beginning of using the service, to allow for emergencies, their visits could be expected 30 minutes either side of the visit time before it was classed as a late visit. All people's visits were recorded electronically, and the records of the visits showed people were usually seen within that half hour window. The records were examined as part of the quality assurance system and we saw evidence that those visits not within the expected time frame were investigated. For example, one visit was late by 45 minutes, the person was notified their visit would be slightly later because another person required extra support.

Using medicines safely

- When people required support with their medicines, they received them as required. People's records identified what support they required and guided staff on how this was to be provided safely.
- Staff received training in supporting people with their medicines. The registered manager observed care staff to ensure they helped people with their medicines safely.
- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons were provided for care staff to use to reduce the risks of cross infection.

Learning lessons when things go wrong

- The service had systems to learn from incidents to reduce the risks to people using the service.
- The registered manager told us about an example of where they had learned lessons and used this learning to drive improvement and reduce future risks.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Assessments of people's individual and diverse needs were in place prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.

Staff support: induction, training, skills and experience

- The provider's induction procedures and ongoing training provided staff with the skills to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect. Staff were supported to undertake qualifications relevant to their role.
- Staff competencies were checked, for example the registered manager observed staff while they supported people.
- Staff were provided with one to one and group supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.

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

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and contained guidance on how that should be done. This included encouraging people to drink to reduce the risks of dehydration.

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

- People told us if they needed help to get to an appointment, such as hospital appointments, staff would go with them and supported them to arrange health care appointments.
- Records demonstrated where staff had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising people's relatives they needed to see a doctor.
- The registered manager told us how they had worked with other professionals including occupational therapists to support people to obtain the equipment they needed.

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. 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. We checked whether the

service was working within the principles of the MCA.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Information in care plans, demonstrated staff's working knowledge of the MCA and how they put it into practice. Staff received training in the MCA.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection if needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People were supported by kind and compassionate staff. One person told us, "They are great people here, the care they give is great." One person's relative told us, "The staff are friendly and get on well with my [family member]."
- Staff received training in dignity and respect. They understood why it was important to treat people with respect.
- People looked relaxed and comfortable around staff and during interactions between them. Those interactions we observed were both warm and friendly.

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

- People were involved in the initial planning and development of their care plans and their views had been taken into consideration in the development of their support.
- One person commented, "They ask me how things are doing, I tell them it's all good." Another person told us they were consulted about the care and support provided. They said, "They ask me how I am and how I want things done, they do it my way."
- People's care records evidenced people were central to the decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person told us, "My privacy is respected, I'm not caused any embarrassment."
- There was storage in the service's office to keep confidential records safe and secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met through good organisation and delivery.

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

- People said that the visits were sometimes late, and they were not always being informed of this or told in advance who was going to come to support them. One person said, "Over the last nine days, I have had nine different carers. I don't know who is going to arrive at my door and often it is a complete stranger who lets themselves into my home. Every time I have to tell them what I need and how I like it done, it is exhausting. One of the reasons I get these visits is to have companionship, but I don't get any, all the time is taken up by me telling them what to do. We don't have time to sit and chat."
- The registered manager acknowledged the rotas were not planned so people had regular staff because they were based at the housing complex and people were familiar with all the staff. However, this was not relevant for those people who lived in the wider community. They only saw the staff who visited them, and they were not introduced to new staff before they started to work with them.
- Staff told us that sometimes they were delayed in getting to people because others needed extra support or care, or if staff had gone sick at short notice there were fewer staff to cover the service. When asked they said they did not let people know if they were running late but apologised when they arrived and explained why.
- Saxon House supported people they were contracted to support, as well as those they were not, during times of heightened anxiety or if they needed extra support to stay safe outside their contracted hours. This often meant staff were sometimes busy supporting them and keeping them safe leading to other people experiencing late visits.
- People also told us they did not get their visits at their preferred time, one person told us they needed an early visit because of a personal medical need. This did not always happen, which left them waiting for support after they had completed their ablutions. Sometimes they were left until mid-morning.
- The registered manager told us it was not always possible to give people their preferred time, there were times of the day that were always popular.
- People's care records were person centred and guided care staff how people's individual needs were to be met.

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 identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared

appropriately with others.

- Important information people may require, such as the complaints procedure, could be provided in different formats if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service. Records showed complaints were dealt with in line with the complaints policy.
- People and their relatives did not always feel their complaints were dealt with or they were listened to. The registered manager told us they were considering what they could do to ensure people and their families knew, and understood, which organisation involved in the complex was responsible for which area of its management.
- The registered manager told us they were working with the housing provider to ensure the people placed in the complex were able to live there safely with the support Saxon House staff were contracted to give them.

End of life care and support

- There was no one receiving end of life care when we visited the service. The registered manager said they would work with other healthcare services, such as hospice services, to support people to be comfortable and pain free when they reached the end of their lives.
- Staff received end of life training.
- People's care records included any decisions people had made about their end of life choices. This included if they wanted to be resuscitated.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

During our previous inspection we found that the service had not always informed us of incidents or events which occurred that may affect the safety and wellbeing of people who are receiving the service. During this inspection we found the service had taken action to improve and had been proactive in reporting these types of incidents to us.

This inspection was carried out earlier than planned because we had received a number of safeguarding concerns and other information of concern about the service. We therefore brought this comprehensive inspection forward, so we could check that people were receiving safe care. We found safeguarding concerns raised were investigated by the local authority and not all were substantiated or were still ongoing at this time.

Working in partnership with others

- There has been a change of care provider and subsequent change to the service provided. The registered manager was working with people using the service, relatives and agencies involved, to ensure that everyone was clear about the service that was now being provided. It was hoped that this would ensure people had a clear understanding and realistic expectations of what the service could provide.
- There was a high number of concerns being raised about late visits and the provision of activities. These had not all been substantiated. Whilst the manager was working with others to make improvements these had not yet ensured that people received their visits when they needed them and from a consistent staff team.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- Staff reported working relationships were good with other partners such as the local GP and pharmacy.

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

- The registered manager had a good overview of the service being offered and demonstrated an in-depth knowledge about offering quality care to people who used the service.
- The service had an effective system to monitor the safety and quality of the service that gave the organisation an oversight of all the audits completed and submitted by the registered manager, and reviewed any trends and identified improvements and learning needed.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager shared their experiences with us and voiced their plans and ideas to improve the service offered to people. The service had changed to an electronic system that enabled staff to record daily care notes on a handset that also recorded what time care visits started and finished.
- Not everyone was happy with the changes in the way daily care notes were recorded. Some people said they liked to read the notes written about them and missed being able to do that. One person's relative told us they felt the service's change to electronic daily care records meant they were no longer open to scrutiny. In the past, if they visited their relative and were told a task had not been done, they had not been given their medicines for example, the written daily notes confirmed whether this was right or not. The relative said they were given copies of the care records if they asked for them, but they preferred to have the notes freely available.
- The registered manager told us the organisation was piloting a scheme, elsewhere in the organisation, that gave people and their relatives access to the online care notes. If this trial was successful and was rolled out across the organisation this would address the concerns and would enable relatives to monitor the care their family members received.
- Staff were clear about the ethos of the service and the aims they were working towards. They were also positive about the registered manager's attitude and the support they gave them. One staff member commented, "The manager is a good person, I can talk with her about anything and she is great, supports me and is there if I need to ask a question."
- The service showed their appreciation of individual staff members who displayed good practice with the development of a monthly staff reward system, staff were nominated by people they supported, their relatives or colleagues for a monthly draw.
- The registered manager and provider understood the requirement of the duty of candour and were open and honest about the care and support people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were actively engaged in developing the service; through surveys and ongoing communication to check they were happy with the service they received. Annual surveys were carried out. Feedback from these surveys and meetings was analysed and action taken if any issues were identified.
- People's feedback was obtained, and their views listened to by the registered manager. Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager involved staff in decisions about the service. They did this through team meetings and ongoing discussions.