Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Housing 21 - Saxon Court

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Tel: 03701924363

Date of Inspections: 10 September 2013
05 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed
Records	✗ Action needed

Details about this location

Registered Provider	Housing 21
Overview of the service	Saxon Court provides personal care and support to people living in their own homes and to people who live in an extra care facility.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2013 and 10 September 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Saxon Court is an extra care housing provision for people aged 55 years and over. The provider was providing personal care to over 30 people who lived at the extra care facility and 32 people who lived in the local community.

We spoke with ten people who used the service, one relative, nine staff, two team leaders and the operations manager. All the people we spoke with were positive about the care that they or their relative had received. One person told us, "I have nothing but praise for the staff". A relative told us, "They know my wife's needs and the staff treat her very well".

Staff had received the training and support needed so that they cared for people in a way that met their needs.

Arrangements in place for supporting people to take their medication did not always ensure that people had received their medication safety.

There were arrangements in place for monitoring the quality of the service people had received although these had not always been effective in identifying problem areas.

Some of the records that we looked at had not been maintained in a way that promoted the health and well-being of people who used the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 19 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We visited the apartments of five people who lived at the service and spoke with them about the care they had received and we spoke with five people on the telephone. All the people we spoke with told us that they were happy with the care they had received. One person told us that they had needed some extra care and we passed this information to the provider to follow up with the person. All the people we spoke with told us that staff were usually on time for their call. People told us that they understood that staff may sometimes be delayed a little at the previous call. People told us that staff were respectful towards them and they did not feel that staff rushed them in any way.

One person told us, "I am absolutely delighted with the staff. They allow me to do as much as I can for myself. We talk and discuss what needs doing and they ask me how I want my care to be carried out, I am really very pleased with everything". Another person told us, "The staff are very respectful towards me, they really are extremely good. They turn up on time". All the people we spoke with told us that they had a copy of their care records in their home and that staff recorded in these at the end of each visit. This meant people were satisfied with the care and treatment they received from staff.

We looked at a sample of six care records to understand how care was planned and how staff would be able to follow the records to support people. This included three care records of people who lived at the extra care facility and three care records of people who lived in the local community. The records included information about the person's interests and hobbies, likes and dislikes. There was information about the time of the call and how staff should support the person with meeting their needs. We looked at some risk assessments. These should tell staff how to minimise and manage any identified risks to people. We saw that most risk assessments were very general and did not give specific information about what the risks to the individual person was. Manual handling risk assessments which tell staff how to help people to move safely had not always been kept up to date. When we spoke with staff they told us that they knew what people's needs were and how to keep people safe. Some staff told us about concerns they had about meeting one persons needs. When we looked at their records and spoke with senior staff

we found that information was recorded about how to support the person in a safe way. Senior staff had consulted with the person and an occupational therapist about their care. This meant that staff knew how to keep people safe and well although records had not always been well maintained.

People received a daily morning call from staff to check on their wellbeing. We heard staff making calls at the time of the inspection. The call enabled staff to identify any concerns or problems that people might have.

Staff were able to describe what they would do in an emergency situation for example if a person had been unwell. All staff we spoke with were clear about their responsibility to contact a manager or the emergency services in such circumstances.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines management.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the medication policy, looked at care records, visited the home of three people who received support from staff to take their medication and spoke with care staff, senior staff and the provider.

The provider told us that people kept their own medication and the pharmacy delivered directly to the individual's home. We were told that staff were not involved in the ordering or returns of any medication.

We visited the homes and spoke with three people who received support from staff to take their medication. All three people were happy with how staff had supported them although one person told us that they now needed more help from staff to take their medication. This information was passed to the provider to follow up.

We looked at records of medication competency checks that had been completed to ensure staff had given people their medication as detailed in their care records. We records of 'staff discussions' that had taken place between senior staff and care staff when medication records had not been completed correctly. This meant that some systems were in place to protect people from the risks of unsafe medication administration.

Six staff that we spoke with told us that they had received medication training and that they felt confident supporting people with their medication. We asked staff to describe to us how they supported people to take their medication. The level of support that some staff described to us had not been recorded in the persons care records. A staff member described to us how they had followed directions from a district nurse regarding medication administration. However there was no record of a protocol in place describing how staff should do this so the person received the medication safely and as prescribed. Senior staff told us that staff had not passed this information on to them. Medication risk assessments we looked at did not detail the level of support that people required from staff to take their medication safely. We saw that medication administration records did not detail how prescribed creams should be administered. This meant that people could not be confident that they had received the support they needed from staff to protect them from

the risk of unsafe use and management of medication.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with nine staff and the team leaders of the extra care team and the community team.

The team leaders told us how they had ensured that they had sufficient staff to meet people's needs. Both team leaders knew the amount of care hours they were currently providing and told us that staffing hours were regularly reviewed. In the event of staff shortfalls during sickness, vacancies and emergencies staff would provide cover between the two teams. The team leaders told us that if staff were unsuitable for a call then they would be taken off the call. Three staff had needed to update their manual handling training and we were told by the team leaders and saw records to confirm that they had been taken off calls where people had these needs, until they had completed the training. This meant that the service could demonstrate that sufficient numbers of staff with the sufficient skills were available to meet people's needs.

The operations manager told us that there would soon be changes to care staff shift patterns. They were moving from set shifts to a model where staff would be scheduled to carry out specific calls. Some staff raised their concerns with us about these they told us that there would be a lack of staff availability at certain times in the extra care facility. The operations manager told us that all calls to people would be covered and an on- call system would always be available to deal with emergency calls and arrange emergency assistance if needed.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at six staff files and staff training records. We asked ten people who used the service about their views of the staff. We spoke with eight staff across both teams. All the people we spoke with praised the staff and told us that they had no concerns. One person told us that they previously had some concerns about a staff member. However they reported this to a manager and the person was stopped from working with them immediately.

Most of the staff we spoke with told us that they had received the training and support they needed so they could carry out their role and support people safely. We looked at the training records for both teams and saw that some training updates were needed. The team leaders provided us with a staff training action plan that included when training updates were scheduled to take place.

We looked at six staff files and saw that training certificates were available to evidence the training staff had completed. We saw records of staff inductions, supervisions, direct observations and job chats. We saw that staff had received practical demonstrations for the use of any moving and handling equipment they had needed to use. Some of the people using the service had specialist needs for example in relation to diabetes and skin care. The operations managerr told us that they would arrange for this more specialised training to take place. This meant arrangements were in place to ensure that staff were supported in their responsibilities to deliver care safely and to an appropriate standard.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

Some systems in place to assess and monitor the quality of the service had not been effective.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There had been a number of management changes and the registered manager's position was vacant. We were told that the position had been advertised and was in the process of being appointed to.

All the people that we spoke with had been satisfied with the care they had received. People told us that they knew how to raise any concerns that they may have. One person told us that they had raised some concerns and that they had been dealt with and they were satisfied with the outcome. People told us that they had details of the complaints procedure in their care records. One person told us, "I would certainly say if I was not happy about anything". We saw that the complaints policy was also displayed in the entrance hall of extra care facility so people using the service, their relatives and any visitors would know who to raise their concerns to if needed. This meant that the service had a system for listening to and managing complaints.

We saw that a survey had been sent to people and their relatives in June 2012 and the results of this had been made available. Most people had indicated that they were very satisfied with the care services. We saw records of observed practice that had been carried out by senior staff to ensure that the staff were meeting people's needs as specified in their care records. Records seen commented on staff using protective clothing to minimise the risk of infection and staff carrying out moving and handling tasks safely. This meant that systems were in place to monitor the quality of the service that people had received.

We looked at safeguarding records and saw that there was a system in place to record and evaluate each incident.

We looked at a sample of accident and incidents records. Monthly audits had taken place to identify any trends.

The service had an improvement plan and improvement actions had been listed to address the shortfalls. However systems in place to identify shortfalls in the maintenance of people's care records and medication documentation and practice had not identified the shortfalls we found during the inspection. This meant that some of the auditing systems had not been effective.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the care records in respect of six people who were using the service.

The provider has standard documentation that covered all aspects of care including pre-assessment support plans and risk assessments.

We saw that records were stored securely so that people confidentiality was maintained. All the records we required to look at were provided promptly.

We saw a number of inconsistencies with how the documentation had been completed by staff. Risk assessments were generic with the same information recorded for most people. Known risks such as sore skin and moving and handling had not been included in people's risk assessments. It was difficult to establish when care records had been updated with changes to people's care. Moving and handling assessments were not always clear about the risks to people and review dates had not been recorded. Medication risk assessments were not detailed, the level of support required from staff had not been recorded and did not follow the organisation own medication policy. This meant people were not protected from the risk of unsafe or inappropriate care. Care records did not detail all the information that staff needed to meet people's needs and keep them safe from the risk of harm.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The registered provider had not ensured that arrangements were in place to protect people against the risks associated with unsafe use and management of medicines. Regulation 13
Regulated activity	Regulation
Personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The registered person had not ensured that all systems in place were effective, so that people could be confident that they received safe quality care and support. Regulation 10 (1) (a) (b) (c) (i)
Regulated activity	Regulation
Personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The registered person had not ensured that records were

This section is primarily information for the provider

	accurately maintained so that people were protected against the risk of unsafe care. Regulation 20

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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