

Saxon Care Solutions Limited

# Saxon Care Solutions Limited

## Inspection report

Saxon Court  
Gladstone Road  
Chippenham  
Wiltshire  
SN15 3BW

Date of inspection visit:  
08 August 2019  
15 August 2019

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23 September 2019

### 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

Saxon Care Solutions Limited is a domiciliary care agency that provides personal care to people in their own homes in Chippenham and surrounding towns and villages, such as Melksham and Devizes.

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

At the last inspection, medicine administration systems were not always clear, and this impacted on safety. At this inspection, improvements had been made. New medicine administration records had been developed and additional one-to-one training with staff had been completed. A new electronic medicine administration system was in the process of being implemented and medicine auditor posts were being introduced.

People received a reliable service and risks to their safety were identified and addressed. People were supported by staff who were aware of their responsibilities to recognise and report potential abuse. There were enough staff and they worked in ways to prevent and control infection. Reflective practice took place to improve the service.

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. However, records did not always support this practice. We recommended that any decisions made on behalf of a person was done so, and documented, in line with the Mental Capacity Act 2005.

People were assisted by staff who were well supported and valued. Staff received a range of training to keep their knowledge and skills up to date. People were appropriately supported with meal and drink preparation and any assistance required was clearly stated in the individual's support plan.

People were complimentary about the staff and a range of compliments had been received about the service. Staff knew people well and established relationships had been built. People's rights to dignity, privacy, respect and independence were promoted.

People received a personalised service that was tailored to their needs. Support was provided at a time that was convenient to the individual. Each person had a detailed, comprehensive support plan which detailed their needs, preferences and support required. Due to the length of the plan, the manager had identified a more concise format would be of benefit. They were in the process of talking to staff about this. There was a positive approach to complaints and the way in which they could be used to improve the service.

The manager was in the process of registering with the Care Quality Commission to become the registered

manager. The manager and director were very involved with the day to day management of the service and worked well together. There was a positive, inclusive and supportive culture and a strong desire to deliver high quality care.

Rating at last inspection - The last rating for this service was Good. (The report was published on 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Saxon Care Solutions Limited

## **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

The inspection was undertaken by one inspector 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

Saxon Care Solutions Limited is a domiciliary care agency that provides support to people in their own homes.

The service had a manager and they were in the process of registering 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 announced. We gave the service 48 hours' notice of the inspection visit to ensure the manager would be available to assist with the inspection.

We visited the office location on 8 and 15 August 2019, to see the manager and provider.

#### What we did before the inspection

Before the inspection, we reviewed information we had received and held about the service. This included

statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law. 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 this information to plan our inspection.

During the inspection

We reviewed people's support plans and associated care records and information relating to the management of the agency. This included areas such as staff recruitment, training and supervision. To gain feedback about the service, we spoke with 14 people on the telephone. We spoke with the manager, director and eight members of staff. After the inspection, we contacted five health and social care professionals for their feedback about the service. Four professionals responded.

# Is the service safe?

## Our findings

### Using medicines safely

- At the last inspection, systems to support people with their medicines were not always clear. This was because written information was not always complete and there had been two errors with people's medicines.
- At this inspection, improvements to the safety of medicines had been made. All medicine administration instructions were clear and had been signed and countersigned by another member of staff. This minimised the risk of information being incorrectly documented.
- Staff had undertaken further training, with additional sessions undertaken on a one-to-one basis. The safe management of medicines had been discussed within staff meetings.
- Two new medicine auditor positions had been created to monitor the safety of the people's medicines.
- Staff had appropriately signed the medicine administration record to show they had given people their medicines, as prescribed.

### Assessing risk, safety monitoring and management

- People received a reliable service, which minimised the risk of their support being missed. One person told us, "All of the carers do exceedingly well to get to me usually within 10 to 15 minutes of the time I expect them. I do recall one time when they'd been held up with an emergency at a previous client. The office phoned me to let me know and to make sure that I was happy to wait for them to get to me." Another person said, "I like the reassurance of knowing that at least someone has been booked to come and see me."
- The service used an electronic system to monitor people's support. The system required staff to 'tag in' when they arrived at a person's property. This meant potential missed visits were identified and addressed before any impact to the person.
- Risks to people's safety such as pressure ulceration, falling and choking, had been identified. Information showed actions in place to minimise such risks.
- Staff told us they always received training before they used any new equipment a person had. One person told us, "I have to say I was not looking forward to using the hoist, but my regular carers have given me the confidence and the knowledge that they know what they are doing to keep me safe when I am in it. They are very patient and take their time and never lift me until they've made sure that I'm happy and feeling well supported."

### Systems and processes to safeguard people from the risk of abuse

- Whilst staff had completed safeguarding training, this did not include information about children. This was despite some staff working with two people under the age of 18 years. The manager immediately enrolled staff on this training. Some staff were completing their training on the second day of the inspection.
- Information about different types of abuse and how to recognise the potential signs were creatively displayed on a notice board. The information clearly showed staff how to report any concerns they may have.
- People told us they felt safe. One person said, "I have to admit, albeit reluctantly, that [my family] were

right and I do get a lot of support from the carers to stay safe here in my own home. If it's only the knowledge that it's only three or four hours until the next carer comes through the door, then that is a comfort in itself."

#### Staffing and recruitment

- There were enough staff to support people. The director and manager confirmed this, and said additional staff were being recruited to enable more people to be supported.
- Staff told us there were enough of them to safely complete people's support. They said they covered for each other if there was any staff absence, such as annual leave or sickness. One member of staff told us staff within the office were trained to undertake people's support if needed.
- Robust recruitment checks were undertaken before a new member of staff was appointed to work at the agency.

#### Preventing and controlling infection

- Information within people's support plans showed any action required to prevent and control infection. This included hand washing and ensuring safe procedures when managing a person's Percutaneous endoscopic gastrostomy tube (PEG).
- Records showed staff completed annual infection control training.
- Staff told us they could help themselves to any disposable protective clothing they required, to minimise the risk of infection. This included disposable gloves and aprons.
- Infection control practice was assessed when undertaking observational checks of staff.
- People told us staff minimised the risk of cross infection. One person told us, "I've been very impressed with the hygiene standards that all the carers have." Another person told us, "My carers always appear in nice, tidy, clean uniforms and they always have disposable gloves and aprons which they use while they're here with me. I've never once had to remind them about washing their hands."

#### Learning lessons when things go wrong

- In response to improving the safety of people's medicines, new medicine administration records had been introduced. The records included step by step instructions for staff to follow, to minimise the risk of error.
- A new electronic medicine administration system was in the process of being introduced. This was expected to give added safeguards such as making sure each medicine was signed as given, before exiting the system.
- The manager told us reflective practice was an important part of developing the service. They said they regularly consulted with staff, to make ways of working easier and therefore safer.



# 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.

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.

- Documentation showed people's capacity to make decisions had been considered but the information did not clearly show the principles of the MCA had been followed.
- The manager told us staff had undertaken MCA training, and further, more detailed training was being arranged.
- Relatives or friends had been appropriately asked to demonstrate they had legal authority to act on a person's behalf.
- People told us staff offered them choice and gained consent before undertaking any care intervention. One person said, "Certainly [offered choice], if I don't feel like doing something one day, then not one of the carers will ever force me to do something. I don't always feel like having a shower every morning, but they'll just help me with a strip wash instead."

We recommend any decisions made on behalf of a person is done so, and documented, in line with the MCA.

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

- Records showed people's needs were fully assessed before they were offered a service. This ensured safe and effective support could be provided.
- One member of staff told us the assessment process was generally centred around conversation rather than a set of questions. They said this helped put people at ease and enabled as much information as possible to be gained.
- The manager and staff told us people were reassessed if their needs changed. This enabled the person's support to be amended in a timely manner.
- People told us they talked about what they needed from the agency, before any support was offered. One person told us, "We must've sat down for a good couple of hours with someone from the agency before my care started, as they wanted to know everything about me and my health and then what it was I needed support with. They also took a lot of details from my son and I had to give them all the contact details for my GP and anyone else involved in my care." Another person said, "Before starting with the agency, my daughter and I sat down with someone from the office and we talked through everything that I needed help

with and also how I liked things to be done."

Staff support: induction, training, skills and experience

- People told us staff were well trained. Specific comments were, "The carers are all very competent" and, "I don't think I ever recall a carer struggling to do anything that I needed help with, so I can only presume that their training covers most of the things they're going to be encountering." A health and social care professional told us, "The staff are so good and well trained. They are so keen. They fire out questions, so they can learn as much as they can. Credit where credit's due, I think they're absolutely fantastic."
- The manager and director told us they had identified the training staff undertook could be improved upon. They said they wanted all areas to be covered in more detail. As a result, an additional training provider had been identified.
- Staff were positive about the training they received. They said the new courses were much better and more in depth. Staff told us they could request any training they felt they needed, and this would be arranged.
- The service had a moving and handling trainer, so staff could get immediate advice if they had any concerns in this area. The member of staff was looking to undertake more training in different areas, which would then be cascaded to the staff team.
- New staff undertook a nationally recognised induction programme and worked with more experienced members of staff. They said management enabled them to complete as many shadow shifts as they needed before supporting people on their own. This enabled staff to be fully confident and knowledgeable in their role.
- Staff told us they felt very supported. They said they gained excellent support from the director and manager and felt "really valued". One staff member said, "I just can't fault them, they're always there for us. I can't praise them enough." Staff told us the director paid them for the whole time they worked, including any gaps between people's visits. This was much appreciated.

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

- People were supported with meal and drink preparation if needed. Any support required was detailed within each person's support plan.
- Staff told us they always offered people a choice of food, dependent on what was available. They said some people had meals cooked from scratch, whilst others had microwaved or snack type meals. Staff told us the food prepared was dependent on time and choice.
- People were complimentary about the support they received with their meals. One person told us, "My carers sort all my meals out for me, whether that's some cereal for my breakfast, a ready meal for my dinner or a sandwich for my tea. They are good and do try to encourage me to eat a bit more than I do."
- Records showed if required, staff left snacks and drinks within the person's reach when they left. One person confirmed this and said, "They always make me a nice hot cup of tea before they leave each morning. They also usually leave me a flask of water, so it's easy for me to get to when I want a drink later in the day."

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- People told us they were supported to gain support with their healthcare when required. One person told us, "I do see the district nurse from time to time. Occasionally, a social worker will visit to make sure that I'm happy with the care being provided." Another person said, "I remember when I started with the agency, that someone did get in touch with social services about getting a walking frame for me as well as a commode."
- Records showed staff supported people to gain health care support when needed. This included support from GPs and community nurses.

- Staff told us they would always call for medical assistance if they felt the person needed it. They said management supported them to stay with the person until assistance arrived, unless relatives were available.
- The manager told us they had begun to meet involved healthcare professionals, to enable relationships to be further strengthened. This included the local fire and rescue service and the Living Well team. This is part of a national charity, which aims to ensure there is an opportunity for people to live a healthy and fulfilling life.

## 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 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; respecting equality and diversity

- The director and manager told us they had a great team. They said staff were kind, compassionate, and really concerned about people's welfare. The director and manager told us staff often went "over and above", to support people well. They said some staff's work had been recognised externally, as they had won three awards at the Wiltshire Council sponsored, "Proud to Care Awards."
- There was detailed information within support plans about the person's earlier life, how they wanted their support to be delivered and areas of importance. This enabled staff to have clear information about the person, ensuring the delivery of person-centred care.
- Staff told us they knew people well and positive relationships had been established. They told us respect was an integral part of all interactions and they liked to make a difference to a person's day. One person confirmed this. They told us, "Because they have been coming for so long, they are like an extended family now and probably know more about me than some of my own family members do."
- Records showed staff had completed equality and diversity training. The manager told us further, more detailed training sessions were planned.
- A high number of compliments had been received about the service. These were displayed on a notice board in the office. Examples included, "[We are] full of praise for the company, and the carers. Everyone is fantastic", "Saxon have exceeded expectations, couldn't have asked for a better service" and, "Thank you for your excellent, professional care."
- People were complimentary about the staff who supported them. Specific comments were, "Everyone at this agency has empathy with my condition and how it affects me on a day-to-day basis" and, "All of the carers have been nothing other than polite, caring and concerned about my welfare and health." One person told us, "My carers couldn't be more polite if they tried. From the first time they came in, I told them to call me by my first name, and they always have."

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

- People were fully involved in the development of their support plan and its review. One person told us, "A lady came out from the office to do a review of my care plan only a few weeks ago and we sat down and went through it to see if there were any changes needed. This time there wasn't, but she also wanted to make sure that I was happy with how all the care was being provided, which I told her I was."
- Staff told us they always involved people in their support and did what they asked.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their rights to privacy, dignity and independence were respected. One

person told us they struggled to see if they had spilt any food or drink on their clothing due to their eyesight. They told us, "They always tell me in such a nice way that doesn't make me feel embarrassed and I'm particularly grateful to them for that." Another person said, "They look after me so well and never make me feel embarrassed to be having to get them to do the intimate things they're currently helping me with."

- Staff were knowledgeable when talking to us about people's rights. They gave examples of ensuring confidentiality and supporting people to do as much as possible for themselves. Staff told us they drew curtains and ensured people were comfortable, warm and covered whilst being supported with personal care.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a service that was tailored to their needs. All support was provided at a time which suited the person, and by staff who knew them well.
- Each person had a comprehensive, detailed and well written support plan. The information showed the person's needs, preferences, potential risks and exact support required. A member of staff told us, "The plans clearly show everything we need to know to complete a person's support, in the way they want it done."
- The manager told us they had identified, as people's support plans were so detailed, a more simplified version would be of benefit. This would inform staff of the most important factors they needed to be aware of rather than looking through the whole support plan to find information. The manager told us discussions with the staff team were planned, to develop the new formats.
- Staff told us they enjoyed supporting people and would complete additional tasks if required. One member of staff told us, "I'll always pop to the shop on my way home if people need anything like bread or milk." One person confirmed this. They told us, "The carers that I see are lovely and nothing is too much trouble, including doing any extra jobs that I need help with while they're here. Because I have regular carers most of the time, I've been able to get to know them, and importantly they've got to know me and how I like things to be done."
- People were very happy with the service they received. One person had experienced a particularly difficult time in their life. They told us, "I don't know how I would've got through things at that time without their support. I can't tell you how wonderful everybody has been. They really rallied round me and gave me the support I needed, and nothing was too much trouble."

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.

- Any support a person needed with their communication, was detailed within their support plan.
- The director and manager told us consideration would be given to providing documentation in different formats if required. This included developing information in response to a young person's needs.

End of life care and support

- The service was able to support people at the end of their life if required. The director and manager told us those staff who had a special interest in palliative care would be allocated to any new palliative care package. They said this enabled the best possible care to be given but also enabled staff to be comfortable

in their work.

- Staff were passionate when talking about ensuring people had a comfortable, pain free death. One member of staff said, "It's a real privilege to work with people and their relatives, when they are nearing the end of their life. It's the last thing you can do for them, it's got to be right."
- Staff worked alongside specialised nurses or the local hospice, when providing palliative care. This ensured all support was responsive and met the person's needs.

Improving care quality in response to complaints or concerns

- There was a positive approach to complaints and developing the service as a result.
- The director and manager told us they wanted to know if things were not right for people. They said they would always meet with the person to discuss their concerns, with an aim to resolve the issues quickly and apologise.
- People told us they knew how to raise a concern or make a formal complaint. One person told us, "Thankfully with this agency, there's been nothing for me to complain about as the care they provide is excellent. If I did have a problem, I would get in touch with the office and ask to see the manager so that I could talk through whatever the problem was. I know I've seen some information about complaints in my folder."

# 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 good. At this inspection this key question remained the same. 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

- The director and manager had developed a positive, inclusive and supportive culture. They were concerned about people's welfare and that of staff. The director told us, "We really work hard to look after and nurture staff. It's really important to look after them." The manager confirmed this and said valuing staff was important too. They said they wrote personalised letters to staff, thanking them for the work they did.
- People told us they had received a letter in the post from the manager, introducing herself. Everyone told us they appreciated this. One person told us, "I like the fact that she's done this as it makes me feel valued as a client."
- Staff were complimentary about the director and manager. One member of staff said, "[The director] is so kind, so generous, they care about us and the service." Staff were appreciative of the comprehensive lunch and drinks that were provided for them, when they attended a staff meeting on the day of the inspection. They told us, "It's not just to impress you, because you're here. They're always like this. They're great."
- People were complimentary about the service they received and the difference it made to them. One person told us, "It's very important to me that I can carry on living a normal independent life, as much as I can. Because the agency can be flexible with the timings of my visits, it allows me to do this." Another person said, "I can rely on them and I know everyone has my best interests at heart which is the most important thing to me. They are all like my friends now and I don't know what I'd do without them."
- A health and social care professional told us the service had made a real difference to people's lives. One professional said, "They have given [person] their life back. [The person] is absolutely thriving. They are tickled pink. The service is so personalised. Staff don't just do the person's shopping, they take [the person] with them. It's opened up a new world for her. The difference in the person is just amazing."

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

- There was a clear management and staff structure, and each staff member had a designated role. Staff were clear of their individual responsibilities but worked together well to ensure a team approach. All staff were given a staff handbook. This was detailed, well written and contained a wide range of information for reference as required.
- The director and manager were conscious of the challenges staff faced with lone working. They arranged regular meetings, encouraged staff to visit the office and telephoned those who they had not seen for a while.
- There were systems in place to monitor the quality of the service. This included observational checks of



staff, reviews of people's care and telephone calls to ask people if they were happy with the service they received.

- The director had a clear overview of the service including potential risks and challenges. They were fully involved in the day to day management of the agency and worked alongside staff in the main office. The director and manager told us they worked well together and were a good partnership.
- The manager was in the process of registering with the Care Quality to become the registered manager. At the time of the inspection, their application was being processed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a strong culture of being open and honest and apologising if needed. The manager told us this was important as people needed to know they were being listened to and properly heard.
- The director and manager told us any they would verbally apologise if something went wrong and would also respond more formally by letter. They said standard template letters were never used and each would be personalised to the individual and situation.
- One person told us about the agency's positive approach. They said, "Everyone in the company is just so helpful and friendly, whether that's a carer, someone who works in the office, or one of the managers." Another person said, "I like the agency because they are very homely and caring and always remember who I am if I need to pick up the phone to the office. They treat me like one of the family rather than a paying client."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to give their views about the service. This was within forums such as review meetings, telephone discussions or the completion of surveys. One person confirmed this and said, "I sometimes get phoned up and asked about whether I'm happy with everything and whether there is anything I need changing. I've also filled in a couple of those survey things in the past."
- The director had coordinated the feedback from completed surveys. The results were shown in graph formats and people had been sent a letter which contained the main themes.
- The manager told us when a person called the office, they were always asked how they were and if everything was satisfactory with their support.
- There were many initiatives to heighten the profile of the agency and to enhance their community presence. The director told us this included fundraising for specific charities and sponsoring community events. They and the registered manager told us, "It's also about putting something back into the community."
- The director and manager told us they had many plans to promote companionship and reduce isolation. This included linking with a local café to provide opportunities for people to get together for coffee or meal and developing a possible luncheon club.

Continuous learning and improving care

- The director had plans for the service to grow, but this was being done in an organised and targeted manner. They told us, "Services can't stand still and stagnate, it's all about developing and improving."
- The manager told us continual improvement and ensuring a good standard of support was very important to them. They said they were a firm believer in consulting with involved others, about ways in which the service could be improved.
- The manager had undertaken a range of training and undertook research to keep their knowledge and skills up to date. A health and social care professional confirmed this. They told us, "The manager always attends [management network] and is always keen to learn about any changes in legislation and policy. The

manager always has a good contribution to [best practice discussions] and is always keen to learn from their peers. The manager comes across as very passionate about care and is always seeking ways to improve and not only share their knowledge with others but also learn from others."