

Sussex Housing and Care

Saxonwood

Inspection report

Saxonwood Road
Battle
East Sussex
TN33 0EY

Tel: 01424774336

Website: www.sussexhousing.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Saxonwood is a residential care home that was providing personal care to 24 older people aged 65 and over at the time of the inspection. Some people were being cared for in bed. The service can support up to 36 people.

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

People had access to a wide range of different activities throughout the week both inside and outside of the service. People told us that they took part in these and that they were enjoyable. The activities promoted movement, exercise and mental stimulation and prevented isolation. Activities included people who received their care and treatment in bed. The service had a dedicated group of volunteers who regularly visited people living in the home and supported the activities programme.

People received good care, support and treatment. People also received good care and support when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

People felt safe living at Saxonwood. Staff had the knowledge and training to protect people from abuse and avoidable harm. Risks to people were identified, and when incidents and accidents occurred they were investigated appropriately and learnt from.

People had choice over their care and support and their choice, dignity and privacy was respected by staff. People told us staff were kind, caring and treated them well. Comments included, "The carers are fantastic" and "The staff impress me." A relative told us staff provided an, "Excellent standard of loving care."

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly they were referred to a fall's clinic. The service had a good relationship with the GP who visited the service regularly.

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

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 Good at a comprehensive inspection which was carried out on 03 November 2016 (published 24 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Saxonwood

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 carried out 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

Saxonwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was on holiday when we inspected. The home manager was present, they were in the process of applying to be the registered manager of the service.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

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 reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is

required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any feedback from Healthwatch or local authority commissioners.

During the inspection

We spoke with 16 people who used the service and four relatives about their experience of the care provided. Some people were not able to verbally express their experiences of living at the service or were sleeping. We observed staff interactions with people and observed care and support in communal areas. We spoke with a visiting GP who was reviewing people's health needs and a volunteer who regularly visited the service.

We spoke with 14 staff including; the cook, care staff, senior care staff, the manager, the regional manager and the nominated individual who was the director of housing. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's personal records, care plans and people's medicines charts, risk assessments, staff rotas and two staff recruitment records. We also reviewed a variety of records relating to the management of the service; audits, policies and procedures and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Accessible information was available around the service to inform people about safeguarding and how to keep safe. People told us, "I was disturbed some time ago when a man came into my room late at night. I rang my bell and they rushed in (he had dementia) I have always felt very safe after that"; "I can walk about in the night like I used to do at home and feel 100% safe" and "If you don't feel safe you can ring your bell and they come immediately." A visitor told us, "This is a safe, calm, place to live."
- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. The regional manager had provided safeguarding workshops to help staff refresh their knowledge as well as completing a course online. Staff we spoke with could describe what abuse meant and tell us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise, and report concerns outside of their organisation if necessary.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced. Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible.
- The safety of the environment had been risk assessed and hazards managed by the management team. For example, checks had been carried out by contractors on the electrics, gas, the lift, fire systems, emergency lights, hoists, beds, equipment and legionella.
- The provider's maintenance team had carried out regular fire alarm tests, window restrictor checks and checks on the temperature of the water.
- Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency.
- Suitable equipment was in place to assist staff to evacuate people safely in the event of a fire. Records showed that staff had undertaken regular fire drills and had practiced using the equipment.

Staffing and recruitment

- There were suitable numbers of staff to provide the care and support people were assessed as needing. The manager told us that they carried out a daily assessment of staffing levels and increased staffing levels when required to meet people's changing needs. Following an audit of the service the staffing levels increased to provide people with increased flexibility with receiving baths and showers.

- Agency staff were used on rare occasions if regular staff were not able to cover absences. Domestic staff, laundry staff and chefs/cooks were employed so care staff could concentrate on providing people's care and support. There was a consistent and stable staff team. One relative told us, "Some staff have been here for years, so you don't get many unfamiliar faces."
- The manager made sure they followed a robust process when recruiting staff to make sure only staff who were suitable to work with people living in the service were employed. Application forms were completed, any gaps in employment were investigated, references and proof of identity were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency. The management team were reviewing cooling systems for the medicines rooms to ensure that temperatures remained under 25 degrees Celsius when the weather became warmer. This would ensure that the medicines quality and integrity would be maintained and stored in line with manufacturers guidelines.
- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- We observed trained staff administering medicines to people during the inspection, they explained to people what the medicines were and checked if people were in pain.
- People who were able to administer and look after their own medicines had been appropriately assessed to do so.
- Some people had transdermal patches (medicated pain patches) applied to their skin to manage their pain. There were good systems in place to record the location of the patches, which evidenced that pain patches were not re sited on the same area of skin too frequently. Applying transdermal patches to the same area of skin too frequently could cause skin irritation.
- Most people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- Medicines records and stock levels were regularly audited. Records showed that GP's reviewed people's medicines regularly.

Preventing and controlling infection

- The service was clean and smelt fresh. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections. Rubbish bins in the service were in the process of being replaced by pedal bins, the manager had ordered the new bins and was awaiting delivery.
- The equipment and the environment had been maintained. Handypersons carried out repairs and maintenance in a timely manner.

Learning lessons when things go wrong

- The management team had systems in place to ensure that accidents and incidents had been recorded and were analysed. The information had been used to inform staff deployment and for referrals for falls, medicines reviews and tests for urinary infections, which can contribute to falls and changes in people's behaviours.
- The manager had met with the falls practitioner on 28 May 2019 to review an increase in falls at the service and actions had been taken. For example, furniture within the lounge had been moved around to make it easier for people to mobilise. The service planned to do some work with people to redecorate and

personalise their Zimmer frames, with the idea to encourage their use.

- The management team conducted additional analysis to monitor the time of day, place and whether the accident or incident was witnessed. Lessons learnt from accidents and incidents were discussed with staff during staff meetings and handover meetings.

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

- Before people moved into the service, a comprehensive assessment was completed to ensure the provider could meet the person's needs. The assessment considered people's physical and mental needs, as well as looking at their protected characteristics under the Equalities Act 2010 such as their cultural or religious needs.
- Information gathered from the assessment was then used to create a care plan and risk assessments, which were updated as and when people's needs changed.

Staff support: induction, training, skills and experience

- People told us that staff were well trained and competent to meet their needs. Comments included, "All the staff are well trained and skilful. They have a Training day of some sort every week; fire, dementia and they attend in turn" and "The staff impress me, I watch, I listen, and I know they are good. I would lose patience [with people], but they are professional."
- Staff continued to receive the training and support to enable them to effectively support people. One staff member said, "Training is very good, it is ongoing including refreshers." Another staff member told us, "The training is very, very good. It does help you with working with people."
- Staff were supported to undertake vocational qualifications relevant to their roles. They all felt well supported by the management team.
- Staff received regular support from managers in the form of supervision, during which they were encouraged to share any ideas to enhance the lives of the people they were supporting, and offered training, guidance and personal support when needed.

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

- People told us they liked the food at the service and were able to choose what they wanted to eat. People told us, "The food is very good, it is appetising and well presented" and "You have a good choice and have an alternative if you dislike everything on the menu."
- Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences. A relative told us, "Dad is vegetarian, he eats fish, he always has food options. They are respecting that he's always been vegetarian. Food is very good. I have eaten here."
- People were offered a choice of meals. The deputy manager told us, "We are working on producing a picture menu with head office to support people with dementia to make choices."
- We observed that meals looked appetising and appealing. People had access to snacks and drinks throughout the day. The dining area contained a fridge with sandwiches and snacks in. Fresh fruit was offered to people daily.

- A staff member who had taken on the additional role of hydration champion had developed hydration week within the service the week before we inspected. They developed a range of drinks with kitchen staff for people to try and this encouraged people to maintain adequate hydration. They received feedback from people about the best drinks and these became available daily. Photographs showed people joining in the tasting sessions and enjoying the new tastes and experiences. There were a number of cold drinks dispensers in the dining room for people to help themselves to and a water cooler in the lounge. Staff took a large variety of drinks round to people's bedrooms a number of times during the day. The provider had purchased a coffee machine for the dining room which was in the process of being set up. When this is up and running it would offer people and their relatives a variety of hot drinks.
- Meals were balanced and included fresh fruit and vegetables. The chef and kitchen staff retained important information about people's likes, dislikes, allergies and assessed medical needs.
- People's birthdays were celebrated, and they were given the choice whether they'd like to have a cake and celebration. One person celebrated their birthday during the inspection, the staff on duty including the whole management team and people gathered in the lounge and sang happy birthday and presented the person with a cake with candles. The person was smiling and looked happy. Each staff member wished the person a happy birthday and gave them a kiss.

Adapting service, design, decoration to meet people's needs

- The garden was well maintained and secure. One person told us, "This is a wonderful place, it is homely, friendly, has beautiful gardens and the food is excellent."
- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the lounge, toilets and bathrooms.
- There were picture signs around the service to help people, particularly those living with dementia, to find their way to communal areas such as bathrooms, lounges and the dining area. There were pictures outside people's bedrooms to help them find their room.
- The service was very homely, with photographs of the people living at the service proudly displayed on the walls. People's rooms were individual and demonstrated their personalities, likes and interests.
- People had been involved in decorating and creating themes in corridors. One corridor was a meadow theme. People and staff had painted a large mural of a tree, flowers, plants and wildlife. There were photographs displayed of people completing the art work and themed paintings and drawings on display. Another corridor had been decorated in a seaside theme. As well as paintings and art work on display in the theme, there were photographs of people in their younger days on holiday at the seaside.

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

- People continued to receive appropriate support to maintain good health.
- People were supported to attend regular health appointments, including appointments with mental health teams, consultants and specialist nurses. The GP visited the service regularly. People told us, "I feel safe because I know the GP who comes in, he always listens to me"; "I am happy with the GP who comes in each week"; "My son is taking me to the dentist next month" and "An optician comes in for eye tests." A relative said, "My gran has her hair done and a chiropodist comes regularly." Another relative said, "They have been responsive to his health needs; they phone me and tell me what is happening. [Deputy manager] called last night said the GP is coming today. As a family we have been very, very pleased."
- The GP told us, "They are responsive to changes in people's health needs. We as a surgery are lucky to have Saxonwood next door. They listen and follow directions."
- Records showed that staff took timely action when people were ill. Referrals had been made to dieticians and speech and language therapist (SaLT) when people's needs had changed. We observed that advice and guidance given by the dieticians and SaLT were followed. For example, all staff knew the texture and

thickness of drinks and food for people who required a different texture to meet their needs.

- People were supported to see a dentist, optician and chiropodist regularly.
- The management team and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- When people's needs changed, this was discussed at staff handover.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records showed that MCA assessments had taken place in relation to specific decisions and appropriate DoLS applications had been made. The management team monitored when they were authorised or due for renewal.
- The management team had carried out 'loss of liberty' assessments to assess the impact of having a coded keylock on the front door and secure gardens. The impact of these restrictions had been reduced because people with capacity to come and go freely without support were given the codes. People requiring support to access the community were given it.
- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go, what they wanted to eat and what they wanted support with. Staff were respectful of people's choices and decisions.
- Where people did not have the capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests. The management team were working to improve capacity assessments in the service.

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 now 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

- People told us staff were kind and caring and treated them well. Comments included, "The carers are fantastic" and "It is the extra mile they go. I loved a picture in the lounge, but when I returned from hospital it had disappeared. No one knew why. They knew I cared about it and a month later the exact picture reappeared. I asked where they had found it. They had bought the exact same picture just for me, that showed they cared about me." A relative said, "We knew she would be happy here. Everyone is happy and the staff are happy."
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace. People's wishes about where they wished to eat and who with were respected.
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people.
- Relatives and visitors were welcomed at any time. The relatives and visitors we spoke with said they were made to feel welcome.
- People's religious needs were met. The management team told us that a variety of church services were held at the service once a fortnight and if they wished to attend they could do so. A relative told us, "He (loved one) was part of the church where he lived. The Baptist church visits once a fortnight and Sedlescombe free church visits so he is able to join in."

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People had been asked if they preferred a male or female carer and their choices were respected.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. People chose to participate in jobs and tasks around the service to maintain their skills and give them a sense of satisfaction and purpose. People told us, "I wash my front and they wash my back"; "I put the menu card in the stand and place one on each table" and "They clean my room most days, but I like to potter around and dust or rearrange my ornaments and photos, just as I would at home."
- We observed staff treating people with dignity and respect. One person told us, "Of course they show

dignity and respect, but it is a two-way thing. If you respect them, they will respect you."

- People were able to spend time with their relatives in private in their own rooms and communal spaces around the service.
- People's personal records were stored securely in the office.
- Staff knew people well and knew their likes and dislikes. Staff took time to sit with people, chat and offered reassurance when this was required. Staff and people greeted each other as friends and with genuine affection.
- We observed staff discreetly supporting people with their personal care needs. For example, one person had been asleep quietly snoring in the lounge area. They were approached by two staff who had noticed the person had been incontinent during their sleep. The staff gently woke the person and discreetly explained what had happened and assisted the person to the toilet. They supported the person to freshen up and change and return to the lounge. They treated the person with kindness and compassion.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress. One staff member told us, "We have dignity champions, we want to see the privacy and dignity is respected. We have implemented a sign to show that personal care is being provided so that people are not disturbed. Where people have developed behaviour of stripping of but don't want their doors closed; we have reviewed the layout of the room and changed the bed around, so they cannot be easily seen. We are constantly reviewing."

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a wide range of activities to meet their needs. This promoted movement, exercise and mental stimulation and prevented isolation.
- People took part in a range of activities. Activity information was available throughout the service. We observed people playing games and chatting with staff, playing bingo and enjoying singing sessions. People and staff encouraged others to join activities and get involved. There was a relaxed and calm atmosphere in the service and people were enabled to be as active as they wanted to be. If people wanted to sit quietly watching the wildlife or having a sleep in a chair they were encouraged and enabled to. People told us, "I love the arts and crafts and knitting"; "I never miss the bingo" and "I go out most weeks in the minibus if I can."
- Activities information showed that people could access hand and nail care, scrabble, bingo, musical therapy, creative minds art sessions, target game, bird watching, exercises, trips out, 'resident's meetings' took place regularly as well as coffee mornings with a regional manager. There were walking clubs, sherry mornings, dancing in chairs, knitting club and evensong. The manager explained, "We hire a community bus to enable the activities."
- The service had just employed a dedicated member of staff to carry out activities. They had not yet started their role. All staff were involved in providing activities. Visiting entertainers came and provided activities and stimulation. On the second day of the inspection an artist from Creative Minds led an art session with people. Creative Minds is a social enterprise and nationwide community of artists who deliver art sessions to people of all ages in venues. Seven people had chosen to attend. One person was supported by a staff member to participate as they had a visual impairment. The staff member helped them by describing the colours on the palette and helped to guide their hand to the colours they had chosen to create their master piece. People enjoyed the session, there was lots of chatter, laughter and discussion about future art sessions. One person's relative told us, "The fact they had got him painting (he was a painter and potter and gave up 17 years ago when my mum died). [Artist] worked with him and increased his confidence; my sister and I are so amazed. He has never once asked to go home." Photographs and paintings around the service show people's hard work. People were proud of their art. The artist told us how they encouraged people to continue to use their fine motor skills.
- The service had an activity room which was bursting with puzzles, games, quizzes and items to keep people engaged.
- People were enabled to get out into the community independently (if they were able to) and with staff or relatives when they were unable to safely go out alone. One person said, "I feel part of the wider community." A relative told us that there were frequent summer trips to Eastbourne, Hastings and to Bewl

Water which their family member enjoyed.

- The manager told us the service emailed activities planners to relatives regularly to enable them to see what was on offer and they were invited to join activity sessions and events. Some people used electronic tablets and computers to keep in touch with relatives and keep themselves occupied. Wi-Fi was now available and accessible all round the building.
- A staff member told us, "We have plenty of activities; they are different on a daily basis. We have chats with people, read books with them and magazines for people that don't like coming out of their rooms. We have board games, like scrabble. Piano recitals take place, pet pals come in; they go in each room."
- The service had a committed group of volunteers who regularly visited people and who provided activity sessions such as bingo or singing.
- The service held regular social isolation days which were open to the local community. This enabled people who may live alone and feel socially isolated to come and have a lunch and activities.

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

- People and their relatives had planned their care with staff, including how they preferred to be supported. People were supported to maintain their individuality and their sexuality. The management team shared how they supported married couples and people within same sex relationships to maintain their relationships. Staff actively supported them to have quality time together. This evidenced that the service was responsive to people's individual needs.
- Staff told us that people's care files gave them good clear information about how to provide care and support. Life history documents were being completed to help staff know and understand how people had lived their lives prior to moving to the service.
- People's care plans included photographs of them to help new staff and visiting professionals recognise them.
- People's relatives were kept up to date with changes in their loved ones needs and care. Staff knew people's likes, dislikes and preferences. This included people's favourite drinks, which they supported them to enjoy when they wanted to. This helped staff to provide personalised, responsive care.
- Staff knew people's preferred routines and staff supported them to continue with these. Staff recognised when people were not comfortable and needed assistance. For example, staff made sure people were comfortable before being wheeled in their wheelchairs to their chosen direction. Staff checked that people's feet were safely and securely on the foot plates. We observed that one person appeared to be confused about where they were going. A staff member recognised this quickly, they checked with them where they would like to go and supported the person to go upstairs in the lift.

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 management team understood their responsibilities to follow the AIS and provided clear information for people in ways they could understand it. Noticeboards in the service were uncluttered and bright so that information was easy to find.
- Staff spoke to people and explained which activities were planned so that everyone could join in if they wanted to.
- The management team told us in their Provider Information Return (PIR), that they had implemented communication passports for people when the AIS was launched. The passports detail each person's communication needs and any other disabilities. They stated, "Communication care plans are in place for

residents with communication barriers. The communication passport is shared with relevant professionals as and when needed as it flags person's disability or an impairment and how to meet these needs." Specific care plans are then put in place to meet the person's communication needs.

Improving care quality in response to complaints or concerns

- People knew how to complain and raise concerns should they need to. One person told us, "I would go straight to the management." Another person told us that the manager, "Calls in my room to see if everything is all right." A staff member said, "People know how to complain; things are dealt with quickly. A relative told us they, "Feel confident" in the management team and said they "Would deal with complaints."
- The provider's complaints procedure was displayed on notice boards around the service. There was guidance on next steps people could take if they felt the management team had not dealt fully with the complaint, including speaking to the local government ombudsman.
- Complaints records showed that the management team had appropriately responded to complaints when they had been received and these had been resolved.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Where people were approaching the end of their life, the management team reviewed their care plans and records. One staff member said, "We implement an end of life care plan; we involve health professionals and relatives. We offer a room for relatives and meals, so they can be near. Make sure bowel charts are completed and pain relief is given. The GP is involved regularly, if a person starts to not be able to swallow and use pain relief patches. Put in place crisis meds and a syringe driver, we reposition [the person] regularly and provide mouth care."
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.
- Crisis medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain.
- Staff had a good understanding of providing good quality care to people who were at the end of their lives. Staff all told us about the support they gave to people and support to people's relatives to ensure people have a comfortable, pain free death. A staff member said, "We have had quite a bit of training re end of life care. I find the end of life [care and support] rewarding. We maintain the highest care we can; we don't keep moving the person and poking or prodding, we do wash them, promote mouth care and talk to them. We sit with them, apply cream to skin to make them feel comfort. Some families don't want to be involved."
- Staff told us they were well supported by the management team following a person's death. One staff member told us that the management team, "Come and check that everyone is ok once someone has passed. We talk with other residents about the person's passing, chat and cry."

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 has 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 manager had worked at the service for a long time and knew people and staff well. They were supported by the registered manager, regional manager and the director of housing and care. The manager and management team were passionate about providing quality care and this passion was replicated in the staff team. People told us the manager was, "Approachable at all times"; "Very hands on", "I have been here five or six years and the manager is dedicated to improving our surroundings and way of life" and "She is definitely part of the everyday scene."
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team.
- Saxonwood's mission statement says, 'Our mission is to help people live their later life to the full and that's exactly what we do here at Saxonwood. We have a daily activities programme which promotes independence and encourages residents to enjoy their life long hobbies or try something new.' And goes on to detail, 'Residents are at the very centre of our family. We are dedicated to giving the best care and making a positive difference. Everything we do is with the wellbeing and happiness of our residents in mind.' It was evident that the service was achieving this mission and every member of staff from housekeeping, kitchen, care and managers were dedicated to providing the best service. One person told us, "I would rate them nine out of ten."
- A relative said, "I can't say anything negative about the place. I do recommend it to other people all the time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their legal responsibility to act on the duty of candour and had reported incidents in the past as required. There were policies in place for the reporting of incidents and relatives told us they were confident they were kept informed of anything that affected their loved ones.
- The service operated under a no blame culture. This ensured that staff were confident to admit to mistakes and discuss errors with the management team. Learning from mistakes ensured risks could be minimised in the future and could lead to changes to procedures.

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

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and

supervision meetings. Staff told us the management team were approachable, supportive and available. One staff member said, "We have a lot of support from head office and regional manager." Other staff commented, "[Deputy manager and manager] are a very good team they are so supportive of residents and staff. They are excellent; they give us confidence"; "The managers are supportive" and "The management team are very friendly and honest. I feel confident in them; they do listen."

- The management team had notified CQC of significant events, such as deaths, Deprivation of Liberty Safeguards (DoLS) authorisations, injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.
- The management team had conspicuously displayed the CQC quality rating in the reception area and on the provider's website, so people, visitors and those seeking information about the service were informed of our judgements.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- People were invited to regular 'resident's meetings' where they were asked their opinions about the service. One person said, "We have residents' meetings where you can discuss anything and they will listen and act upon any issues."
- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People and their relatives were invited to provide feedback through a website. We checked the reviews on the website and saw there had been many positive responses. One read, 'This is a happy home with residents enjoying a lot of freedom. Activities are varied and frequent. Food is varied and plentiful and locally sourced. Residents with particular needs are catered for. The decor and furnishings are tasteful, comfortable and homely to live with.' Another read, 'A warm, caring environment, comfortable surroundings, delicious food. The kindness shown to everyone residing and visiting, the warm and comfortable surroundings make Saxonwood our choice of care home for my mum. An environment that I would like to reside in, when I am at my most vulnerable later in life.'
- People completed surveys regularly. Volunteers supported Saxonwood on a regular basis and supported people to complete their satisfaction surveys. The volunteers provided feedback to Sussex Housing in the winter of 2018. They had said, 'We were very impressed with the way that the staff at Saxonwood always greeted residents with a smile and pleasant word when they passed them in the corridors or lounge. Equally impressive was that we never saw staff member enter a resident's room without first knocking or calling out.' The outcome of surveys were fed back to people and their relatives in the residents' and relatives' meetings. Themed surveys took place. For example, an activities survey had been completed at the end of the year to look at activities. The results showed that the most popular entertainment provided was singers and outside entertainers. The management team have arranged more of these in response to the feedback.
- Staff received surveys from the provider and the management team had completed a more local staff survey in May 2019. The results were still being collated, however the surveys showed positive feedback from staff. One staff member had feedback, 'Very happy with all the support I am receiving from the management and staff.'
- Health and social care professionals involved with the service had been sent surveys to complete. The service had received nine completed surveys with nothing but positive feedback. Comments included, '[Staff member] has a lovely kind manner very professional with residents' and 'Good friendly home who always have patient's best interest, very polite and friendly home.'
- The service had received numerous compliments and thank you letters. One read, 'We would just like to

thank you for all your help and kindness in caring for [person]. We very much appreciate this as a family.' Another relative had written to senior managers within the organisation to share their compliments about the care, support, staff, atmosphere and activities. The last part of letter read stated 'I am most grateful to [manager] and all the team at Saxonwood for making the last year of [person's] life one of the happiest. You are all a fantastic asset for Sussex Housing and I wish you all the very best for the future.'

Continuous learning and improving care

- The provider and management team completed regular checks and audits of the service and action had been taken to address any shortfalls found. These included checks of the kitchen, environment, health and safety, moving and handling, infection control, medicines, care plans, daily records. The management team also carried out unannounced checks during the night to make sure the service continued to run as the registered manager expected when a member of the management team was not present.
- The management team had developed a clear improvement plan to continue to update and amend the service to respond to people's changing needs and keep up with good practice guidance.
- The management team carried out frequent discreet observations of practice when staff were providing care, supporting with medicines or meals and records were made of these observations. This enabled the management team to capture people's experiences of care.
- Records of people's care were detailed and up to date.
- The management team kept up to date with best practice and developments. The provider information return (PIR) detailed that the service subscribed to relevant care magazines to keep them up to date with good practice, changes and local and national hot topics. The management team also utilised tools available through Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and supports managers to develop best practice, keep up-to-date and share ideas with like-minded managers.
- The manager told us, "Sussex Housing has a learning programme in place for all managers with Skills for Care. I am looking at further manager's forums to make links. I have access to a Facebook managers network in which I can gain guidance and help with audits and checks. I can gain support through chat and get nice ideas about outstanding care. I get ideas from other organisations and websites about activities and receive CQC newsletters."
- The management team were keen to keep up to date with progress in the care sector and attended the annual care home show in 2018 which was held in London. They had purchased a book about how to provide outstanding care and had implemented some of the suggestions within the book to help improve the service. The management team had booked to attend the 2019 show which was being held the week after we inspected.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. This included GPs, nurses, specialists, the local authority and the fire service.
- The service worked in partnership with people and their relatives to ensure people's needs were well met.
- The service worked closely with the local community. People told us, "We have coffee mornings"; "We have visits from local schools and churches"; "We have open days" and "It is a wonderful community spirit."