

Saxon Healthcare Ltd

Cranbrook House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Cranbrook House is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. 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

The provider had ensured risks to people were identified and were assessed so that people received safe care. Staff were aware of how to safeguard people from the risk of abuse. Systems were in place to ensure staff attended calls on time and to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with people who could be at risk of abuse.

Staff had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred to ensure people received personalised support. Systems were in place to manage complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 29 June 2019) and there was a breach of regulation, specifically Regulation 12 (Safe Care & Treatment). The service was under a different name, Fosse Healthcare – East London at our last inspection but the provider remained the same.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cranbrook House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 20 January 2023 and ended on 27 January 2023. We visited the location's office on 20 January 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We also reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed staff files, which included pre-employment checks, training and supervision records. We looked at other documents such as quality assurance records.

We also spoke to a relative of a person who used the service and one staff member by telephone.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure risk assessments were in place for people with identified risks such as risks relating to specific medical condition, falls and skin integrity. This was a breach of Regulation 12 (Safe Care & Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances and health conditions. The assessments included the nature of the risks and control measures to minimise the risks. There were risk assessments for people at risk with specific medical conditions, of falls and with skin integrity.
- The risk assessments had been shared with staff and the staff member we spoke with was able to tell us about these risks and the measures in place to minimise these risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "[Person] feels safe with carers when they help [person]."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding people and understood how to protect them from harm and who to report concerns to when required. A safeguarding and whistleblowing policy was in place. This meant systems were in place to ensure the risk of abuse was minimised.

Using medicines safely

- The service did not support people with medicines.
- Medicine support plans were in place that showed the medicines people took and the possible side effects of these medicines to ensure staff were aware of these.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with people using the service. Checks had been made such as criminal record checks, health declarations, receiving references and obtaining proof of staff identity and their right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. As the service was small, they used time sheets to monitor staff time keeping. The time sheets included the time staff went to calls and finished. This

was reviewed by the registered manager and checks were made with relatives to ensure staff attended calls on time. The registered manager told us as the service expanded, they will to an online digital monitoring system, which will give greater oversight of staff time keeping.

- Staff were sent rotas in advance and bank staff were available in case of emergencies. A staff member told us, "I am able to get there on time. My rota is given in advance."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- There had been no accidents and incidents since our last inspection. An accident and incident policy was in place, which included a template for staff to complete should there be accidents and incidents. The registered manager told us they would ensure any accidents or incidents were investigated thoroughly and analysed to learn lessons to minimise the risk of reoccurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "I have been trained on infection control. I have gloves, aprons and foot covers and everything."

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had completed an induction and completed the Care Certificate. The Care Certificate is a set of standards that identifies the expected skills, knowledge and behaviours that health and social care workers should adhere to. A staff member told us, "I did a good induction and training that was very helpful." A relative commented, "The carer knows [person] well, they know what [person] needs. The carer knows everything about [person]. She is trained well."
- Regular staff supervisions and appraisal were carried out, which ensured staff were supported and developed in their roles.
- Staff told us they felt supported. A staff member said, "[Registered manager] is very supportive."

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

- Systems were in place to assess people's needs and choices.
- Pre-assessments of people's needs had been carried out in detail to ensure the service was able to provide person-centred support to people.
- Reviews had been carried out to ensure people received support in accordance with their current circumstances. People or relatives were included as part of these reviews and decisions to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks and included their preferences with meals.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best health they could be.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff could identify when people were not well and what action to take.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- Systems were in place to obtain consent from people or their relatives to provide them with care and support.
- Staff had been trained on the MCA and knew the principles of the act. People's care plans included if people needed an MCA assessment to determine if they had capacity to make specific decisions. Where a MCA assessment was required, this was completed using the MCA principles and a best interest decision was made where required.
- Staff told us that they always request people's consent before doing any tasks.

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 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; equality and diversity

- People were treated with kindness and respect. A relative commented, "I am happy with carer and the service. Carer is very friendly."
- People's religious and cultural requirements had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People or their relatives were involved in decisions about their care. Care plans had been signed by people or their relatives to evidence that they were involved with the decisions made on their care. A relative told us, "Yes, they always involve me in decisions about [persons] care."
- Staff told us they always encouraged people to make decisions while being supported, such as with personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "When I change [person], I close the doors or if [person] wants to go to toilet or shower, I make sure doors are closed." A relative commented, "When [person] has shower, they will make sure [carer] is covered. [Carer] knocks on door."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent and this was also encouraged on people's care plans, which included information on how people can be supported to be independent, such as supporting people with personal care or mobilising. A relative told us, "[Carer] will promote independency such as with supporting [person] to eat by themselves."

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

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

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in a number of areas such as personal care and nutrition. There was also a timetable on how to support people during each visit.
- Care plans included people's background history, so staff knew about the person they were supporting. A relative told us, "Yes, the care plan is accurate and they involve me with reviews."
- Staff told us they found the care plans helpful. One staff told us, "Care plans are helpful and it is accurate."

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.

- Care plans included if people should be given information in a way that they could understand and also included how to communicate with them. A relative told us, "Carers knows how to communicate and understands [person] well."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure.
- No complaints were made about the service since our last inspection. The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. There was an end of life policy in place should the service support people with end of life.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated Requires Improvement. At this inspection, this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection, we found robust audit systems were not in place as this had not identified the shortfalls, we found with risk assessments. At this inspection, we found improvements had been made.
- Audits had been carried out on the running of the service to ensure people received personalised high-quality care. Audits had been carried out on care plans and daily notes to ensure people received person centred care. Spot checks had been carried out by the registered manager to ensure staff were competent in their roles and people were receiving safe care.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans to help facilitate them providing care to people the way they preferred.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "Good company to work for. [Registered manager] is a very good manager."
- Relatives told us the service was well-led. A relative told us, "It is a good service, I have no concerns."

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

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people by visiting them and through surveys. We saw the feedback of the survey, which was positive. Comments included, 'I'm really happy with my carer. [Carer] looks after [person]. [Carer] is friendly. [Carer] knows what to do.'

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

- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals.

- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.