Inspection Report

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

Willowmead Court

Lavric Road, Aylesbury, HP21 8JW

Tel: 01296432563

Date of Inspection: 15 February 2013

Date of Publication: April 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Heritage Care Limited
Registered Manager	Ms. Denise Curtis
Overview of the service	Heritage Care provide support and personal care to people living at Willowmead Court
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

Contents

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

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We talked with four people using the service. All expressed a high level of satisfaction with it. They told us it met their needs and enabled them to retain their independence. They said the accommodation suited them and they were able to maintain contact with family and friends. One person said "This is the best place I've ever been to. The staff are so good and helpful.". The person told us they were able to be as independent as they wished yet staff were available whenever they needed support. Another person described the service as "Perfect". They said the staff were very nice, the accommodation was good and they had never had cause to complain. One person, while giving a positive account of the care they received, said they felt "closed in" living on the first floor and didn't like using the lift. The fourth person we spoke with had been admitted from hospital. They told us they couldn't fault the service and said they had no doubt they had made the right decision to move there.

We found the service had arrangements in place to provide the care and support people required. Before people received any care or support they were asked for their consent and staff acted in accordance with their wishes. The service had procedures to protect people from the risk of abuse. People were looked after by staff who were appropriately trained and supported. The provider had arrangements for monitoring the quality of the service provided to people.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

Reasons for our judgement

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. We were told people's consent was sought at every stage of the care process. That process started with an assessment by the service's co-ordinator before admission. The assessment enabled both the person and the service to decide if it was able to meet their needs. Those needs were specified in the referral from the person's social worker. The person was given information on the service and, along with a member of their family, invited to view the accommodation and consider whether it could meet their needs. Where that was agreed a tenancy agreement and care plan were drawn up and signed by the person. We saw copies of signed documents in people's records.

Care plans were held in electronic and paper formats. Some sections of the electronic format had been printed off and signed by the person.

We talked with four people. The people we talked with expressed satisfaction with the service. A copy of the essential sections of the care plan, the 'visit sheet', was available in each person's accommodation. They told us the staff were good and provided the support as outlined in their care plan. One person told us the service enabled them to have support when they needed it, yet be independent at the same time.

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

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at the care plans of three people. Care plans were held in both paper and electronic formats. Care plans included the person's personal details (including a photograph), essential information including relevant medical history, assessment of needs, risk assessments, and details of the support to be provided. Care plans guided staff in providing support to meet people's needs. The full care plan was held on computer. The paper format included some pages from the electronic format and a separate one page document, the 'visit sheet', on which the essentials of the care to be provided, frequency and times were listed. A copy of the visit was also retained in a folder in each person's accommodation. The person using the service was therefore able to see when staff were due, and what help and support they were to provide on each visit. Notes of the care provided were entered on the electronic record by staff after each visit.

We talked with four people. All expressed a high level of satisfaction with the service. They told us it met their needs and enabled them to retain their independence. They said the accommodation suited them and they were able to maintain contact with family and friends. All spoke well of the staff. One person said "This is the best place I've ever been to. The staff are so good and helpful. I've no criticism of them". The person told us they were able to be as independent as they wished yet staff were available whenever they needed support. The person said they had improved considerably over the two years they'd used the service. Another person described the service as "Perfect", they said the staff were very nice, the accommodation was good and they had never had cause to complain. One person, while giving a positive account of the staff and the care, said they felt "closed in" living on the first floor and didn't like using the lift. The person also expressed some anxiety when our conversation touched on the fact that the service was not staffed at night. Earlier in the day a manager told us the matter of night staffing was being taken up with the local authority. The fourth person we spoke with had been admitted from hospital. The person told us they couldn't fault the staff and they had no doubt that they had made the right decision to move there.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw a copy of the Buckinghamshire joint agency policy on safeguarding adults was readily available to staff in a resource folder in entrance hall. Heritage Care's own policies on safeguarding adults and on whistleblowing were available on line. These were shown to us during our visit. A flow chart outlining the process of reporting concerns to Buckinghamshire Adult Safeguarding department was on display on a notice board in the entrance hall.

The staff we spoke with showed awareness of the subject of safeguarding adults. They said they had never had cause to be concerned about the safety of people in the service. They told us they would report any concerns to the coordinator, manager or area manager and indicated confidence in those managers to respond appropriately. Staff training records showed gaps in update training on safeguarding. The managers we spoke with acknowledged that and said it was being addressed. They said four training sessions were due to take place before the end of March 2013. All staff would be compliant by that date. The people we spoke with all told us they felt safe in the service.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

New staff were required to complete the Heritage Care induction programme, usually within 12 weeks of starting work. The programme included a two day orientation to the service and three days shadowing an experienced staff member. Over the 12 weeks staff were expected to get to know the people using the service, become familiar with key policies and procedures and have training on key subjects. The programme aimed to ensure that staff had the essential skills required to provide support and care to meet people's needs. We noted that two staff had not completed the expected essential training by the end of their induction. We were told this was due to problems the staff were having in getting time off from their college course to attend training. A manager told us this was being taken up with the college.

Staff had access to an ongoing programme of training. We were provided with a copy of the staff training record. Records showed that staff had attended update training on a range of subjects. Those included, among others, the Mental Capacity Act 2005, Dementia Care, Person Centred Planning, Manual Handling and Medication. The co-ordinator told us staff training included a combination of computer based learning ('E-learning') and face-to-face events.The training aimed to ensure that staff had up to date knowledge and skills relevant to supporting people.

The position with regard to staff supervision was variable. We were told the minimum frequency for supervision was once every three months although a manager told us they would prefer if it took place every two months. According to records we looked at individual supervision was taking place on an irregular basis in 2012. We also saw notes for group supervision for June and November 2012. There appeared to be some overlap between group supervision and staff meetings. Staff meetings had not taken place on a regular planned basis in 2012. We were told that all staff had received an appraisal in 2012.We saw the records of two staff, both of whom had received an appraisal. The staff we spoke with told us it was a pleasant service to work in and they enjoyed providing the service to people.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, were asked for their views about their care and support and they were acted on. There was a quality monitoring system in place. That included risk assessments, a meeting with people using the service, monitoring of complaints and comments, contract monitoring by the local authority, an annual survey, and day to day contact with the coordinator of the service.

We saw risk assessments relating to people's care when we examined care plans. Risk assessments included risks relating to falls, the administration of medicines, nutrition, moving and handling, and support at night. General risk assessments included fire safety, Legionella, use of portable electrical equipment and use of kitchen equipment. Risk assessments aimed to minimise the risk of injury to people.

We saw the notes of one meeting with people in September 2012. The meeting was held with the housing association which owned the building. The service had not held a communal meeting in 2012. The coordinator told us people had lunch together every Sunday and that provided an opportunity for people to discuss matters of common interest.

We saw a copy of the most recent contract monitoring review of August 2012. We noted the review covered a wide range of topics and was favourable in its assessment of the service. The review showed the service was meeting the expectations of the local authority with regard to the service it provided to people. The service was included in Heritage Care's annual survey which was carried out over the early summer of 2012. The survey included the service and the adjacent care home. We saw a copy of the action plan drawn up after the survey. We noted action points with regard to food, tenants meetings, staffing, and end of life care. The coordinator told us the service intended to establish regular meetings with people over the course of 2013.

We looked at complaints, comments and compliments records for 2012. We noted a high number of compliments and that action had been taken on the complaints recorded. We saw a copy of the manager's operations reports to senior managers for March to May 2012 and noted they covered a range of matters. The reports aimed to ensure that action was

taken in response to complaints and that senior managers were aware of issues in the service.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.