Heritage Care Limited

Swan Court

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

Overall summary

Swan Court consists of 12 apartments for older people. The accommodation is part of the 'Extracare' service offered by Heritage Care. Heritage Care provides support and personal care to people living at Swan Court in their own flats. At the time of this inspection, seven people were living at Swan Court.

Swan Court has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 15 December 2014.

The service worked in a way which ensured people were kept safe. Staff were knowledgeable on how to identify and respond to safeguarding concerns if they arose. Clear guidance and policies were available for staff, people and visitors to the service if they needed to raise a safeguarding concern. People were protected against the risks associated with medicines as the provider had ensured learning had taken place from medication errors by implementing a comprehensive system to ensure medicines were managed appropriately. Staffing levels were appropriate to the service and corresponded with the minimum staffing levels determined by the provider. People had individual fire evacuation plans to ensure

Summary of findings

they were appropriately supported and safeguarded in the event of a fire. The provider ensured they had robust recruitment checks in place to ensure where staff were employed to work, they were suitable to do so.

Staff and management were aware the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this affected the people they worked with. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). No people were currently subject to a DoLS. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Staff were knowledgeable around their roles and responsibilities when working with people around consent and the Mental Capacity Act 2005 (MCA). Staff were able to explain what the MCA and DoLS meant, and how this affected the people they worked with. Where required, mental capacity assessments were completed along with evidence of best interest meetings.

Staff received training, induction and supervisions in line with the provider's policy. Staff told us they felt supported and had received sufficient and additional training to undertake their roles effectively. The service was well maintained and was managed in a way which respected people's confidentiality, freedom and safety. People's nutritional needs were met in a way which was appropriate to the nature of the service. We observed caring practice throughout the inspection and found staff promoted people's independence. People's feedback on staff was used to inform staff supervisions.

People's care plans, support plans and risk assessments were detailed and comprehensive. People's life histories and preferences were recorded to ensure people were supported in a person centred manner. The service had good links with the local doctor and district nurses to ensure people's wellbeing was maintained. People were aware of how to make a complaint, and details of how to make a complaint were visible throughout the service and within people's flats.

People we spoke with told us they felt staff were caring. Comments included "They are very good, there is one lovely carer", "They are very respectful and always ring the doorbell before they come in", and "The staff are very friendly and helpful."

The service was well led by the care co-ordinator and registered manager. The commission had received appropriate notifications since Swan Courts last inspection in August 2013. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. We saw evidence the registered manager had completed a PIR form, but this had not yet been received by the commission. Staff and people who used the service were positive about the management of the service. We saw the provider had acted in a responsive way to recent medication errors to ensure they had developed their medication practices. Regular quality monitoring of the service was undertaken including audits of medication, infection control and health and safety.

Summary of findings

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.

Staff were knowledgeable on how to address and respond to safeguarding concerns and how to protect people from abuse.

Medicines were managed in a way which protected people from associated risks.

Staffing levels were appropriate to the service.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable around the MCA and DoLS and how this affected the people they supported.

The service maintained people's nutritional and hydration needs.

Inductions, training and supervisions were in place to ensure staff were supported.

Good

Is the service caring?
The service was caring.

Staff and management were attentive and supportive towards people.

Staff knew people well and how to support them in a way which promoted their independence.

Staff spent time with people and supported them in a caring, kind and thoughtful manner.

Good

Is the service responsive?
The service was responsive.

People told us they felt the service was responsive to their needs.

The service maintained good links with health professionals to ensure people's needs were met.

People were aware how to make complaints. Care plans were comprehensive and provided clear details on how people wished to be supported.

Good

Is the service well-led?
The service was well-led.

Staff and people were positive about the management of the service.

The management had good systems in place to assess and monitor the quality of the service.

The service had learnt from errors and implemented changes.

Good

Swan Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 15 December 2014 and was unannounced.

The inspection team consisted of an inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were provided with a copy of the providers PIR form during the inspection; however the provider had submitted this to CQC but had not yet been received in an electronic format. We received seven notifications from Swan Court since their last inspection in August 2013. No concerns were raised at Swan Courts last inspection in August 2013.

We spoke with the registered manager, care co-ordinator, two staff members, two people who used the service and an external consultant. We undertook observations of staff practice, reviewed 4 care plans and medication records for people, four recruitment files and copies of quality monitoring undertaken within the service. We also looked at staff supervisions, training records for all staff and induction records for new members of staff.

Good

Is the service safe?

Our findings

During this inspection, we looked at how medicines were managed within the service. Since May 2014 we had received 7 notifications of medication errors at Swan Court. The provider was responsive in addressing concerns around the amount of medication errors. On our day of inspection, the provider had an external consultant reviewing medication to find out why medication errors had happened. We checked medicines for seven people living within the service.

We found medicines were clearly recorded and signed for using a Medicine Administration Record chart (MAR) when they had been administered. We cross referenced people's medicines and found people's medicines corresponded with their MAR charts. All medicines were kept in a locked cabinet in people's rooms and only unlocked when medicines were administered. Stock checks of people's medicines corresponded with their MAR charts. Where people were receiving controlled drugs, these were appropriately stored, recorded and locked away. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Where people self-administered their medication, the care co-ordinator had involved the doctor for their input and opinion to ensure the person's safety.

Staff we spoke with were knowledgeable on how to safeguard people. Staff were able to tell us how they would respond to safeguarding concerns if they arose. One staff member told us "Safeguarding means protecting people from abuse. I would speak with the co-ordinator or the registered manager if I had a concern. If I wasn't satisfied it was dealt with correctly, I would take it further." Another staff member told us "It's ensuring the safety of the residents and protecting them from abuse. I would check the service's policy to ensure I escalated concerns properly." The care co-ordinator and registered manager were aware of the need to notify the CQC of any safeguarding concerns. Safeguarding posters were in the communal areas of the service and within the office which provided information on who to speak too if staff, people or visitors suspected abuse.

We spoke with two people who used the service. They both told us they felt safe within the service and staff were constantly checking they were ok. One person told us "They pop in every now and again just to check I'm ok. If I need anything I can ring my bell." Another person told us "It feels like a safe environment. It's nice to know staff are around." All staff working within the service had received safeguarding training.

We looked at four care plans and found people had their own personal emergency evacuation plans in the event of a fire. Each care plan contained a hospital admission sheet, and a missing person's sheet which contained details of people and how to support them in the event of an emergency. We saw a recent fire evacuation policy and risk assessment in place, including weekly checks of the service's fire alarm.

We reviewed the service's staff rotas for the previous four weeks. The care co-ordinator advised us of the minimum staffing levels required over a 24 hour period. We found there were sufficient staff levels on a daily basis according to the minimum requirement of people's needs. People and staff we spoke with told us they felt there was enough staff to meet people's needs. Comments included "They are always around if I need them", "They are very good at helping me if I need help", "I think there are enough staff" and "Staffing has really improved."

We looked at four recruitment files for staff members employed by the service. Most staff working within Swan Court had been employed for a long period of time. All four files contained a photograph of the staff member and proof of identity. Medical histories and previous employment histories were in place with relevant gaps in employment explained. Copies of staff disclosure and barring service (DBS) checks were kept on file including the date they had been received. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. All files contained evidence of satisfactory conduct in previous employment.

Risks relating to people using the service were managed well. Clear risk assessments were in place which highlighted the potential risk, evaluation of risk and the outcome of how to reduce risks, for example medication and accessing the community. Where accidents and incidents had occurred, these were clearly recorded and actions taken were reviewed to ensure people's safety.

Comprehensive medication assessments were in place including risk assessments were people were able to self-medicate. Where required, input from the doctor was recorded from their professional opinion. Risk assessments

Good

Is the service safe?

clearly highlighted the hazards, controls, further action and likelihood and severity to ensure where risks were assessed, appropriate prevention techniques were in place.

Where professional input was required, we saw evidence of correspondence and referrals. For example, contacting the occupational therapist to gain moving and handling equipment.

Good

Is the service effective?

Our findings

The service was set over two floors with twelve individual flats which included their own bathrooms, bedroom, kitchen and lounge. During our inspection, seven people were currently being supported in Swan Court. The service had a communal kitchen and lounge area which we were advised by the care co-ordinator was very rarely used as people preferred to stay in their flats. We found communal areas to be clean and easily accessible. The service was only accessible with a key safe number which people told us they were provided with. When staff were not within the office, the office was locked to ensure confidential information was not accessible. Staff carried with them telephones which rang when people called their bells or someone was at the front door. This enabled staff to ensure they could respond to people when needed. An on call system was in place in case of emergencies.

Staff and management demonstrated a good understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). No people were currently subject to a DoLS, however we saw an application had been submitted to the local authority by the care co-ordinator as it was assessed one person may have been deprived of their liberty. The care co-ordinator understood the requirements of the MCA and DoLS and was able to explain and demonstrate how and when they would be required to submit a DoLS.

Where the care co-ordinator had conducted mental capacity assessments, these were clearly recorded including evidence of best interest decisions. Where it was assessed one person may have been deprived of their liberty, the care co-ordinator had involved the person's social worker in a best interests meeting. People's care plans reflected their capacity needs on an individual basis, for example, "[Name's] capacity can fluctuate and needs to be assessed on each occasion." Where people were able to consent to their care plans, this had been clearly recorded.

Staff we spoke with were knowledgeable about the MCA and DoLS and how this affected the people they worked with. Comments included "Mental capacity is about people's ability to make specific decisions" and "It's ensuring we support people in a non-restrictive way." All staff had received training in MCA and DoLS.

We looked at the induction process for new staff members. Inductions included shadowing of experienced staff members, reading care plans and completing tasks was based on Skills for Care "Common induction standards." These are the standards employees working in adult social care need to meet before they can safely work unsupervised. Each new staff member was provided with an "Induction and probationary assessment record" which provided tasks which new starters needed to complete in order to be signed off as competent and to work alone. We saw these records were completed for staff members currently working at Swan Court. Staff were required to sign to agree they understood elements of their roles and outlined staff responsibilities when working with people at Swan Court.

Training for staff was provided which was deemed mandatory by the provider. The provider's policy clearly outlined how often training was due to be refreshed. We saw a copy of Swan Courts training matrix which demonstrated all staff had received training to support them to undertake their roles. Training included equal opportunities, health and safety, fire safety, moving and handling, first aid, medication and MCA and DoLS. All staff had received 'mandatory' training and was in date. One staff member told us "The training was brilliant when I first started. I asked for dementia training which I was provided with which was extremely helpful."

The provider's supervision policy outlined staff should receive a minimum of six supervisions a year including an annual appraisal. We were provided with a copy of the provider's supervision matrix which demonstrated staff received supervisions in line with the provider's supervision policy. We looked at examples of supervisions and found supervision records had a clear agenda, discussions were clearly recorded and people who used the service's feedback on staff performance was also included. Staff were able to tell us how often they received supervision. Comments included "The co-ordinator is really nice and really listens during supervision" and "I find supervision very helpful."

Good

Is the service effective?

We spoke with the care co-ordinator about how people were supported with their nutritional needs. As the service was supported living, there were no set meal times. People were supported in their individual flats to make meals as requested which was either bought by the person, by relatives or through an external company which provided microwave meals. The care co-ordinator advised us they had gained feedback from people that the choice of meals from the previous external company was poor so they arranged for a new external company to provide meals.

People told us this had been well received. Clear guidelines were in place in people's care plans around their nutritional needs and what support was required from staff. At present, there was one person at risk of weight loss which we saw had been discussed with the person's GP and food intake was recorded. Most people within the service were able to meet their own nutrition and hydration needs within their own flats. All staff had received food hygiene training.

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff were caring. Comments included “They are very good, there is one lovely carer”, “They are very respectful and always ring the doorbell before they come in”, and “The staff are very friendly and helpful.”

We asked one person’s permission to allow us to observe a staff member supporting them with their lunch time meal. The staff member rang the person’s doorbell and waited for permission before entering. They explained who the inspector was and asked their permission to observe which was granted. The staff member asked the person if they would like them to open and read some Christmas cards which they agreed. The staff member and person laughed together. The staff member spoke with the person and made them aware that the doctor was either going to visit them or call them today at their request. We noted the staff member addressed the person by their name, and when completing their medication, offered and asked before administering. The staff member advised which meals were available for lunch and offered fresh drinks. Whilst the person’s lunch was cooking, the staff member sat and chatted with the person. When the person requested assistance from the staff member, this was acknowledged and completed.

We observed one person became distressed during the day due to their dementia. We saw staff treated the person in a kind and caring manner and took time to explain and offer assistance. When staff noted the person wanted to stay near the office, they supported them to do this.

We spoke with staff to ask them how they ensured people were involved in their care. Staff told us “It’s important to keep people’s independence, for example we have one person who likes to do their own washing up but they struggle to fill up the bowl with water. We always ask them if they would like us to fill up the bowl so they can do their own washing up.” Another staff member told us “I always ensure I ask people’s permission before helping them as I don’t want to take away people’s independence.” One person told us “If I can do it myself I will, but they are very good at helping me if I’m struggling.”

People told us they were able to leave their home as and when they pleased. We observed one person to frequently go outside. They told us “I need to pop to the shops, I just let them know I’m going so they know where I am.” We saw the service promoted visitors and visitors were able to enter the service at any time after signing in. One person told us “My relative [name] comes in every day to see me and has lunch with me. It’s very nice.”

People told us they had taken part recently in a Christmas party which was set up by the service. People told us they enjoyed this and was very nice of staff to take part. Comments included “They did a food and drink party, it was lovely. We had a singer come who was very good.” We found people’s care plans were person centred, for example people’s daily support plans stated “The above tasks are to take place in the order that is [person] preference.”

Good

Is the service responsive?

Our findings

We looked at four care plans for people who lived in the service. We found care plans to contain comprehensive information on how people wished to be supported by the service. Each person had a personal plan which clearly outlined the visits they received from staff, what times the visits were, what the visits involved and explained tasks must be completed in the person's order of preference. Each care plan contained a photo and description of the person and included a sheet containing important details about the person, in case of an emergency hospital admission. People's allergies and medical conditions were clearly displayed including next of kin information.

Support plans covered areas such as communication, nutrition, personal care, night routine, skin care, emotional needs and moving and handling. Support plans clearly outlined 'observations, goals and interventions'. Support plans were comprehensive and provided a detailed and thorough overview of how to support people with their needs in a way which was person centred. People's care plans also gave an overview of people's life histories and included information on what people may not wish to discuss, for example, the war.

The service had an allocated doctor who visited the service weekly. We saw clear records of doctors' visits, including actions and outcomes. We observed one person to receive a telephone call from their doctor during the inspection. We noted the staff member asked the person if they wished to speak to the doctor, or if the person would like the staff member to take the telephone call on their behalf. The person wanted to speak to the doctor themselves and we noted the staff member visited the person in their flat after and made a record of the discussion and outcome of the telephone consultation. We saw district nurses visited the service frequently and their input was recorded and acted upon where required.

People told us they knew how to make a complaint. When we visited people's flats, we saw a copy of the providers complaint policy was available, and was also available in communal areas within the service. We looked at one complaint from 2013 which was clearly recorded and evidence that the complaint had been acted upon and what changes had been implemented. One person told us "They always get the doctor out if I need them." Another person told us "They always make sure I see my doctor and dentist." We saw people's care plans were reviewed regularly through discussions with people and changes in people's needs were fed through via handovers on shifts.

Good

Is the service well-led?

Our findings

Staff and people we spoke with were positive about the management of the service. Comments included “The co-ordinator is really nice. She really listens and takes comments on board”, “There is a good management set up. I trust them as capable” and “The co-ordinator is a good leader.” We saw the management had an open culture within the service. The care co-ordinator was visible throughout the day and staff and people knew who they could speak to and where the registered manager was located if they needed them. The office was always open unless it was empty and we saw people frequently visit the office to have their questions answered.

We found the service to be undertaking comprehensive audits of the service. Audits included housekeeping, infection control, health and safety and medication. We looked at records which showed the operations manager had undertaken monthly audits of the service. The provider responded well to the previous medication errors and had worked in a responsive way to ensure people were not placed at risk from unsafe medicine practices. Comprehensive audits and daily checks were now in place and the provider had consulted an external agency to analyse and evaluate their medication processes and training.

The commission had received appropriate notifications since Swan Courts last inspection in August 2013. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. We saw evidence the registered manager had completed a PIR form, but this had not yet been received by the commission.

We saw copies of regular team meetings undertaken. The care co-ordinator explained they tried to undertake ‘tenants meetings’ however, these were not often attended. The service maintained a communication book and handover book to ensure any changes within the service were fed back appropriately. The current staff team consisted of long standing staff who knew the people well and were promoted to be involved in the day to day running of the service, including updating care plans.

The service had responded well to a number of medication errors which had occurred over the year. An external consultant and the head of operations had undertaken a root cause analysis to determine why medication errors had occurred and implemented a management plan. The care co-ordinator had demonstrated good leadership through the implementation of daily MAR chart and medicine checks to ensure peoples medicines for that day had been correctly administered and signed for. We found the provider had acknowledged shortfalls in their medication practices and had worked proactively to ensure the issue was resolved.