Heritage Care Limited

Swan Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on the 20 and 21 August 2018. During our previous inspection in February 2017 we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2014. This was because the provider did not have a robust quality assurance system in place to effectively monitor the safety and quality of people's care.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service Safe and is the service Well-led, to at least good. During the current inspection we found improvements had been made to the safety of the service, however, we found the service was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not checked the information recorded in the quality assurance audits was accurate. Audits that had been completed did not identify the concerns we found.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Swan Court has 12 apartments and can accommodate up to 24 people. At the time of our inspection there were 12 people living in the service. The service is registered to accommodate older people, those living with dementia, and people with sensory of physical disabilities. Each person had their own apartment which comprised of an open plan kitchen/ lounge area, bathroom and bedroom. The apartments were all on one site with a communal lounge/ dining and kitchen area, bathrooms and garden.

The service was mostly safe, although the provider had systems in place to ensure the safe recruitment of staff these had not always been followed. We have made a recommendation about this.

Staff were trained to identify signs of abuse and how to report concerns. Medicines were administered by trained staff. Records showed people received their medicines in a safe and appropriate way. Where people required additional support with maintaining their health, they were referred to health professionals such as psychologists and GPs.

People spoke positively of their experience of living in the service, they told us "The best thing about living here is the atmosphere and the other people living here." "I do everything I want to do."

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

People were supported with their nutritional and hydration needs. This included providing food and drinks that was safe for them to consume and in line with their preferences.

Care plans documented people's preferred method of communication. People had access to the information they needed in a way they could understand it. People's relatives were encouraged, where appropriate, to be involved in the planning and monitoring of the care provided.

Families and friends were encouraged and supported to maintain contact with people. This protected people from the risk of social isolation. People were treated equally, regardless of their disability, gender, sexuality, religion, race or age in line with the requirements of the Equality Act 2010. People's chosen lifestyles were respected and where staff could offer support to people they did.

People, staff and others had positive opinions about the management and leadership of the service. There was a good workplace culture and we saw the staff worked well together to ensure effective care for people. Staff comments included ""She [care coordinator] has had a lot to get her head around, personally I think she is doing really well." "The best thing about this service is my relationship with the residents and staff, but mostly with the residents." "I think it is really well managed, especially with everything that can happen in a day."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Thorough checks had not always been carried out prior to the employment of staff. This meant the provider could not be assured of their safety to work with people.

Care plans were detailed and risks associated with the provision of care and the environment had been assessed. This reduced the risk of people receiving inappropriate and unsafe care.

Information and training in the administration of medicines was available for staff, this meant the registered manager could be assured people were receiving their medicines safely.

Is the service effective?

Good

The service was effective.

People were encouraged to make decisions about their care and day to day lives. People were supported to be as independent as possible.

People's consent was obtained and the service complied with the requirements of the Mental Capacity Act 2005.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

People's dignity and privacy was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People participated in activities both in the service and in the wider community. This encouraged inclusion and protected people from social isolation.

Systems were in place for the registered manager to obtain feedback on the quality of the service. This helped drive forward improvements.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records related to completed audits of the service were not representative of the findings we made during our inspection. This meant areas requiring improvements had not been identified.

Staff told us the management were supportive and they worked well as a team. There was an open and honest culture which enabled effective communication and a positive working environment.

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 was planned to check 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 20 and 21 August 2018 and was announced. One Inspector carried out the inspection. We gave the service 24 hours' notice of our visit to ensure someone would be available to assist with our inspection.

Prior to the inspection, we reviewed the information we held about the service, this included notifications we had received from the provider. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We reviewed the information sent to us in the 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 covered these areas during our inspection.

During the inspection we visited three people in their accommodation, we spoke with them and one of their relatives. We also spoke with seven staff members including the registered manager; two deputy managers; a care co-ordinator; two care workers and a housekeeper/care worker.

We reviewed three people's care plans; two staff recruitment records and records relating to the management of the service including audits, accident and incident forms, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

During the last inspection in February 2017 we had concerns about the lack of records related to accidents and incidents. We found this had improved in this inspection. Records showed accidents and incidents were recorded, and where possible, changes were made to the environment or the care to prevent a reoccurrence. This meant people were safer because known hazards had been removed or minimized.

People told us they felt safe living in Swan Court, comments included, "Yes I feel safe, I trust the staff." "The staff are very good, they understand my troubles." Staff told us they had no concerns about the safety of the service. They understood how to identify indicators of abuse. They could explain what action they would take if they were worried about a person's welfare. Advice on how to report concerns of abuse was accessible to staff. Training was provided to ensure staff felt confident and knowledgeable in how to respond appropriately.

As part of the planning and provision of care, risk assessments were completed. These considered both the environment and how to deliver care safely. For example, where people were at risk of falls, this had been considered. Records provided guidance on how to minimise the risk. Where people were supported to have a bath or shower, the water temperature was tested beforehand to ensure it was safe for people to use. This support helped to maintain people's safety. We discussed with the care coordinator how risk assessments could be improved by assessing and recording the risks to people from their medical conditions. For example, diabetes. This would ensure that staff were consistent in how they provided support to meet people's healthcare needs.

We reviewed the recruitment file for the most recently employed staff member, and one other. Gaps in the employment history had not been investigated. The candidate and their referees supplied the provider with different dates for their employment history. These discrepancies had not been investigated. We spoke with the registered manager about this, they told us they had only checked the last 10 years of the person's employment. They accepted the need for checks to be thorough. Other checks were in place including application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. The DBS service hold records of people who are barred from working with children and adults.

We recommend the provider puts systems in place to ensure the safe recruitment of staff.

A relative told us, if the housekeeper was absent the cleaning standards dropped. They also felt staff did not have enough time to complete the cleaning the housekeeper would have completed because of competing demands. Staff did not feel they had enough time to carry out the additional cleaning effectively. One staff member told us "We have enough staff during the day, but maybe an extra staff member at night would be good because of all the cleaning, and the washing. You can't expect one person to do all that."

We spoke with the care co-ordinator about this. They explained the service employed a housekeeper for 18 hours per week. Previously, night staff used to carry out housekeeping duties, however, their time was now utilised working in Swan House (adjoining residential care home) during the night. They agreed the staffing

levels needed to be reviewed to ensure the environment was clean and safe for staff, people and visitors.

Staff received training in infection control and food hygiene. Equipment was in place such as colour coded mops and buckets to reduce the risk of spreading infections. The purpose of having colour coded equipment is to prevent cross contamination during the cleaning process. Each colour is related to an area of the building. This prevents mops used in the bathroom being used in the kitchen. Staff were supplied with personal protective equipment (PPE) such as gloves and aprons. This protected both staff and people from transferring germs and viruses.

Where people required assistance with medicines, these were administered by trained staff. Medicines were stored securely, and only appropriately trained staff had access to them. We undertook checks to ensure the storage, administration and records related to medicines were safe. Medicine dispensed from the pharmacy was checked by two staff upon delivery to ensure people received the correct medicine. The Medication Administration Record (MAR) charts were up to date, properly maintained and were easy to follow.

For medicines stored in their original packaging, there was no decreasing stock control system in place. This was important as this would ensure staff were aware of and understood what to do if there was a discrepancy between what was in stock and what had been administered. However, the provider was aware of this deficit and was in the process of designing a recording tool to enable staff to trace stock levels. We were shown this during the inspection. Staff competency assessments to administer medicines was carried out by senior staff. This ensured as far as possible the staff had the correct knowledge and skills to carry out the administration of medicines safely.

Fire drills had taken place to familiarise both the people living in the service and staff with what action to take in the event of a fire. We noted the last fire drill had been completed on 28 August 2017. We discussed with the registered manager, how the frequency needed to be increased. They were aware and assured us it would be. The service had in place an Emergency Box. This included equipment to assist staff in the event of an emergency. For example, it contained a copy of each person's Personal Emergency Evacuation Plan (PEEP), torches and foil blankets. The service had a disaster recovery plan, to direct staff on the actions needed to be taken in the event of a catastrophe.

Good

Is the service effective?

Our findings

People spoke positively about the skills and knowledge of staff. They told us staff supported them in the way they wished to be supported and that staff knew them well. Staff told us they had been provided with sufficient training and support to carry out their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The MCA applies only to people over the age of 16. Applications to deprive people of their liberty in extra care services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We were told by the care coordinator that people using the service had the mental capacity to make decisions for themselves. We could see from documentation that people's mental capacity had been considered. We observed no restrictions, and there were no interventions from the Court of Protection.

The care coordinator told us that when new staff were appointed they received an induction, and attended training in the areas deemed mandatory by the provider. These were in areas such as medicines, safeguarding, and manual handling amongst others. Staff also completed the Care Certificate. The Care Certificate is part of induction training, and covers the minimum set of standards that social care workers adhere to in their daily working life. Records showed staff training was up-to-date. Where staff required additional training because of their role, this was not always provided. Two staff members told us they had not received training in epilepsy and the other diabetes. We could see from the records, that care in relation to these health conditions was appropriate, and that people's needs were being met. The registered manager told us some staff had received training, but they assured us those that had not would have it made available to them.

During our previous inspection in February 2017, we made a recommendation as we found the staff were not receiving frequent supervision sessions in line with the provider's policy. During this inspection we found this had improved. Staff told us and records confirmed, they were receiving regular supervision and they found this a useful opportunity to ask questions and receive feedback.

Staff received training in equality and diversity. This was to support staff to apply a non-discriminatory approach to their work. In the PIR we were informed the provider was working with Stonewall. (Stonewall in a national charity that provides information and support to organisations and individuals from the lesbian, gay, bisexual and transsexual community.) With a clearer understanding of the needs of people in these communities, staff would be able to support people and protect them from discrimination. The PIR also stated "The human rights of all the tenants and staff is at the heart of everything we do. Everyone is treated with respect and dignity". When we observed interactions between staff and the people living in the service

we saw they were treated with respect. Records showed people were treated fairly and there had been no complaints made related to any form of discrimination or unequal treatment.

People's nutritional needs had been considered by the service. This information was received during the pre-admission assessment. Provision was made to support people with special dietary requirements. For example, people with diabetes. Where needed, external professional advice was obtained to support people with their nutritional needs.

A meal was provided at lunchtime by the residential home next door. We saw people gathered in the communal dining room to enjoy lunch, and the social interaction with each other. Not everyone ate in the communal dining room, this was very much an individual choice. People had food prepared for them, or with them, by staff or relatives, in their apartment if required. Snacks were also available to people, and a range of drinks, both in their individual living space and the communal areas.

People were assisted to access the healthcare support they needed when they required it. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. For example, dietician, podiatrist and dentists. Where specific guidance was given to staff by external professionals, this was documented and acted upon. This ensured people were supported to maintain, or improve, their physical and mental health.

Good

Is the service caring?

Our findings

People described staff as "Very helpful", "Very nice" and "very good". People spoke fondly of the staff, stating they were supportive and kind. It was clear from the interactions we observed, and the way staff spoke about people, the staff were knowledgeable about people's needs, and the care they required.

The Accessible Information Standard is a framework put in place by the NHS from August 2016, making it a legal requirement, for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The PIR informed us that no one using the service had a communication difficulty. One person had a memory problem and a white board was used by them, and staff, to remind them of activities they were participating in on the day.

Records included people's personal histories. This enabled staff to find common ground with people if possible, but also to understand people's backgrounds and life experiences, their likes and dislikes. During discussions with staff they showed compassionate and caring attitudes towards the people they were supporting. One staff member told us "I enjoy talking with the tenants, I will help wherever I am needed." "They (people) get the best service, it is person centred care we give, it is all provided according to their needs."

People told us they got the help they needed at the time they required it. People were encouraged to participate in planning their care. Records showed people had consented to aspects of their care. For example, photographs being taken and finance management. People met with their key worker monthly to review their care. This gave people an opportunity to discuss if any changes were needed to their care, and to make future plans which would improve their quality of life.

People told us they were treated with respect by staff. Staff could describe to us how people were treated in a respectful and dignified way. Comments from staff included, "I talk to them (people) politely. I listen to what they have to say." "I ring their door bell and wait for a response before entering." "Treat them (people) how you would like to be treated, take your time and say things clearly."

Staff understood why it was important for people to remain as independent as possible. One staff member told us it was important as it gave people a sense of their own wellbeing. Another told us it was their role to give people a "boost", and to encourage people so they felt able to achieve things. People spoke positively about the care they received. One staff member told us "They (people) all just make me smile. The thanking you and the gratitude for what you have done is so nice."

Records related to people's care was stored securely in the office. Care records were reviewed every four months or sooner if required. This meant information was kept up to date and accurate.

Good

Is the service responsive?

Our findings

People's care plans were person-centred and reflected their cultural, social and health needs. Records showed, and people confirmed, their involvement in the provision of care. The PIR stated, "By writing person centred care and support plans with the tenant and possibly relatives if they choose, we will ensure these are individual to the person we are caring for."

There are nine characteristics protected under the Equality Act 2010. These are: Age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The PIR stated "The managers meet regularly and discuss and share information such as the lesbian, gay, bisexual and transgender community (LGBT) characteristics, which is being discussed at board level to ensure our policies highlight this area." The registered manager was aware there was still work to do, but the provider had a foundation from which to develop services, which respected people's needs in relation to their protected characteristics.

People were supported to participate in their chosen lifestyle. For example, some men attended a "Men in sheds." Session. This was a service run by a local Age UK charity to support older men who wanted to get together, share and learn new skills. Other people were supported to attend work, or involvement in community lunch clubs. Those that wished to, remained at home, and participated in pastimes such as playing music, watching TV, and chatting with neighbours. People's family or friends were made to feel welcome and could spend time with the person.

Technology was used in the service to enhance the safety of people. A security system to ensure unwelcomed people could not access the building included an intercom system and closed-circuit television (CCTV) cameras in the entrance and corridors. Care plans were recorded both on a computer system and paper records. Call bells were installed in people's apartments, so they could summon help instantly. If there were no staff on the premises, the call bell automatically alerted the on-call telephone, so the person could speak via the intercom system to the staff member. Fall pendants and sensor pads were used in people's accommodation to alert staff if people fell, or experienced seizures. In this way staff could respond quickly if people were in danger.

Some people told us they knew how to make a complaint. One person and their relative told us they did not. We passed this information back to the care coordinator so they could assist the person with this information. The provider had a complaints policy and procedure in place. The registered manager preferred to deal with complaints immediately to prevent situations escalating. A log was kept of complaints. We were told three out of four were dealt with within the provider's timescale, and people were satisfied with the results. The outstanding complaint resolved itself when the person left the service.

Information related to complaints was sent to the area manager and the board of trustees. This enabled them to keep an overview of complaints at the service. A complaints box was positioned in an accessible place in the entrance corridor. This enabled people to raise issues anonymously if they preferred. People were also offered the opportunity to feedback via the tenant's meetings.

At the time of the inspection, no one was receiving end of life care. Documents recorded people's last wishes, but not everyone felt comfortable discussing this and their opinion was respected. Records showed and the care coordinator told us the service worked well with the local GP surgery. The local provision of palliative care services would be used in the event of a person requiring end of life care if they wished to remain in the service and this was appropriate.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection in February 2017 we found a breach of regulation of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have a robust quality assurance system in place to effectively monitor the safety and quality of people's care. For example, in the infection control audit dated 14 May 2018 it stated, "All waste bins are foot operated, lidded and in good condition." The bin we found in the communal kitchen was not foot operated. We pointed this out to the senior staff who made immediate arrangements for it to be replaced. We also found a dirty arm chair in the communal bathroom. The dirt was visible. We pointed out the chair was an infection control risk. It was immediately removed.

Care plans were not always up to date, we found some areas needed amending. For example, one person's falls risk assessments stated they had not had any falls since coming to the service, this was incorrect as the person had experienced four falls. Risk assessments for people with skin conditions or underlying health conditions that affect their skin needed to be completed. One person was burning candles in their apartment, we saw no evidence of a risk assessment in place in relation to this. Senior staff appeared not to realise this was occurring.

Without records being accurate and reflecting the findings of what was happening in the service, the registered manager could not drive forward improvements in these areas. We discussed our findings with them throughout the inspection, and they agreed the need for more focussed approach to the audits they completed.

This was a continued breach of Regulation 17, this was because the audits undertaken by the service had not identified the areas of concern we found during our inspection.

People and staff told us the service was well managed. Comments included "[Named care coordinator] has turned the place around. It is more organised now. Nobody would use the lounge (this is the communal kitchen, dining and lounge area.) She has got them watching TV and talking together." "She [care coordinator] has had a lot to get her head around, personally I think she is doing really well." "Things are beginning to take shape; the tenants then get the best service."

We observed the care coordinator working alongside staff. There appeared to be a respectful relationship between senior staff, people and visitors. The staff told us they had a good team and worked well together and supported each other. There was a shared philosophy of providing person centred care to people of the highest standard. Staff felt the service had improved since the care coordinator took up their position. They told us they felt motivated by constructive feedback and were supported by senior staff. They believed there was a learning culture, and not a blame culture in the service. This enabled staff to bring forward ideas, and to be open and transparent when things went wrong.

Providers are required to comply with the Duty of Candour Regulation. The intention of this Regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'

(people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The Regulation applies to registered persons when they are carrying on a regulated activity.

The management were familiar with the requirements of the Duty of Candour. We could see from incidents that had happened in the service how the Duty of Candour had been implemented. The service had been transparent and all interested parties had been kept up to date. A Duty of Candour policy was in place and it was the intention of the service to ensure staff understood their responsibility in line with the legislation. The policy clearly set out the steps for the registered manager to follow if the Duty of Candour requirement was triggered. The provider has a legal duty to inform us about changes or events that occur at the service. They do this by sending us notifications. We had received notifications from the provider regarding changes and events at the service.

People were encouraged to give feedback on different aspects of the service through a customer staff satisfaction survey. The latest had been sent out in February 2018. Actions had been identified where improvements could be made. The service also worked alongside health professionals and the local authority including social care and commissioners. Monitoring took place by the local authority as part of contract monitoring visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to evaluate and improve their practice in respect of the monitoring they had completed to drive forward improvements. 17 (1) (2) (a) (b) (c) (e) (f)