

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

## Swan Court

High Street, Winslow, MK18 3DN

Tel: 01296711464

Date of Inspection: 08 January 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Heritage Care Limited
Registered Managers	Mrs. Agnes Christie Bowler
Overview of the service	Swan Court consists of 12 apartments for older people. The accommodation is part of the 'Extracare' service offered by Heritage Care. Heritage Care provide support and personal care to people living at Swan Court
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We talked with three people using the service. People expressed a good level of satisfaction with the service. People told us they were reassured that staff were available at all times. They said the staff were very good and helped them to remain independent. They provided the support agreed in the care plan. One person said "If I want anything, the staff are always there to help". They told us the staff always responded promptly when they activated their pendant call system. One person told us they felt a bit saddened they didn't know their neighbours. They said it was rather quiet along their part of the building. They would have liked to have seen "more life".

We found the service had arrangements in place to provide the care and support people required. The service involved people in decisions about their care. It 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.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

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### Reasons for our judgement

We were told people were involved in the arrangements for their support at all stages. Prior to a person accepting a place the manager visited people at home. The visit provided both the person and the manager with an opportunity to consider whether the service was able meet the person's needs. The home visit and assessment was followed by the person visiting the service to see it for themselves. If acceptance of a place was agreed then a 'tenancy agreement' was drawn up. The coordinator told us the service always checked to ensure people understood the nature of the agreement before signing it. People were involved in deciding whether the service could meet their needs.

Each person had a key worker. We were told the role of the key worker was to coordinate the person's care and support and ensure the person was involved in that process. The key worker was responsible for the formulation of a care plan designed to meet the person's needs. A summary of the care plan was given to each person. We noted copies of such documents when we met people in their accommodation. Some sections of care plans included the person's signature. The signature indicated the person's involvement in the process.

Three meetings were held with people using the service in 2012. We saw the notes of those meetings. One meeting was held jointly with the housing association which owns the property. A range of topics had been discussed. Those included social events, fund raising and matters relating to the accommodation and garden. Two of the people we met told us they had attended meetings in 2012. People were encouraged to express their views on the service.

We saw people were treated with respect by staff. Staff knocked on doors and did not enter people's accommodation without permission. A person told us the staff were "very good" and helped them to be as independent as they wished. People expressed their views and were involved in making decisions about their care and support.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We looked at the care plans of three people. Care plans were held in both paper and computer formats. Care plans included a photograph of the person, personal details, relevant medical information, risk assessments, and details of the support to be provided. That support included help with personal care and with domestic tasks, assistance with medication, and help with shopping.

Care plans were comprehensive and included information, where relevant, on such matters as mobility, physical care needs, communication, including problems with sight or hearing, and psychological aspects of care, such as mood. Risk assessments covered risks in the environment, when using electrical equipment for example, and risks related to care, in relation to the use of bed rails for example. A summary of the care plan was noted to have been given to the person using the service and was available in their accommodation if required. Each summary included the time of each visit, visit duration, and the tasks to be carried out on each occasion. Records of the care provided were entered in the electronic record after each visit. Records included details of the tasks carried out, the care provided and any observations by staff. Care plans supported action by staff to meet people's care needs.

The people we spoke with expressed a good level of satisfaction with the service. They told us the staff were "very good", staff were available if they needed support, responded promptly when the call system was activated, and provided the support they needed as outlined in their care plan. Some people participated in social events in the adjacent care home, Swan House. On the day of our visit staff were organising a 'get-together' in the afternoon to celebrate one couple's 71st wedding anniversary. Such activities supported people's health and well-being. People's needs were assessed and care and support was planned and delivered in line with their individual care plan

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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A copy of the Buckinghamshire joint agency policy on safeguarding adults and of Heritage Care's own policy on the subject was readily available to staff in the office. A flow chart outlining the process of reporting concerns to Buckinghamshire Adult Safeguarding department was on display. All staff had attended training on safeguarding adults.

The staff we spoke with showed a good understanding of the subject. One staff member had attended advanced training on safeguarding in 2012. Two of the people we spoke with told us they had no concerns about their safety or about security in the service. They said they felt safe. 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

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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New staff were required to complete the Heritage Care induction programme ("Corporate induction" as described by a member of staff) within three months of starting work in the service. The programme included orientation to the service, familiarisation with key policies and procedures and attending training on key subjects. The programme aimed to ensure that staff had the essential skills required to provide support and care to the people using the service. We talked with a member of staff who had been appointed in 2012. The person told us they had completed their "corporate induction" during their first three months in post. The induction programme aimed to provide staff with the essential knowledge and skills required to meet people's needs.

Staff had access to an ongoing programme of training. We saw records of training attended by staff. In addition to the essential training given on induction, the records also showed that staff had attended update training. That had included updates on Safeguarding Adults, Dementia Care, Mental Capacity Act 2005, and Supervision and Appraisal. The training aimed to ensure that staff had up to date knowledge and skills relevant to providing support to people. The people we talked with told us they were satisfied with the support provided by staff.

A staff meeting was held approximately every three months. We saw the notes of meetings held in August and December 2012. All staff were receiving personal supervision every eight weeks. The provider has a policy of annual appraisals for staff. Appraisal had not taken place in 2012 because of changes in management. There were plans in place for appraisals to be reinstated in 2013. The staff we talked with during our visit told us they enjoyed supporting people to be as independent as they wished. They said the management and coordination of the service had greatly improved over the course of 2012. However, they also expressed some concerns about lone working. They told us those had been raised at staff meetings. They said managers were supportive but staff continued to have concerns on that particular matter. Staff received appropriate professional development.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We saw the notes of three meetings with people using the service which had been held in 2012. The coordinator told us the meetings were an opportunity for people to discuss matters of interest or concern to them. One meeting had included a representative of Riverside Housing Association which was responsible for the accommodation. Key workers held meetings with the people they were providing support to. We were told that in such meetings the key worker and the person using the service looked at how the support provided was meeting the person's needs. We noted risk assessments when we looked at care plans. Risk assessments covered (among other matters) moving and handling, medication, risks relating to personal care, and the use of bed rails. Other risk assessments related to matters in the environment such as electrical equipment or fire safety. Risks to people's health and safety had been assessed and documented.

We looked at records of complaints and compliments. Records were in good order and showed that action had been taken in response to each complaint received. The coordinator told us that in many cases all the service could do was to copy the complaint to the provider of the service such as Riverside Housing Association (in the case of complaints about the accommodation) or to Swan House (when the complaint was about the food provided by the kitchen - managed by the provider itself). We also noted compliments received from people or relatives about the service. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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