

# Heritage Care Limited

# St James 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 ●

# Summary of findings

## Overall summary

This inspection took place on 6 and 8 September 2017. It was an announced visit to the service.

St James Court is registered to provide support with personal care. The main office is based within a supported living scheme of 12 flats. At the time of the inspection the service provided care and support to thirteen people who lived at the scheme.

At the last inspection undertaken on 8 June 2015 the service was rated good. At this inspection we found the service remained good.

We received positive feedback from people, their relatives. People told us they had developed a good working relationship with the staff. Comments included "They [staff] are very good," "They [staff] will do anything to help." One relative commented "I could not manage without them." Another relative told us how happy they had been since their family member had moved into the scheme. "I am really happy with the service provided, what's really nice is how easy the staff are with everyone."

People were supported by staff with the right skills and experience, as recruitment processes were in place. People were supported to be involved in the recruitment of senior staff.

People were supported by staff who understood their role and were suitably trained and supported to provide safe care.

People were protected from abuse and avoidable harm, as staff understood how to recognise signs of abuse and what to do in the event of a concern being raised.

People received a person centred service, as they had been involved in developing care plans which reflected their likes and preferences.

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

People were encouraged to participate in meaningful activities. People were supported to attend social events in the local area.

People told us they had confidence in the management and they would go to them if they had any concerns.

Staff told us they felt supported by management and felt involved in driving improvements. There was a positive culture within the organisation.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# St James 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 was a comprehensive inspection.

This inspection took place on 6 and 8 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Prior to the inspection we sent out nine questionnaires to people, their relatives and community professionals. We received three completed questionnaires. We have used the results as part of the evidence to make our judgement.

We spoke with five people who were receiving care and support and two relatives. We spoke with the registered manager, care- coordinator and two staff. After the visit to the office we contacted a further two staff to seek feedback. We reviewed three staff recruitment files and four care plans within the service and cross referenced practice against the provider's own policies and procedures.

# Is the service safe?

## Our findings

People told us they continued to receive safe care. Comments from people included "They [staff] always respond to my call bell," "It is very safe here, people just can't walk in, I keep my flat locked and the carers open the door when needed." Another person told us "I have no concerns at all."

People were protected from abuse and avoidable harm. Staff had received training and were able to tell us about potential signs of abuse and what action they would take if they had concerns. People told us they would report any concerns they had to the management team.

People were protected from unsafe practices and avoidable harm as potential risks posed to people had been identified and action had been taken to reduce the risk. We read risk assessments which covered a wide range of issues. For example, risks associated with falling, use of wheelchairs and use of oxygen. We noted risk assessments were reviewed when needed and after certain events. For instance falls risk assessments were reviewed after a person had fallen.

People were supported by staff with the appropriate experience and character to work with people. The service had recruitment processes in place. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People told us there were enough staff on duty to support them when they needed support. The registered manager was able to demonstrate how they would respond to any change in people's level of dependency. We noted a recent rota showed more staff on duty due to a person being unwell at the time.

Where people required support with their medicine this was provided by staff who had received appropriate training to do this safely. People told us they were happy with the support they received with their prescribed medicines. Staff were not signed off as competent until sufficient checks were undertaken.

# Is the service effective?

## Our findings

People told us they received effective care from staff who had been trained to provide safe care. One person told us "They [staff] will do anything to help." This was supported by what people's relatives told us. Comments included "The knowledge of the staff really helps, [name of care- coordinator] responded really well when [relative] was struggling to settle in. He got the GP and nurse involved. We all met together to work out how to support [relative]."

People were supported by staff who understood their role. New staff were fully inducted into their role; this included one to one meetings with a senior member of staff and working alongside another staff member until they were confident to work alone. Each new member of staff attended initial training which covered the nationally recognised minimum standards for social care workers. Topics included communication, privacy and dignity; equality and diversity and working in a person centred way as examples.

Staff received supervision and an annual appraisal of their performance. Staff were supported with on-going training. One member of staff told us "I have been supported with training; I have completed my level two and three (Diploma in Health and Social Care), not many places support with getting level three so I was really pleased."

The service had provided training for staff in the Mental Capacity Act 2005. Staff were able to tell us how they would seek consent. The documentation demonstrated the service sought consent from people or their legal representative.

People were supported with managing their health conditions. Staff were knowledgeable about people's health. One person had an action plan in place for staff to follow when their medical condition deteriorated. Staff were able to describe when they would use it and gave an example of how they recognised the person health had deteriorated.

Where people required support with meals and drinks this was detailed in people's care plan. The service had facilitated lunch time meals in a communal dining area. Meals were able to be purchased from the adjoining care home. People told us "I tell the carers what I want to eat and they prepare it" and "I choose to supply my own meal, that's my decision, occasionally I will order the food available. I did have a roast meal, it was very nice." We observed that staff ensured drinks were left within reach for people who had limited movement." A relative told us "Since [relative] has been here, her appetite has improved, the communal meals are a sociable event, it's like a family meal."

## Is the service caring?

### Our findings

People told us they had developed good working relationships with staff. One person told us, "The man in charge is really good, he is always here and I know I can talk to him." Another person told us "The carers are all very good [name of staff] is my favourite. She is so kind and patient." We also received positive feedback from relatives, comments included, "I could not manage without them, I have got my life back," "The staff are so lovely, I could not do what they do, they are so patient."

We observed staff were kind and professional when they were talking and supporting people. People were addressed by their preferred name.

We observed people were pleased to see staff when they returned to the building from visits out. Staff went out of their way to welcome people back home and took a genuine interest in what they had done whilst out.

People were supported to express their views and be actively involved in decisions about their care. People were invited to attend tenant meetings, where they could make suggestions about changes to the scheme.

People told us they were informed about events within the scheme. One person showed us a programme of planned activities and events. This gave them information to make a choice about events they wanted to attend.

People told us staff respected their homes, and treated them with dignity and respect. Staff were able to tell us how they would ensure they supported people in a dignified way. One staff member told us how they supported people to have time alone when bathing to ensure the person dignity was respected. One person chose to lay in the bath for a long time and this was respected by staff.

People were supported with their chosen method of communication. Staff respecting people's individuality. For instance one person was described as "shy" by the staff. However they were always told about events which took place in the scheme. We spoke with the person and they felt included and informed.

People were encouraged to be as independent as they could be. One person had requested support with the administration of some of their prescribed medicine. They asked the staff to dispense it and leave it out for them. The person told us they preferred this as they could take the medicine when they needed it.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs. One person told us, I don't ring very often, but when I do the carers come quite quickly. A member of staff told us, "We can communicate with each other via the phone, so if we need help with a person we just call."

Prior to people being supported an assessment was undertaken by a senior member of staff. The assessment gathered information from the person, relatives and professionals. This formed the details of a person's care plan.

Care plans were comprehensive and reflected individual needs, and staff told us they always used them as a point of reference. People's likes and dislikes were well known by the service. People told us they were involved in writing the care plans. We saw where changes in people's needs had been identified a new care plan was written.

Care plan review meetings occurred and if necessary external professional were involved. People were invited to tenant meetings with the landlord. Relatives were also invited. One relative told us, "The balance is right, [name of person] gets independence in a safe environment."

The service had a complaints procedure, staff were aware of how to handle complaints. Systems were in place to monitor complaints.



## Is the service well-led?

### Our findings

The service had a registered manager in post. 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. In addition to the registered manager the service had a dedicated care-coordinator. We received positive feedback about the person in that role. Comments from relatives included "Since [name of care-coordinator has been in post, there has been a huge improvement. We now have more permanent staff and there much more going on to keep people active," "I never feel like I am bothering them, nothing is too much trouble."

Relatives told us the management and staff were always available to them and were knowledgeable about their family member. One relative told us that it gave them confidence their family member was being well looked after. They told us "I can go away without worrying now."

The care-coordinator spoke passionately about providing a person centred service. A person had recently moved into the scheme with a specific physical condition. The care-coordinator had arranged for staff to receive training by a principal clinical neuropsychologist. This was so the staff could better understand how the condition affected the individual.

We found management and staff worked well together, care staff told us there was good team work. Staff felt listened too and valued. One staff member told us "We all get on really well, we work well as a team and [name of care-coordinator] is great."

We found there were measures in place to monitor the quality of the service and to drive improvements. A number of audits were undertaken to assess how well the service was performing. These included care support, health and safety and infection control as examples.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a serious injury occurs. We checked our records and crossed referenced it with incident and accident reports. We found we had been notified of events when required.