

Heritage Care Limited

Jasmine Court

Inspection report

Holmers Farm Way
Cressex Road
High Wycombe
Buckinghamshire
HP12 4BW

Tel: 01494769576
Website: www.heritagecare.co.uk

Date of inspection visit:
31 July 2019
01 August 2019

Date of publication:
05 September 2019

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

About the service:

Jasmine Court provides care and support to people living in a specialist 'extra care' housing development in the High Wycombe area. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. At the time of our visit there were eight people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found:

People said they were safe from harm and knew what to do if they felt unsafe. Staff had received appropriate training to ensure people were kept safe from abuse. Risk management plans were in place to ensure identified risks were mitigated. We found there was enough staff to provide care and support to people. Recruitment processes ensured people received care from staff who were of good character, but job application forms were not always fully completed. We have made a recommendation about this in the report. Safe administration of medicines was in place and staff practices ensured people were protected from the risks of infection.

Assessments of people's care and support needs confirmed people received effective care and support. Staff received appropriate induction, training and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People's nutritional needs were met where they required to be supported. The service ensured staff worked with health and social care professionals to ensure people's health needs were met.

People spoke positively about the caring nature of staff. A person commented, "I would give them (staff) 10 out of 10, I am never disrespected, not once." Staff had developed good working relationships with the people and demonstrated a good knowledge and understanding of people's care, support needs and life stories. Plans of care instructed staff how to carry out personalised care. This included promoting people's independence and treating them with dignity and respect. People were comfortable with the staff who cared and supported them and staff listened attentively to what people had to say. This was observed during our visits.

People said their care and support needs were assessed before they joined the service. This ensured the service could be responsive to people's needs and provide them with the care they said they wanted. People said they were involved in decisions about their care. Care records confirmed what they told us. The service was compliant with the Accessible Information Standard by making sure the communication needs for people with disabilities and sensory impairments were met. People knew how to raise concerns and said concerns raised were responded to satisfactorily however, these were not always documented. We have

made a recommendation about this in the report.

People spoke positively about the service and staff felt management were approachable and treated them fairly. Quality assurance systems in place to assess and monitor the service ensured people received good quality, safe and effective care. People were able to give their opinions about various aspects of the services received and these were responded to appropriately. The registered manager was looking at ways the working environment could be more inclusive to people and staff who belonged the lesbian, bi-sexual, gay and transgender (LBGT) community.

Rating at last inspection and update

The last rating for this service was good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jasmine Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 31 July 2019 and ended on 1 August 2019. We visited the office location on both days to see the registered manager and office staff; to review care records; policies and procedures and records relating to the management of the service.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

Throughout the inspection we gave the registered manager and opportunities to tell us what improvements they had made since our last visit.

Most people were either not available or chose not to speak with us. However, we spoke with one person about their experience of the care provided. We spoke with a care worker, care co-ordinator and the registered manager. We reviewed a range of records. This included three people's care records, medicine administration records, one staff file in relation to recruitment, staff supervision matrix, training data, policies and procedures and a variety of records relating to the management of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment.

- There were enough numbers of suitably qualified, skilled and competent staff to provide care and support to people. A person commented, "Yes, there's enough staff." A staff member commented, "I also can cover shifts because I live locally. However, shifts are always covered."
- In their completed provider information return (PIR) the registered manager stated that staffing levels were determined by the breakdown of care for each individual person. The breakdown of care indicated how many care hours were required for each person each week and this was used to ensure appropriate staffing levels. We observed there were enough staff during our visits.
- Staff recruitment practices showed criminal records checks had been completed before candidates were able to work; satisfactory references were sought and health questionnaires completed.
- Potential staff completed online job application forms. We looked at the job application for the most recent member of staff. Apart from providing their name and contact details, the application was not completed. The application form did not give candidates the ability to provide employment history, reason for leaving and evidence of relevant qualifications since leaving school.

We recommend the provider seek current guidance and best practice regarding the completion of job applications as it relates to the requirements set out by the regulation and associated schedule.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe from abuse and knew what to do if they felt unsafe. A person when explaining what they would do if they felt unsafe commented, "I would go upstairs to the high authorities (management), I know what to do."
- Staff were aware of their individual responsibility to prevent, identify and report abuse when providing care. Training records showed they received safeguarding training relevant to their role which was up to date.
- Safeguarding policy and procedures were in place which amongst others, gave guidance about what staff should do when responding to a disclosure of abuse. The care co-ordinator told us they also had online access to the local authority's safeguarding arrangements.
- Where safeguarding alerts were raised with the local authority, appropriate action was taken by the service to protect people from further harm.

Assessing risk, safety monitoring and management.

- Needs assessments completed before people joined the service identified risks relating to people's health and welfare. These covered areas such as falls; medication; mobility; nutrition and hydration.

- Risk management plans in place showed what staff should do to reduce or mitigate risks. A staff member commented, "You can never rule out a fall, but we do try to minimise it."
- Environmental risk assessments were in place to make sure communal areas were safe. Records showed regular health and safety checks were carried out to pick up any hazards and faults with equipment or the building.
- The service operated a pendant alarm system so that people could call for assistance in emergencies, this was in operation 24 hours a day. CCTV was in place over the front door and the communal corridors. A security and intercom system were in place to ensure no unwelcome people could enter the building.
- Personal evacuation plans showed people's level of ability and what staff should do if they needed to be evacuated in the event of a fire.
- Risk assessments were completed by staff who had the skills and competence to do so. Training records confirmed staff had undertaken relevant training. We found the service did all that was reasonably practicable to mitigate identified risks.

Using medicines safely.

- Medicines were safely and securely administered to people. Medicine administration records (MAR) viewed showed the names of medicines people were prescribed, any allergies, the dosages and frequencies. We found these were completed accurately, signed by staff who carried out the tasks and were up to date.
- Where people had 'as and when required' medicines staff followed correct protocol. A staff member commented, "Sometimes they (people) tell me when they want their medicines, especially if they are in pain. We will check later to see if they require more but record it on the MAR chart."
- Training records showed staff had received relevant training and had their competency to administer medicines regularly checked.
- The service had a medicines policy and procedures in place however, the registered manager told us this was in the process of being reviewed.

Preventing and controlling infection.

- Staff were aware of their responsibility to protect people from infection. A staff member commented, "We have to wear aprons and gloves when we do personal care. We place clothes that can cause contamination in a red bag when using the communal laundry."
- During our visit we observed communal areas were kept clean and tidy.
- Training records confirmed staff had attended relevant training which was up to date.

Learning lessons when things go wrong.

- Staff were aware of how to report accidents and incidents. Completed records showed appropriate actions were taken and minutes of staff meetings showed learning was shared with staff. For instance, this was seen when looking at medicine errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the service was not always effective because staff did not receive regular supervision in order to support them within their role. At this inspection we found the provider had made the required improvements.

Staff support: induction, training, skills and experience

- Staff records showed staff received regular supervisions and a supervision matrix was in place to ensure senior staff were aware of when supervisions were due. This ensured staff could talk about any issues in relation to their roles or the people they provided care and support to.
- Supervisions included one to one meetings or group meetings. This was seen in records viewed.
- Staff were appropriately inducted and trained. We viewed the record of the most recent employed member of staff and saw they had a comprehensive induction that was relevant to the workplace and their job role. The staff member completed the Care Certificate. This is a set of 15 national standards that new health and social care workers should complete.
- The staff training matrix confirmed all staff had attended essential training. Topics covered included, first aid, equal opportunity and diversity, health and safety, infection control, fire awareness, food safety, safeguarding vulnerable adults, Mental Capacity Act, manual handling and medication administration.
- Where people had specific medical conditions, staff attended specialist training to enable them to meet their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Ensuring consent to care and treatment in line with law and guidance

- People said staff sought their permission before care was delivered. A person commented, they (staff) will

ask me first before doing anything." Staff confirmed this and told us they would always explain and get people's permission before delivering care and support.

- The care co-ordinator informed us people who used the service had capacity and could make decisions about the care and support they received.
- Care records showed mental capacity assessments were carried out to determine whether people could make specific decisions such as, whether to move to the service, whether to receive care from the service or whether they could self-medicate.
- Care records showed people had given consent for staff to provide various support in regard to their medicines, photographs being used in plans of care, promotional materials, the provider's websites, internal documents and brochures.
- Staff were aware of how to apply the MCA to their work practice and had attended relevant training. Signage was displayed in the staff office showing the five principles of the MCA.
- We found there were arrangements for obtaining and acting in accordance with the consent of people who used the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices in relation to care and support were effectively assessed. This was because assessments of needs were comprehensive with expected outcomes identified and were regularly reviewed.
- Care records showed people were involved in the assessment of their needs and preferences as much or little as they wished. This was confirmed by a person we spoke with.
- Assessment of people's needs were only carried out by staff who had the required skills and knowledge.
- A key worker system was in place to enable people to have a staff member they could relate to and who could provide them with continuity of care.
- A communication book was used to keep staff up to date with issues relating to people, staff duties and responsibilities, repairs and updates, social and health professional visits and outcomes. This showed the dates and the initials of staff who read them and actions taken.

Supporting people to eat and drink enough to maintain a balanced diet

- The service's PIR stated people could make their own decisions around diet and when they preferred to eat. A staff member commented, "Some people order their own meals. We respect that people have the choice to eat what they want and we document this."
- Some people only required staff to help place ready meals in a microwave or make simple snacks such as sandwiches. This was observed during the lunch time period in the communal lounge, where some people chose to sit and have their meals rather than in their own flats.
- Care records documented where people had specific dietary requirements and how they should be supported.
- Training records confirmed staff had attended the relevant food and hygiene training.

Staff providing consistent, effective, timely care within and across organisations

- The service and staff continued to work with other community stakeholders to ensure effective care for people.

Supporting people to live healthier lives, access healthcare services and support

- Care records showed staff were instructed to seek advice from health and social care professionals if they had concerns about people's health and well-being. This was found in care records viewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were caring and treated them with respect. For instance, a person commented, "They (staff) are good and don't show me any bad face. I would give them (staff) 10 out of 10, I am never disrespected, not once."
- Staff demonstrated a good understanding of people's care needs. A staff member talked to us about a person's care needs, family history and their preferences. A view of the person's care record confirmed what the staff had told us.
- During our visit we observed the interactions between a staff member and a person they supported whilst in the communal lounge. The staff member spoke to the person with kindness and attentively listened to what they had to say. The person was offered choice and was comfortable with the staff member.
- The service's PIR stated all care staff were trained to shift leader level to ensure continuity of care including any agency staff that undertook shift leader duties. This ensured there would always be the same level of care.
- The care co-ordinator stated that people could have visitors whenever they wanted, who could come and go as they wished. This was confirmed by a person who told us, "There are no restrictions, I have a lot of family and friends who visit."

Supporting people to express their views and be involved in making decisions about their care

- A person said they were able to get involved in making decisions about their care. They commented, "I can get my point across and get involved. If I can't I won't attend (meetings with staff)."
- Care records confirmed people's involvement and their views were documented.

Respecting and promoting people's privacy, dignity and independence

- Staff described the actions they would take to protect people's dignity when they carried out intimate care. Example given included shutting doors, closing curtains and making sure people were covered.
- Staff said they only provided care and support in the areas where people required it. Care records showed what people were able to do and this was regularly reviewed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People said they had no issues with the service and knew what to do if they had concerns. A person spoke about an occasion when they had raised a complaint and stated staff responded to their concern promptly and it was addressed to their satisfaction.
- A view of the service's complaints and comments register showed no complaints or compliments were received in the last 12 months. We discussed the complaint the person had told us about with the registered manager and the care co-ordinator, the care co-ordinator stated they remembered the situation and acknowledged this should have been documented.

We recommend the provider seek current guidance and best practice regarding the recording of complaints and concerns and amend their practice accordingly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were assessed before they joined the service. A person spoke about their experience meeting the care co-ordinator whilst they were in hospital. They confirmed a thorough assessment of their care and support needs was undertaken.
- Assessments of people's care and support needs included health, personal care, emotional social, cultural, religious and spiritual needs.
- These took into consideration people's protected characteristics under the Equality Act. We noted staff had attended the relevant training.
- Plans of care were personalised and included details of people's likes and dislikes, personal preferences, hobbies and social interests.
- People and plans of care confirmed meetings happened to review their care and support needs to ensure the delivery of care agreed was still relevant.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Needs assessments captured people's communication needs and levels of communication. For instance, the needs assessments for a person looked at whether the person wore glasses, used hearing aids, was able to read and write, used signs, pictures, word books, and was their speech clear.
- Where people required support to communicate and understand information given to them, we found

appropriate communication methods were used and information provided was given in an accessible format.

End of life care and support

- At the time of our visit the service was not supporting people who were at the end stages of life.
- Advance care plans were in place for people who used the service. These clearly documented people's wishes and preferences. For instance, a person's advance care plan documented their preferences in relation to their final days, preferred burial and the preferred gender of staff who would look after them when they reached the end stages of life.
- Training records showed staff had received the relevant training. This enabled them to be respectful of people's need for privacy, dignity and comfort.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People gave positive feedback the service. A person described the care co-ordinator as 'fantastic' and said they were happy with all the staff team.
- Most of the staff team had been working for the service for several years and due to this, close working relationships had developed. A staff member described management as approachable and the working environment was positive.
- The care co-ordinator played a significant role in the day to day running of the service. When talking about the support they had received from the registered manager they commented, "[Name of registered manager] is very good and very supportive and will always back me up. I enjoy the team I have around me and even the agency staff are brilliant. There's good communication between the staff team."
- Staff said they were able to raise issues and felt listened to. For instance, a staff member commented, "I can raise any issues no matter how silly it is to me. I feel I can go to (registered manager) with anything."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy (DoC) in place.
- Accidents and incidents viewed showed the DoC was considered but was not applicable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Notifications were submitted to the Care Quality Commission (CQC) within the required timescales.
- Quality assurance systems in place were regularly assessed and monitored to ensure people's welfare and safety was not compromised.
- Regular audits of care records, medicine administration records, infection control, health and safety and accidents and incidents.
- Appropriate action was taken to address any concerns identified in audits however, further work was required to clearly identify themes, trends and lessons learnt in all audits undertaken.
- Management shared information and ensured staff were aware of their responsibilities. This was seen in minutes of staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People said they were able to give their opinions about the service. This was confirmed by our view of minutes of 'tenants' meetings'. For instance, a meeting held on 20 March 2019 showed staff gathering people's views on colour schemes and plans for the redecoration of communal areas. During our visit we saw the communal areas was decorated in the colours people had chosen.
- We looked at the '2018 older people's services survey' which was completed by five people who used the service. Amongst others, the survey captured people's views on what was good about the care at Jasmine Court.
- Responses included, "Staff were caring", "Hot lunches", "Laundry", "Staff being encouraging", "Being in my own apartment", "TV", "Housekeeping" and "I am allowed visitors when I want." Views on things that could be better included, "Consistency in care workers, too many staff changes", "Repairs could be more prompt", "Longer visits", "A board showing names and photos of carers." We saw actions had been taken in response to the feedback received. This showed feedback was listened to, recorded and responded to appropriately.

Continuous learning and improving care

- The registered manager told us the provider were diversity champions for an organisation that supported people from the lesbian, bi-sexual, gay and transgender community (LGBT). This allowed them access to a person from the organisation who would look at their policies and could offer specific training. The registered manager acknowledged more work was needed to make the working environment more inclusive for people who use the service and for staff. This was something they were now focusing on.
- At the time of our visit the provider was in the process of reviewing all policies and procedures.