

Heritage Care Limited

Willowmead Court

Inspection report

Lavric Road
Aylesbury
Buckinghamshire
HP21 8JW

Tel: 01296432563
Website: www.heritagecare.co.uk

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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

Willowmead Court is a purpose built complex of 12 individual apartments, designed to enable people over the age of 60 to retain as much independence, choice and control over their lives as possible. People have their own home with their own front door but have the security of having support on hand. The self-contained flats are fully wheelchair accessible with lifts to both floors. The development is next to one of the provider's residential homes which mean people from Willowmead Court are able to use the meals service and take part in the social activities at the home.

Care and support are provided by staff from 07.30 am to 10pm, seven days a week. In addition, there is an out of hours on call system. At the time of our inspection there were 12 people using the service. The service was previously inspected in October 2013 where it was found to be fully compliant with regulations. The service had a registered manager. 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.

Everyone we spoke with commented how kind the staff were. Comments included, "I love it here" and "I can't fault the place." Care plans recorded people's likes and dislikes and provided staff with information to enable them to provide care and support effectively. We saw people were cared for with compassion and respect. Staff were well trained and motivated. The registered manager and care coordinator provided effective leadership to the service and held regular meetings with people who used the service and their families to ensure people were involved in the running of the home.

The service was well led and people's care was regularly reviewed. The care co-ordinator and registered manager had an excellent oversight of the service. Staff told us they felt happy and supported in their role. A visiting professional told us, "The service is very well run, if I ask them to carry out any instructions they will always follow the advice, they are very attentive."

Medicines were managed safely and people had support from staff where needed. For example, some people only needed prompting to take their medicines whereas other people required staff to administer their medicines. Staff told us when the medicines were given to people the chart was signed to confirm people had received their medicines. Staff had received training in the safe administration of medicines and had been assessed as competent thereafter.

Safe recruitment procedures were carried out recruitment files we saw contained relevant documentation required to ensure only suitable staff were appointed. Staff received appropriate induction training and supervisions.

People knew how to make a complaint and were given the information to do so when they first joined the service. Staff were aware of the process to follow if someone made a complaint. This was in line with the

service's complaints procedure.

People had access to healthcare services to maintain good health. We spoke with one person who told us, "I have only been here for a few weeks, and have regular physiotherapy to improve my mobility."

People told us staff will spend time with them to ensure their needs are met. One person said, "Even though the staff are very busy they always find time to chat to you."

All the flats we visited were cleaned to a high standard and were individualised by the people who lived there.

There was a social afternoon every Wednesday in one of the main lounge areas which were within the complex. In addition people could join in social activities taking place in the residential home next to Willowmead Court. Staff told us, "If we have entertainment next door people can go along if they want to."

The service had quality monitoring systems in place to drive improvements and ensure the safety of people who used the service.

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.

There were sufficient members of staff to meet people's needs.

Safe recruitment checks were in place to ensure only suitable staff were appointed.

People said they felt safe and knew what to do if they had any concerns

Is the service effective?

Good ●

The service was effective.

People had access to healthcare services to maintain good health.

Staff had knowledge and training to carry out their role effectively.

Staff acted in accordance with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff had established good working relationships with people and had a good understanding of their care and support needs.

Staff supported people to exercise choice and control.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in the way they preferred.

Care plans were reviewed to ensure people's needs were met.

People said they were able to make a complaint if necessary and

had the information required to do this.

Is the service well-led?

Good ●

The service was well led.

The management was visible to inspire staff to provide high quality care.

Effective monitoring systems were in place to improve the quality of the service.

People and staff told us the service was well managed.

Willowmead 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.

The inspection took place on 20 and 21 December 2016 and was unannounced. The inspection team consisted of one inspector. The service was previously inspected in October 2013 where it was found to be fully compliant with the regulations. Prior to the inspection we reviewed notifications we had received. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who used the service in their flats. A visiting professional, the registered manager, the care coordinator, and three members of the staff team. In addition we reviewed a range of records including, five Medication Administration Records (MAR) and records relating to the management of the service.

Is the service safe?

Our findings

People said they felt safe and knew who to speak to if they felt unsafe. One person told us, "Yes I feel safe here, I've only got to press the buzzer and they come straight away." Another person told us, "All brilliant, I love it here, I have my meals from the residential home, and I would tell (staff name) if I had any worries."

Staff knew how to protect people from abuse and how to respond if they had any concerns. One member of staff told us, "I would not think twice about reporting any concerns."

People told us nothing was too much trouble. Comments from one person was, "(Name of staff) is very helpful and is a 'good laugh'."

There was sufficient staff to attend to people's needs. This consisted of two members of staff in the morning and two in the afternoon. Rotas we saw confirmed this. Staff told us they had sufficient time to spend quality time with people supporting them as well as finding time to sit and chat if people wanted to. One person we spoke with commented, "I was saying to (name of staff) the other day, it's nice to talk to somebody."

Safe recruitment procedures ensured only suitable staff was appointed. We looked at staff recruitment files and saw that all relevant checks were carried out prior to staff being appointed. For example, references, employment histories and Disclosure and Barring Service (DBS) checks. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially those that involve working with vulnerable adults. The care coordinator told us that people who used the service were included in the interview panel when interviews were taking place.

Risk assessments were in place for people living in the complex. Care plans demonstrated where people had identified risks, these were addressed and appropriate measures put in place. For example, one person was unable to use the bath due to health reasons. A specific risk assessment was in place with alternative arrangements to ensure hygiene needs were met. We noted that any changes to people's risks were reviewed and updated as required. This was supported by people we spoke with. One person told us that they recently had a fall and staff were vigilant and always ensured the surrounding areas were clear and safe for them to mobilise.

Medicines were managed safely and people had support from staff where needed. For example, some people only needed prompting to take their medicines whereas other people relied on staff to administer their medicines for them. We saw that medicines were kept in people's flats in a locked cabinet. Medication Administration Records (MAR) charts were signed by staff when people had received their medicines. We noted that one person self-medicates some of their medicines such as inhalers and the remainder of the medicines were administered by staff. Risk assessments were in place for people who were able to self-medicate. This demonstrated the service promoted people's independence as much as possible. Comments from a member of staff were, "We promote their independence, one person asks for staff to do everything for them. But we encourage them to do as much as they can."

Is the service effective?

Our findings

People told us staff were experienced and knew what they were doing. One person told us, "I only moved in a few weeks ago from hospital. They are aware of my condition and know what to do. I can just get better now."

Newly appointed staff shadowed senior staff before they worked unsupervised. The care coordinator carried out competency checks thereafter to ensure people were protected from inappropriate and unsafe care. A member of staff we spoke with told us, "We usually have the same agency staff, but if someone new is booked, we go through the induction procedure with them."

Staff received appropriate induction, training and supervision. Staff confirmed they had to shadow an experienced member of staff before they were able to work unsupervised. Comments were, "I feel supported and have regular supervisions. My last one was recently" and "I can talk to the care coordinator anytime, they are very approachable." We saw evidence of supervision records to confirm supervisions took place regularly.

People were supported by staff that had access to a range of training to develop the skills and knowledge to meet people's needs. Staff told us they felt suitably trained to carry out their role. We looked at the training matrix and saw staff had completed training in areas such as safeguarding, mental capacity assessment, manual handling, medicines administration, infection control, and health and safety. The care coordinator had completed training in end of life care.

Systems were in place to ensure communication was effective. Detailed handovers at each change of shift ensured any concerns or changes to people's health were communicated to staff. Staff meetings took place which allowed any updates on care delivery or changes to people's needs could be discussed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires 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. We checked whether the service was working within the principals of the MCA.

Staff were aware of the implications for their care practice in relation to the MCA. Staff demonstrated a good understanding of the Act and knew whether people had the capacity to make informed decisions and if not what procedures to follow. Staff told us the people they supported all had the capacity to make their own decisions. For example, one person told us how they enjoy sitting in their flat reading most days. However, if they feel like it they will join in the group social afternoons.

People told us staff sought their consent and involved them in decisions. Care records demonstrated people gave consent in agreement to care services delivered. The care coordinator told us people had to receive at

least four visits per day before an agreement was signed.

People were supported to have access to healthcare services to maintain good health. This was demonstrated during our visit when we spoke with one person who had received a visit from a foot care specialist. The person told us, "I walk four miles every day and it is essential my feet are in good order." Another person received physiotherapy on a regular basis to help to improve their mobility. The person told us how they had improved since they moved into their flat. We saw that the person had specific exercises in place in their care plan. Staff ensured the person followed the exercises in between visits from the physiotherapist.

Staff supported people with their meals when required. One person told us, "My daughter does my shopping and staff cook it for me." Another person had difficulty swallowing, we saw advice from a speech and language therapist had been sought and a food chart was in place. In addition fortified meals were offered. Another person told us they had their meals delivered from the residential home.

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included, "Very nice people" and "I love it here, all great." One member of staff said, "I would absolutely promote this place." Compliments included, 'We are nothing short of brilliant.'

Staff had established good working relationships with the people they supported and had a good understanding of their care needs. For example, staff told us one person had swallowing difficulties and required specific equipment to ensure they were able to drink safely without the risk of choking. The person confirmed that only a specific drinking vessel was used when staff gave them drinks.

People's privacy and dignity was maintained. One person told us, "They always knock and wait for me to answer before they come in." Another person said, "They all treat me well with respect, I am very happy here and I call it my home, my family have said I am very lucky to be here."

People said staff promoted their independence and supported them to exercise choice. Staff told us they promoted people's independence as much as possible and encouraged them to do as much as they can for themselves. One person told us it was nice to know staff were around if they needed assistance. Most of the people living in the flats were independent, only requiring assistance with daily chores. Whilst a small number of people had become increasingly dependent on staff for daily support such as personal care and ensuring medicines were administered.

The care coordinator told us if people become frail and required end of life care they were able to remain in their flats with additional support from palliative care specialists. We saw that end of life discussions had taken place with some people including an advanced care plan. An advanced care plan is a voluntary process of discussion about future care between an individual and their care providers. If the individual wishes their family and friends may be involved.

Is the service responsive?

Our findings

People we spoke with told us staff were responsive to their needs. One person said how they enjoyed the Wednesday social events but they did not always want to go, "It all depends on how I feel." Another person who had recently moved into their flat had mobility problems. Staff responded to their daily changing needs. For example, sometimes they had better days than others and were able to participate in activities, whilst other days they were less able. The person told us how staff were aware of this even though they had not been with them for long.

A visiting health professional told us how they were impressed with the service and that staff were very attentive. They told us, "It is very well run and staff will always follow any advice I give them in terms of care needs."

The care coordinator carried out initial assessments to identify requirements. This included people's medical history, communication needs and support preferences. For example, some people preferred a female carer and others only required assistance with daily chores such as cleaning and tidying their flats. The service focused on the needs of people rather than their diagnosis. The support was set out in a written plan that described what staff needed to do to make sure personalised care was provided.

Care plans were individualised and each file contained information about the person's wishes dislikes and people important to them. One example was one person who told us their family visit 'quite a lot'. This was promoted by the service. On the day of our inspection we saw one person's table was set for the person's family to join them at lunch time. This demonstrated the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship.

People living in Willowmead Court were able to participate in activities and social events that were taking place in the residential home adjacent to the service. Staff told us, "We do a lot with them. People meet up Wednesdays for coffee mornings in the lounge area of the flats; we also accompany anyone who wants to join in social events and activities taking place over in the residential home."

There were a range of ways for people to feed back their experience of the care they received and raise any issues or concerns they may have. We saw posters around the service on 'how to make a complaint'. Meetings with people and their families were held on a regular basis. People told us they had meetings every three months where they had an opportunity to share ideas and have information about any forthcoming events. One person told us, "I would just speak to (staff name) if I had a complaint." Concerns and complaints were taken seriously and responded to in good time. The service was able to show a difference to the way they delivered care and used complaints and concerns as an opportunity for learning. We were not aware of any complaints made in the last 12 months.

Is the service well-led?

Our findings

People, their families and friends were regularly involved with the service in a meaningful way, helping to drive continuous improvements. The care coordinator held networking meetings with other services so they could share ideas, incidents and positive outcomes. People's feedback about the service and the way it was led was good. One person said, "Great credit to (name of staff), well managed." Other comments were, "You can speak to (name of staff) anytime of the day, they will always have the time for you." We saw evidence of this throughout our visit, the care coordinator had 'time' for people and listened to them in an unhurried way.

We observed the care coordinator to be 'hands on' staff told us they felt very supported and the management were very approachable. One member of staff told us, "We all get on, it's like a family, and I feel supported". The leadership and management of the service assured the delivery of high quality care that promoted an open and fair culture. Staff understood their roles and what was expected of them, they told us they were happy in their work and had confidence in the way the service was managed. Managers were available and lead by example, they were available for guidance and support for staff. This was demonstrated during our two day inspection when we observed the care coordinator and registered manager supporting and offering guidance to staff.

The service ensured that their approach to quality was integral and that all staff were aware of potential risks that could compromise quality. The service monitored the quality of good care practice through reports from quality assurance visits. In addition the care coordinator regularly worked alongside staff to monitor care practice, staff were competency assessed before they worked alone to ensure high standards of care and support were delivered.

Staff had the confidence to question practice and report concerns about the care offered by other members of staff and other professionals. For example, we spoke with staff who told us, "I wouldn't think twice about reporting anything" and "We are here to make sure they (people) are safe and happy." The service worked in partnership with local health organisations, community groups to ensure people's health and recreational needs were met. People and those important to them had opportunities to feedback their views about the quality of the service they received. Meetings were held every three months and families were invited to attend where possible and contribute. Minutes of the meetings demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve.

The service had a clear vision and set of values that included honesty, involvement, compassion and dignity. The service worked in partnership with key organisations to support care provision. Legal obligations, including conditions of registration from CQC and those placed on them were understood and met.