

# Heritage Care Limited

## Swan Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Swan Court is extra care housing, providing personal care for up to 24 people with sensory and / or physical disabilities and older people, some living with dementia. People using the service lived in flats, housed within one building and linked to a residential home on one side.

At the time of the inspection six people were living in the service, four of these people received the regulated activity of 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

We found a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because checks that should have been carried out to ensure the safety of the service had not been completed regularly or accurately. This included medicine management which was not always safe as creams and lotions opening dates were not always recorded. Medicines stock control records were not always accurate. Improvements were made to the stock control records following our inspection. Water temperatures had not been recorded in line with the provider's policy. Fire records and fire procedures were not completed in line with fire safety compliance and the provider's policy.

We also found a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management oversight had not identified areas for improvement we found.

There were sufficient numbers of staff available. During the last inspection we made a recommendation about the need for improvements to the recruitment procedure. During this inspection we found this had improved. Staff recruitment systems minimised the possibility of employees providing unsafe care to people. Staff were supported by senior staff and received training and supervision to enable them to carry out their role's. Staff had a positive relationship with people using the service. People described them as "Fantastic" and "Easy to get on with."

The premises were clean, and systems were in place to protect people from the risk of infection. People who had specialist health needs for example, diabetes or epilepsy received support from external professionals. People were satisfied by the food they were offered in the service. People were supported to enjoy their meals and their nutrition and hydration was monitored to enable people to remain healthy. People's needs were assessed, and the environment was clean and well maintained.

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; the policies and systems in the service supported this practice. Resident meetings were held which offered people the opportunity to have their input into the way the service operated. They also participated in reviews of their care.

People's cultural and religious needs were acknowledged. People's preferences and dislikes were documented. Information related to people's health needs was included in their care plans, this assisted staff to understand the impact of their health on the care being provided.

The service supported people with their communication needs and was compliant with the Accessible Information Standards. Accidents and incidents were clearly recorded, and investigations were undertaken to ensure the risk of repetition was minimised.

People and staff told us they thought the service was well-managed. Comments included "It is a good place to work, it's not perfect but it's a great place."

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 September 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swan Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

We have issued a warning notice regarding the breach of Regulation 17 of the Health and Social Care Act 2008. This requires the service to be compliant with Regulation 17 by 31 January 2020.

You can see what action we have asked the provider to take at the end of this full report. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Swan 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

This inspection was carried out by one inspector.

#### Service and service type

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

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete 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-

During the inspection we spoke with three people who lived in the service about their experience of the care provided, six staff including the registered manager, a human resources officer, the deputy manager, a care co-ordinator, two care workers, and a team leader.

We reviewed a range of records. This included three people's care records and four people's medicines records. We looked at one staff file in relation to recruitment and three staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found about fire and medicines records. We spoke with the local fire inspection officer to discuss our findings at the 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 as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- At the last inspection we had a concern because there was no decreasing medicine stock control system in place. This meant staff would not be able to easily identify discrepancies between what was in stock and what had been administered.
- During this inspection we saw a new tool had been introduced to address this issue. We checked how accurate it was by randomly checking the stock for four people. We found mostly it was accurately, however one person's records did not accurately reflect the number of tablets in stock.
- We discussed this with the care co-ordinator, they added the time and date of the stock control check to the form. This should enable the accuracy of the records to improve.
- We found two people's topical gel and lotion had no opening date recorded. This was important to ensure the product was still effective. For another person their medicines risk assessment stated, "Cream should be kept in a box in the bathroom and the door kept shut." This was because it was flammable. We observed this was kept on the work surface in the person's kitchenette.
- Risk assessments were in place for people's care and for the environment. Staff checked the water temperature in the bath room to ensure people did not scald themselves when bathing. The provider required these to be recorded daily. We found the last recorded temperature was checked on 3 October 2019, this was seven days prior to our visit.
- Swan House and residential care home was located next door to Swan Court. They shared a linked fire alarm system. The fire panel was situated in Swan House residential care home. The provider's policy required the fire alarm to be tested weekly using various alarm points. The last recorded test had been on the 3 October 2019 the previous test was completed on 29 August 2019. From 28 February to 1 May 2019 there were only three alarm checks recorded as completed.

We found no evidence people had been harmed, however, systems were not robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- During the last inspection we made a recommendation about the need for improvements to the recruitment procedure. This was because gaps in the employment history of candidates had not been investigated. During this inspection we found this had improved.
- Staff and people told us there were sufficient staff to meet their needs. We observed staff were busy throughout our visit, however there did appear to be enough staff to support people.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to respond to concerns of abuse. Staff were trained and understood what actions they needed to take to protect people from abuse. Safeguarding concerns raised in the service had been dealt with appropriately.
- Staff told us if they had concerns about a person, what action they would take.

Preventing and controlling infection

- The premises were kept clean and hygienic; people and staff were protected from infections through regular cleaning. Staff understood the requirement to use personal protective equipment such as gloves and aprons. Laundry bags were provided to ensure the safety of materials contaminated with bodily fluids during the laundering process.
- The service had an infection control lead, and checks were made to the standard of infection control measures as part of the housekeeping audit.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. A computerised recording system gave the provider access to the information for monitoring purposes. Staff told us the service had a learning culture rather than a blame culture. Staff told us they received additional training and supervision when mistakes with medicines had occurred.



# 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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care:

- People's needs were assessed prior to them moving into the service. This made sure the service could meet people's needs and identify if additional equipment or extra staff training would be needed. From the assessment care plans and risk assessments were drawn up. These instructed staff on how people wished to be cared for and any associated risks with the provision of care.
- Specialist professionals and agencies were involved, where required, in the lives and care of some of the people living in the service. For example, some people's care was funded by the local authority.
- People who had specialist health needs for example, diabetes or epilepsy received support from external professionals. We read documentation related to health appointments with external professionals to assist people with their mental and physical wellbeing.

Staff support: induction, training, skills and experience

- People were being supported by staff who had an induction and regular training to make sure they had the skills they needed. Staff we spoke with told us they felt supported in their job and they had received sufficient training to carry out their role. They received regular supervision and annual appraisals. Records demonstrated these included comprehensive discussions between both parties.
- Medicine competency assessments were carried out by trained staff. This was to ensure staff had the correct skills and knowledge to manage medicines safely.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were satisfied by the food they were offered. One person told us "It is alright, it is not adventurous, but I couldn't complain." Another person described the food as "Excellent." People had facilities in their own flats to prepare and cook food. For those that chose to participate, a meal was provided at lunch time by the residential home next door.
- People's food preferences were recorded in their care plans. We observed, and records demonstrated people had access to a variety of healthcare services.
- People were supported to visit the local GP surgery when appropriate to do so. Staff made sure people could see a dentist when needed. People who required it were visited by the district nurses.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their flats with their own belongings and had put up pictures and

photographs. Each flat had an en-suite bathroom and toilet.

- The flats were situated over two floors; a lift was available for people to use. A communal dining area and lounge provided space for shared meals and socialisation. Facilities such as a shared laundry and bathrooms were also available.
- A small garden was available for people and relatives to use.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- People were assumed to have the mental capacity to make their own decisions, unless there was evidence to suggest this might not be the case. People's mental capacity was then assessed. People received support to make decisions. People were allowed to make unwise decisions, for example, one person did not wish to see a dentist, although staff encouraged them, their decision was respected. The service was working within the principles of the MCA.

# 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 the same. 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by a staff team who enjoyed their work and knew people well. People had developed relationships with staff and we observed staff treating people with kindness and respect. People were happy with the care received. Comments included, "The staff have a very difficult job at times and they cope very well." "It's a good place and a caring place on the whole."
- People's preferences, cultural and religious needs were recorded in their care plans. Staff addressed people by their preferred names. Staff respected people's choice for privacy and independence. One staff member told us they did this by "Not being too intrusive, to help without being too overpowering." They told us they protected people's dignity and independence by "giving people informed choice and encouragement... We help them with tasks which are within their parameters, but do not challenge them as people get scared."
- We noted some people preferred not to join others in communal areas but liked to stay in their flat.
- People's life history was recorded so staff had information to help them communicate with people. It also allowed carers an insight into people's backgrounds and experiences in life.

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

- People were able to express their views and were involved in making decisions about their care. This was documented in people's care plans, for example one person's care plan stated, "I do not like being woken up and will get up when I am ready, watching TV helps me relax."
- People could attend tenant's meetings. These were open for anyone to attend and share their views.
- People's choices were respected by staff. We observed staff making sure people had a choice of food and drink and sat where they wanted to. People could choose how they wanted to spend their time.
- People were able to attend medical appointments on their own. For example, we observed one person wished to be independent when attending the GP surgery for a blood test. The surgery liaised with the surgery to ensure staff understood the result of the blood test and how this would impact on the person and any changes needed to their care. This was then explained to the person by the staff.

# 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 as good. At this inspection this key question has remained the same add rating of good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were positively written and covered areas such as people's medical history, communication and mobility amongst others.
- People's health needs were recorded. For example, a person with epilepsy had a clear epilepsy care plan in place along with an epilepsy diary and risk assessment. Where people suffered from health conditions an explanation was written in the care plan of what the health condition was and what impact this may have on the person.
- Daily notes were written by staff to record what care and support people had received. This assisted with continuity of care

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.

- Care plans included a communication plan. This identified people's communication needs and what tools if any they needed to assist them to both express and receive information. For example, one person's care plan described which glasses they needed for reading and which for general use.
- We observed people had white boards in their flats to assist people with memory problems. These acted as a prompt as to the day or date. The board was used if the person needed a reminder of appointments or events.

Supporting people to develop and maintain relationships to avoid social isolation;

- Staff encouraged people to socialise with each other. Each Friday a fish and chip lunch was offered in the dining room. This was ordered and delivered by a local chip shop. People joined together each lunch time for meals, but Fridays were particularly popular.
- One person had enjoyed a lifetime of playing the piano. Twice a week a person visited them to play their piano. The person enjoyed writing and singing. Some activities were held in the lounge for people to participate in. Other people enjoyed going shopping or watching their TV.

Improving care quality in response to complaints or concerns

- There had been no complaints made since the last inspection. People were not sure of how to make a

complaint. This may have been due to their memory problems. We saw this had been fed back to the provider in the customer service questionnaire in May 2019. This was discussed at residents' meetings to remind people of the process.

#### End of life care and support

- End of life care was provided within the service. At the time of our inspection this was not required by anyone. Records demonstrated some people wanted to have their wishes documented and these were noted. For some people they did not wish to discuss this, and this was also recorded. Where people's wishes were known, it allowed the provider to respect their choices after death.

# 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 improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

During our two previous inspection in February 2017 and August 2018 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have a robust quality assurance system in place to effectively monitor the safety and quality of people's care. During this inspection we found some improvements had been made but there was still a breach of the regulation. This was because audits had not identified the same areas requiring improvements as we had.

- Medicines audits were completed every three months. The language used in the audit was confusing. For example, "Medicines are not given covertly." The staff had differing opinions of how to answer the question with a positive or negative response, even though nobody was given covert medicines. The provider had not reviewed the tool to ensure it was fit for purpose. We could see the information on the audit had been checked, however, the information did not include a name or date of who had completed the check.
- Fire alarm testing was not carried out in line with the providers policy. The requirement was for the service to test the fire alarm every week, we found this was not happening. Records showed over a 33 week period the fire alarm was tested 20 times. Information on the record sheets was not accurate, for example where the number of the call point should have been noted, a tick had been placed in the box or it had been left blank. The records therefore showed out of 17 call points, only one number was recorded as being tested.
- Out of 16 zones, only seven call points had been tested since February 2019. Records showed some zones had been tested up to four times with others not being tested at all. We spoke with the fire service about our concerns, they told us they would be making enquiries.
- Staff were expected to test the temperature of the bath water every day. Daily water temperature charts had not been completed for the week prior to our visit. This placed people at risk of harm or injury.

This was a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management oversight had not identified areas of the service that required improvement.

- During our previous inspection we had concerns waste bins were not pedal bins and this placed people at risk of infection. Care plans were also not up to date and accurate. During this inspection we found these

areas had improved. There was evidence some quality assurance work had been undertaken, however this needed to be more often to ensure improvements were made in a timely way.

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

- Staff received training in equality and diversity. this was to help staff to respond to people and situations in a considered and respectful way.
- Care plans reflected people's cultural and religious needs. People's preferences were documented so staff could provide care in an appropriate way. People and their relatives were able to feedback to the staff and management at any time about the care being provided.
- Meetings had been held with people, staff and relatives to inform people of changes and to encourage involvement and comments on the care being provided in the service. Minutes of meetings reflected this.

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.
- Staff understood what the duty of candour was and how this applied to their work. A policy was accessible to all staff and visitors. The principles of the legislation were carried out when responding to accidents and incidents.

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

- The provider carried out annual surveys which encouraged people, relatives and staff to share their feedback. Resident meetings were held which offered people the opportunity to have their input into the way the service operated. They also participated in reviews of their care. People told us "On the whole it is well managed." Another told us "I am happy with the way things are."
- Staff were able to attend staff meetings. Records were kept of meetings to inform those who could not attend. Staff told us there was good teamwork at the service. One member of staff said, "The team work well together, it is well established. We are small. We offer cooperation and support to each other." Another said, "It is a good place to work, it's not perfect but it's a great place."

Working in partnership with others

- The service worked in partnership with professionals to make sure people got the care and support they needed. Records provided evidence of joint working with the epilepsy specialists, district nurses and the local health centre. This ensured people's health was maintained and where possible improved upon.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to provide care in a safe way for service users  Regulation 12(1) (c)



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17 (1) (2) (a) (b)</p>

### **The enforcement action we took:**

A warning notice was issued. The service is required to be compliant with Regulation 17 (good governance) by 31 January 2020.