

Heritage Care Limited

Willowmead 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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willowmead Court is a domiciliary care agency providing personal care to people living in specialist extra care housing. The service can support up to 12 people in 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.

At the time of our inspection 12 people were in receipt of 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

The provider's quality monitoring systems were not always followed which meant the provider could not be assured that people received safe, quality care. The provider's policies and procedures were not always reviewed within their own time scales and did not always reference current legislation or national guidance. Audits and checks completed by the registered manager and care co-ordinator did not always identify areas we found during our inspection. The regional manager and registered manager took immediate action to rectify this. We have made a recommendation about quality assurance systems.

In all other ways the service was being well managed. People received their medicines as prescribed and the service had good oversight of risks and implemented appropriate safe measures. Staff told us there was good team work and the registered manager and care co-ordinator were supportive. People's views were sought in 'resident meetings' and surveys and action was taken in response to suggestions raised.

The service understood people's communication needs. However, the registered manager was not familiar with regulation about people's communication needs called the Accessible Information Standard (AIS) and this was not referenced within the provider's policy and procedure. We have made a recommendation about the AIS.

People told us the service supported them to participate in activities to meet their interests. Information contained in people's care plans was personalised and included people's preference and background. All staff we spoke with demonstrated a sound knowledge of people's needs and preferences. People understood how to make a complaint and a robust complaints policy and procedure was in place. The service planned to improve information captured about people's end of life care and had received training in this.

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. People's needs were assessed and delivered in line with current guidance. Staff co-ordinated with each other or agencies to provide consistent, effective, timely care. People benefited from suitably

trained staff to meet their needs.

People received care which consistently promoted their privacy, dignity or independence. People and relatives said staff treated them well. We observed staff were caring in their interactions and people appeared relaxed in staff company.

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

Rating at last inspection

The last rating for this service was good (published 2 February 2017).

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.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Willowmead 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 team consisted of 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. Inspection activity started on 3 September 2019 and ended on 9 September 2019. We visited the office location on 3 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative and received feedback from two social care professionals. We spoke with six members of staff including the regional manager, registered manager, care co-ordinator, care workers and one agency staff member.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We looked at training data, policies and procedures and quality assurance records.

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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We asked people if they felt the service was safe and received comments such as; "Yes, they check I am alright when they see me and that I have been ok through the night" and "I feel very safe, staff check security and close my windows every evening."
- Staff received online and classroom based safeguarding training; they talked through signs of abuse and reporting procedures if they were concerned with knowledge. Staff said they would feel confident to report any concerns about staff malpractice to managers through the service whistleblowing procedure.
- The service followed robust financial procedures to reduce the risk of financial abuse where this was an assessed need for people using the service. A relative who was appointed as a person's deputy for their property and affairs said, "[The service operates] Effective day to day systems to protect [family member] from financial abuse...never any discrepancies or concerns."

Assessing risk, safety monitoring and management

- The service risk assessed people's specific needs such as diabetes, moving and handling and nutrition and hydration. We saw that risk assessments were reviewed regularly and in response to people's changing needs. Hazards were identified and safe measures and staff support strategies were clearly recorded.
- Staff completed and recorded regular checks of the equipment used by people. Compliance checks were arranged for equipment such as assisted baths to make sure they were in good working order and safe for people to use.

Staffing and recruitment

- People we spoke with told us there were enough staff to support them and staff said there were enough staff on shift to meet people's needs without feeling rushed.
- There were two staff vacancies which meant an agency member of staff was required most days due to the small size of the of the staff team. The same members of agency staff were booked to promote continuity. The agency staff we spoke with were knowledgeable about the service and people's needs. A person commented "Agency staff are like part of the family." The registered manager informed us they were interviewing two candidates the following day to increase permanent members of staff.
- The service did not use a dependency tool to monitor people's level of need but said there were plans to introduce this. We saw a breakdown of one person's agreed support hours which were reflected in the number of staff planned on the rota. We were made aware of an example where the service raised with the local authority that a review of a person's needs was required. This showed the service monitored people's changes in need and took appropriate action.
- The provider carried out recruitment checks to make sure suitable staff were employed. Disclosure and Barring Service (DBS) checks were on file and employment references were sought to determine whether

staff were of good character.

Using medicines safely

- People's medicine administration records (MARs) we reviewed were fully completed to confirm that medicines were given to people as prescribed.
- Staff followed recorded protocols for "when required" medicines and demonstrated sound knowledge about the medicines people were prescribed.
- Records showed that staff were trained in the safe administration of medicines. Staff confirmed managers assessed their competency before they were authorised to give medicines, which was refreshed annually.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons and hand washing facilities. Other equipment such as coloured coded mops were used to prevent cross contamination.
- Staff we spoke with understood their role in preventing infections and received infection control training.

Learning lessons when things go wrong

- Accidents and incidents records were detailed and showed that staff took appropriate action. Staff sought medical advice where injuries occurred and people's risk assessments were reviewed to reduce reoccurrence and prevent potential risk of harm.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The service completed MCA assessments when people commenced the service and met the criteria for assessment, but these were not regularly reviewed and some documentation was incomplete. For example, when there was doubt that a person had mental capacity to consent in line with the MCA, further assessments about whether people could communicate, understand, weigh-up or retain decisions was not documented on the provider's assessment template in line with the provider's MCA policy and procedure. The care co-coordinator took immediate action to review and update these to comply with legislation. People did not appear to be negatively impacted by this as most people had mental capacity. Where one person lacked capacity for a specific decision appropriate records and support strategies were followed.
- People told us that staff asked for their permission before providing care and support. A relative said, "[The service] always respond and adapt their approach to [family member's] needs and capacity to make decisions."
- One person was subject to a Court of Protection (CoP) authorisation to deprive them of their liberty. The care co-coordinator and staff were knowledgeable and followed conditions on the authorisation from the CoP.
- Staff received MCA training and described satisfactory approaches to uphold people's choices and decisions.

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

- Records confirmed the service assessed people's specific needs. For example, people's mobility, pain management, diabetes and nutritional needs were assessed.
- One person told us staff checked their feet and skin integrity every day for signs and symptoms of diabetes in line with their care plan and risk assessment. Staff documented this and knew when to seek medical advice.
- National guidance and best practice were followed; diabetes care plans included signs and symptoms of high/low blood sugar. An emergency box was in place with glucose tablets and further guidance about monitoring the person's condition and for seeking medical attention. Staff were familiar with the emergency box and knew where to access it.
- Staff we spoke with demonstrated they understood people's assessed needs and gave a detailed account of a person's medical history and needs.

Staff support: induction, training, skills and experience

- Staff received regular supervision and told us they were able to discuss any issues with the care co-ordinator and registered manager on a one to one basis as needed.
- People benefitted from trained staff. Staff were up-to-date with the provider's mandatory training and specific training such as diabetes was provided to staff to meet people's needs.
- People we spoke with told us staff were experienced and capable to meet their needs effectively.
- An agency member of staff told us they received a thorough induction from managers and other staff team members and felt well prepared to perform their role.

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

- Staff monitored and recorded people's weight, food and fluid intake where this was an assessed need. Appropriate referrals were made for dietitian input and we saw examples where staff followed nutritional guidance successfully to support people to meet their target weight to maintain their health.
- Where people required support to prepare meals they told us staff were good cooks and knew their likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care

- The service co-ordinated with relatives and professionals to support smooth transitions between services such as hospital admissions. During our inspection visit staff were proactive in keeping informed about a person's treatment and progress in hospital to make sure they were prepared for the person's transition back to the service to meet their needs.
- People had named key workers who were responsible for co-ordinating day to day needs. Staff told us communication systems were effective in sharing information with all staff to make sure people benefited from continuity of care.

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

- People and relatives told us staff supported them with their healthcare needs, with comments such as, "Yes staff help me, I see the chiropodist regularly and I have a new top-set of dentures" and "Staff help me arrange six monthly appointments with the nurse."
- People's health conditions and diagnosis were assessed and documented in care plans. The service supported people to make referrals to relevant professionals and services.
- Records confirmed people were supported to access healthcare appointments and outcomes were recorded.

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 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

- People and relatives told us they were happy with the care staff provided with comments such as, "[Staff member] is with it, very kind and has time for a chat", "All the carers are very good...and keep [family member] cheerful" and "Staff couldn't be nicer, I get on well with them."
- We observed staff interactions with people were warm and friendly and people appeared relaxed and comfortable in their company.
- Everyone we spoke with said they enjoyed chatting with staff. Staff understood the importance of companionship to some people and said they often had time, even in between calls to people, to ask people if they wanted a chat and a cup of tea for some company.
- Staff received training in equality and diversity and said they respected people's backgrounds. We found no indications that people experienced discrimination at the service.

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

- People and relatives we spoke with told us they were involved in decisions about their care. One person told us staff had read through her care plans with her recently and she had signed to agree. A relative said, "Communication is excellent, they let us know if [family member] has any concerns."
- Some people used an advocacy service who were involved in decisions about their property and affairs. Staff explained they involved advocates in reviews and records confirmed their involvement.
- Staff told us one person agreed for them to attend a GP appointment with them as the first time they had not fully understood what the doctor had advised. Staff support enabled the person to understand and make a decision about their treatment.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their independence with comments such as, "Staff always ask what I want first and respect me. My independence is very important to me", "I can come and go as I please" and "I go to the day centre whenever I want."
- Technology was in place for one person, which reminded them what items they needed to take with them when going into the community as well as a GPS tracker so staff could monitor the person's whereabouts to balance their safety and independence when accessing the community.
- We observed staff respected people's privacy by knocking on their door and verbally checking they could go in before entering people's flats.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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.

- The registered manager was not familiar with the AIS requirement. However, they demonstrated that people's communication needs were considered and documented within care plans and hospital information to flag-up people's communication needs with others, although communication support strategies were not always clearly documented. The registered manager assured us they would address this to include more detail.
- Staff understood people's communication needs. We observed a member of staff position themselves appropriately and used clear speech so a person with a hearing impairment could understand them. A person told us "Staff remind me to wear aid and check that it is working."
- The provider had a communication policy and procedure which detailed support strategies and methods to promote people's communication and involvement in their care, although this did not specifically reference the AIS requirement.

We recommend the provider and registered manager seek advice from a reputable source about the AIS requirement and put this into action.

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

- Care workers and the leadership team were knowledgeable about people's care needs and preferences. People told us, "[Staff] know me very well, carers have been here for a long time and agency staff are like part of the family."
- People's care plans reflected their physical, emotional and social needs, personal history and preferences. Whilst care plans noted that people were provided with opportunities to participate in religious services, people's religion and cultural needs were not documented. We raised this with the registered manager who assured us they would update this immediately for clarity.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service considered and implemented approaches to avoid social isolation. Staff arranged social gatherings and events, regular activities in response to what people wanted, such as bingo and provided opportunities for communal dining.

- People we spoke with told us they enjoyed the activities and social meals that staff facilitated and were able to access the community and a local day centre to meet other people.
- During our visit staff were arranging an event to celebrate a person's birthday and liaised with the person's relatives to attend. This showed that staff supported people to maintain relationships.
- People told us they had recently enjoyed a visit to a neighbouring care home where small animals were visiting as an activity.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would feel comfortable to do so, but generally there were no concerns about the service.
- There was an appropriate complaints policy and procedure. No complaints had been made, however we saw that people were supported by the service to raise their concerns with the Landlord about heavy fire doors, for the Landlord to consider alternatives.
- A relative reflected that a couple of years ago they had raised concerns about the behaviour of another tenant and said the manager responded quickly and the matter was addressed satisfactorily.

End of life care and support

- The service was not supporting anyone at the end of their life.
- There was an end of life policy and procedure and staff had received training. Some details were captured about people preferences under a 'Palliative Care' section of the care plan. We discussed with the registered manager that this was different to identifying people's end of life preferences. The registered manager showed us new end of life documentation and assured us they would implement this and explore people's preferences fully by November 2019.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- The care co-ordinator and registered manager completed regular quality audits and checks. However, these did not always identify areas we found during our inspection. For example, issues with mental capacity assessment documentation were not identified by the provider to make sure national guidance and legislation were met satisfactorily.
- The provider did not always operate an effective system to monitor and review the quality and safety of the service. The quality assurance policy and procedure was out of date, due for review January 2018, and the provider's schedule of an annual audit by another regional manager was not completed at the service in 2018 or 2019. The regional manager told us this was an oversight due to the provider's plans to review and improve their governance of quality monitoring. They took immediate action to make sure audits schedules were completed pending this review. However, a time scale for the review of the policy and procedure was not in place.
- The provider's policies and procedures were not always reviewed within their set time scales and did not refer to current legislation or national guidance. For example, the provider's policy and procedure on 'Communication And Consultation With People Who Use Our Services', dated May 2019, did not refer to the Accessible Information Standard (AIS) regulation. The provider's 'Medication Administration' did not reference relevant national medicines guidance and referred to out of date CQC regulations, dated 2010. This policy and procedure had not been reviewed within the provider set time scale of May 2019. This meant the provider was not always operating within current relevant national legislation and guidance to benefit people using the service.
- The provider gathered information about falls experienced by people which identified themes such as location, type and injury. The data showed there was no theme or concern identified, however, there was no narrative to confirm the registered manager or provider analysed this information or took it in to consideration when planning people's care.
- The service did not operate a system, such as an action plan, to track and evidence progress around areas identified for improvement or other initiatives that required embedding. For example, staff received training for end of life care and how to complete advanced decisions plans, but there was no agreed action plan or time schedule for the registered manager to implement this in line with the provider's policy and procedure. The registered manager took action to rectify this during our inspection and assured us they would review effective systems to support continuous improvement.
- The care co-ordinator demonstrated thorough knowledge of people's needs and preferences. They had

close oversight of potential risks and took action to promote safe, quality care and management systems. For example, action was taken in response to a pharmacy inspection recommendation, dated August 2019.

- The registered manager understood their responsibility and notified CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts where required.

We recommend the provider seeks advice from a reputable source about quality assurance systems and puts this into action.

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

- The provider had a values and mission statement which stated, for example, the service was committed to, "...Enabling greater independence, better outcomes and increased choice...We positively welcome diversity of background, ethnicity, skills, talent and contributions from everyone..." We observed these values were shared by the registered manager and staff team in their approach towards supporting people and working together, which created an empowering, supportive environment.
- People told us the service was "Well managed" and "[Staff] do it all very well, I'm very satisfied." A relative commented, "[I am] absolutely satisfied, they do a fantastic job."
- Staff we spoke with felt supported by their direct managers said there was a pleasant atmosphere at the service, with comments such as, "[Managers] are approachable and I have no concerns about speaking my mind", "We all get on very well together and are happy in our roles" and "It's homely, [people have] freedom and do as they please. Right balance of support...Everyone who lives here seem generally very happy."

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 Duty of Candour (DoC) regulation legally requires the provider to share information with people using the service, their representatives, CQC and the local authority when things have gone wrong. The provider's policy and procedure included appropriate guidance about the duty of candour. The registered manager understood their responsibility to report events that met the duty of candour criteria if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had systems in place to gain feedback from people, relatives and staff. Regular residents and relatives, and staff team meetings were held. Residents' meetings documentation showed that people were involved in decisions and the management of the service.
- Annual surveys about the quality of the service were sent to people using the service and their relatives. Six were returned in January 2019 and showed general satisfaction across all aspects of care and support provided. Where suggestions for improvement were made this was acted upon. For example, additional activities were facilitated by staff to promote social opportunities and engagement.
- Staff told us they felt involved and their input was listened to and valued by managers.
- The service worked in partnership with health and social care professionals to meet people's specific needs and reached out to the community to create links for people to widen their circle of support and social opportunities. For example, staff liaised closely with a community day centre to promote joined-up working and continuity of care for a person who used both services.