Heritage Care Limited

St James Court

Inspection report

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Date of inspection visit: 8 June 2015
Date of publication: 22/06/2015

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

Overall summary

St James Court consists of 12 apartments for older people. The accommodation is part of the 'Extracare' service offered by Heritage Care. Heritage Care provides support and personal care to people living at St James Court. At the time of our inspection, 12 people were living at St James Court.

St James Court has a registered manager in place. 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. St James Court also had a co-ordinator who was responsible for the day to day running on the service.

This inspection was undertaken over one day which involved speaking with the registered manager, members of staff, people who used the service and health and social care professionals.

People who lived at St James Court were complimentary about the service and staff. People told us they felt safe, were looked after by staff who knew their needs and were promoted to be as independent as possible.

Summary of findings

Staff knew how to protect people from abuse, and how to raise any concerns to the appropriate authorities. Appropriate risk assessments were in place to protect people from potential risks and how to support people in a safe way which also protected their independence. Staffing levels were determined based on people's needs and were sufficient in order to meet people's needs in a timely manner. People told us staff were quick to act when they needed assistance.

Medicines were managed in a way which reduced potential risks. Where people were able to self-administer their medicines, this was done in a safe and risk assessed manner. The service had adopted strategies such as daily checks to ensure medicines were managed safely.

Recruitment checks were undertaken to ensure staff suitability to work with people living at St James Court.

Staff told us they felt supported in their roles and worked well as a team. Inductions were in place for new staff members to ensure their competency and suitability before working alone. Supervisions were provided on a regular basis. Staff were aware of who their supervisor was, and the purpose of supervision. Training was provided to staff including refresher training when needed. Staff told us training had helped them develop as workers. Where additional training had been identified, this was sought and delivered. For example, dementia training.

Staff were knowledgeable around their roles and responsibilities when working with people around consent and the Mental Capacity Act 2005 (MCA). Staff were able to explain what the MCA and DoLS meant, and how this affected the people they worked with. Where required, mental capacity assessments were completed along with evidence of best interest meetings.

People were supported to meet their nutrition and hydration needs, for example either being provided meals from the sister home, or promoted to cook and order their own meals. Clear guidelines were in place in people's care plans around their nutritional needs and what support was required from staff. Where people were identified at risk of weight loss, appropriate support and procedures were put in place.

People told us they were looked after by staff who were kind and caring. We observed people being supported with their lunch in the communal dining area in a dignified and respectful manner. Staff showed how they promoted people's independence and demonstrated respectful practices, for example, asking people's permission and knocking on people's doors before entering.

People's care plans were detailed and person centred. Care plans were regularly reviewed when people's needs changed and people were supported to be involved in their own care planning. The service maintained good links with health professionals such as doctors and visiting district nurses to ensure people's health needs were met. This was confirmed by a visiting district nurse who stated "This is a lovely home. People are well looked after."

Activities were provided in both St James Court and in their sister home. During our inspection, people were supported to visit the sister home to take part in the afternoon activities provided. People also told us they were supported to leave the service to undertake personal tasks such as visiting loved ones. People were also invited to take part in regular meetings to provide feedback on the service.

Audits were taken within the service to provide quality assurance. Comments and complaints were acted upon appropriately. The service maintained a calm, well maintained and co-corroborative way of working. Throughout our inspection, we found the registered manager and co-ordinator to be visible and available to people when requested.

Summary of findings

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 safe.

Staff were able to demonstrate how they would respond to any safeguarding concerns.

Medicines were managed in a way which protected people from associated risks.

Staffing levels were appropriate to the service.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable about the MCA and DoLS and how this affected the people they supported.

The service maintained people's nutritional and hydration needs.

Inductions, training and supervisions were in place to ensure staff were supported.

Good

Is the service caring?
The service was caring.

Staff and management were attentive and supportive towards people.

Staff knew people well and how to support them in a way which promoted their independence.

Staff spent time with people and supported them in a caring manner.

Good

Is the service responsive?
The service was responsive.

People told us they felt the service was responsive to their needs.

The service maintained good links with health professionals to ensure people's needs were met.

Care plans and risk assessments were comprehensive and provided clear details on how people wished to be supported.

Good

Is the service well-led?
The service was well-led.

Staff and people were positive about the management of the service.

The management had good systems in place to assess and monitor the quality of the service.

Feedback was used to assess the quality of the service.

Good

St James Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 June 2015 and was unannounced.

The inspection was undertaken by a single inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were provided with a copy of the providers PIR form prior to the inspection. We received four notifications from St James Court since January 2014. No concerns were raised at St James Court's last inspection in August 2013.

We spoke with the registered manager, care co-ordinator, two staff members, eight people who used the service and visiting professionals including district nurses. We undertook observations of staff practice, reviewed four care plans and medicines records for people, three recruitment files and copies of quality monitoring undertaken within the service. We also looked at staff supervisions, training records for all staff and induction records for new members of staff. We were also provided with a copy of the service's last contract monitoring report from the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe living at St James Court. Comments included "Yes I feel very safe here, I have friends here and I have my pendant alarm" and "I feel safe here, there are always staff around." The registered manager informed us they had links with the local police who regularly visited the service to ensure people and the property were safe.

Staff were knowledgeable on how to safeguard people. Safeguarding posters were in the communal areas of the service and within the office which provided information on who to speak too if staff, people or visitors suspected abuse. Staff were able to tell us how they would respond to safeguarding concerns if they arose. One staff member told us "I would ensure the person was safe first, then inform the co-ordinator or manager. If they were not available, I would contact the local authority." Staff were also aware of whistleblowing and their duty to report concerns.

CQC had not received any safeguarding notifications since St James Court's last inspection. The registered manager clarified that this was correct. The care co-ordinator and registered manager were aware of the need to notify CQC of any safeguarding concerns. All staff had received safeguarding training. Where this was due to be refreshed, we were provided with evidence of booked training.

We looked at three staff recruitment files. Two of these included newly employed staff members. Copies of staff disclosure and barring checks (DBS) were kept on file including the date they had been received. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. All files contained evidence of satisfactory conduct in previous employment and the correct checks required for new staff members.

We were provided with the last four weeks staffing rotas for St James Court. We were advised of minimum staffing levels by the registered manager and found sufficient numbers of staff were on duty. People told us "The staff always come quickly if I press my pendant" and "They are very good at coming quickly if I need them."

We found medicines were clearly recorded and signed for using a Medicine Administration Record chart (MAR) when they had been administered. We cross referenced people's medicines and found people's medicines corresponded with their MAR charts. All medicines were kept in a locked cabinet in people's rooms and only unlocked when medicines were administered. Stock checks of people's medicines corresponded with their MAR charts. The care co-ordinator had implemented daily MAR chart and medicine checks to ensure people's medicines for that day had been correctly administered and signed for. Where people self-administered their medicines, clear risk assessments and procedures were in place to reduce any potential risks. For example, daily checks of self-administered medicines.

Clear risk assessments and procedures were in place where potential risks had been identified. For example, where people wished to maintain their independence around aspects of the medical health such as diabetes management and the use of oxygen cylinders. Risk assessments clearly identified the action taken to reduce potential risks and were regularly reviewed and updated accordingly.

We looked at four care plans and found people had their own personal emergency evacuation plans in the event of a fire. Each care plan contained a hospital admission sheet, and a missing person's sheet which contained details of people and how to support them in the event of an emergency. We saw a recent fire evacuation policy and risk assessment was in place, including weekly checks of the service's fire alarm and weekly health and safety checks.

Good

Is the service effective?

Our findings

The service was set over two floors with twelve individual flats which had their own bathrooms, bedroom, kitchen and lounge. During our inspection, twelve people were currently being supported in St James Court. The service had a communal kitchen and lounge area which was regularly used by people over the lunchtime period. On arrival, we were asked to sign in. The service had a keypad entry to ensure people were protected. Staff carried telephones which rang when people called their bells or someone was at the front door. This enabled staff to ensure they could respond to people when needed. An on call system was in place in case of emergencies.

Staff and management demonstrated a good understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No people were currently subject to a DoLS, The care co-ordinator and registered manager understood the requirements of the MCA and DoLS and were able to explain and demonstrate how and when they would be required to submit a DoLS to the local supervisory body.

Where mental capacity assessments were undertaken, these were clearly recorded including evidence of best interest decisions. Evidence was also provided where people had power of attorneys allocated. We did speak with the registered manager as one person was assessed as not having the capacity to manage their finances and no power of attorney was in place. The registered manager was prompt in taking the appropriate action to ensure the person was protected in regards to their finances and the relevant professionals were involved.

Where people were able to consent to their care plans, this had been clearly recorded. Staff were knowledgeable about the MCA and DoLS and how this affected the people they worked with. Comments included "Mental capacity is about people's ability to make specific decisions" and "It's an assessment of people's capacity to make decisions and how we support them to do so." All staff had received training in MCA and DoLS.

We looked at the induction process for new staff members and looked at the provider's induction policy. Inductions included shadowing of experienced staff members, reading care plans and completing tasks. Each new staff member was provided with an "Induction and probationary assessment record" which outlined tasks which new starters needed to complete in order to be signed off as competent and to work alone. We saw these records were currently being completed for new staff members. Staff were required to sign to agree they understood roles and responsibilities whilst completing their induction.

Training deemed mandatory by the provider included health and safety, fire safety, moving and handling, first aid, medication and MCA and DoLS. All staff had received 'mandatory' training and we were provided evidence of future training which was booked for staff who required refresher training. One staff member told us "The training has been fantastic and really developed me as a worker." We were provided with a copy of the provider's supervision matrix which demonstrated staff received supervisions in line with the provider's supervision policy. Staff were able to tell us how often they received supervision. Staff we spoke with told us they felt supported in their roles and worked well as a team.

People were supported with their nutrition and hydration needs. As the service was supported living, there were no set meal times, however we saw a number of people liked to use the communal lounge to have their lunch. People were supported in their individual flats, or the communal lounge to make/have their meals as requested. Some people were provided their meals by the service, or obtained their own meals and cooked for themselves. Clear guidelines were in place in people's care plans around their nutritional needs and what support was required from staff. Where people were identified at risk of weight loss, appropriate support and procedures were put in place.

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff were caring. Comments included "I like living here. The staff are very nice and they respect us", "They always ask if there is anything extra they can do" and "You can have a good laugh and chat with staff." One professional commented "It's a lovely place."

People and staff told us maintaining and promoting peoples independence was a priority. People told us staff were very good at allowing them to maintain their independence where possible, for example management of their medicines and cooking. One person commented "They respect my independence and always ask how they can help me." The co-ordinator told us they ensured people's independence was promoted to help people stay at the service as long as possible. The co-ordinator also promoted the use of the communal area and regular outings to help alleviate isolation. One person told us "I have a lot of friends here. We spend a lot of time together which is nice."

We found staff were respectful and treated people with dignity. Before entering people's flats, they ensured they rang the person's doorbell and waited for permission to enter. When undertaking tasks, staff asked people's permission before doing so. We made observations over the lunch period as a lot of people decided to have their lunch in the communal area. Staff spoke in a caring way with people and we observed laughing and banter. People were offered choices and staff asked if people were happy and if they required assistance. For example, one person had recently had a fall. Staff asked the person if they would like to cut up their lunch for them to make it easier to eat. We found the care observed over lunch was of a good standard and was provided in a relaxed and person centred manner.

People told us they were able to leave the home as and when they pleased. One person told us they frequently visited their relative during the week. Other people were supported to undertake tasks such as weekly shopping. The co-ordinator told us when they received details from people who wished to visit the home as a potential place to live, they showed the person around, and invited them to speak to other people living at the service so they could see and hear from people what the service was like.

The co-ordinator had begun to fill in details in people's care plans around their life histories which were comprehensive and person centred. They also utilised knowledge from families about their loved ones and incorporated this into their care and care plans. Care plans were person centred and focused on explaining what the person wanted, what the person liked or disliked, and how the person wanted to be cared for.

Good

Is the service responsive?

Our findings

We looked at four care plans for people who lived in the service. Before people moved into the service, a comprehensive pre-admission assessment was completed to ensure their needs were met. The co-ordinator informed us they created a standard care plan when people moved into the service, then worked closely with the person to create a comprehensive care plan based on the persons needs and wishes. We confirmed this with a person we spoke with who told us they had been involved in their care planning.

We found care plans to contain comprehensive information on how people wished to be supported by the service. Each person had a personal plan which clearly outlined the visits they received from staff, what times the visits were, what the visits involved and explained tasks must be completed in the person's order of preference. Each care plan contained a photo and description of the person and included a sheet containing important details about the person, in case of an emergency hospital admission. People's allergies and medical conditions were clearly displayed including next of kin information.

Care plans covered areas such as communication, nutrition, personal care, night routine, skin care, emotional needs and moving and handling. Support plans clearly outlined 'observations, goals and interventions'. Support plans were comprehensive and provided a detailed and thorough overview of how to support people with their needs in a way which was person centred. People's care plans also gave an overview of people's life histories and preferences.

The service had an allocated doctor who visited the service weekly. On the day of our visit, the local doctor had been requested to visit a person who was unwell. Staff made sure the person was supported in a way which promoted their independence whilst liaising with the doctor about the outcome of the appointment. We saw district nurses visited throughout the day and staff ensured outcomes of appointments were recorded and followed up on where required. We saw the service maintained good links with health professionals to ensure positive outcomes for people living in the service. This was confirmed by a visiting district nurse.

People commented how staff were responsive to their needs. Comments included "They [staff] have been very good whilst I have been in pain. They call the doctor out when I need them and have helped arrange transport to hospital for my treatments." We saw clear records of doctors' visits were recorded including actions and outcomes.

People were encouraged to take part in activities provided in the sister home next to St James Court. On the day of our inspection, a singer had been arranged to visit the sister home and we saw all people living at St James Court were asked if they wanted to attend which the majority did. Other activities were provided such as outings and a massage therapist if required. People had access to the service's outside garden. We saw minutes from a recent resident's meeting in which possible trips out were being looked into such as visiting the seaside and a local garden centre.

People told us they knew how to make a complaint. The service had copies of the provider's complaints policy within the communal areas and was provided in a large print format on the office door. Where complaints and compliments were made, these were clearly recorded including any actions identified.

Good

Is the service well-led?

Our findings

Staff and people we spoke with were positive about the management of the service. Comments included "I think the service is well managed. They know my needs and what I like and what I don't like" and "The co-ordinator is very good." People were aware of who the registered manager was and who the co-ordinator of the service was.

Quality monitoring audits were undertaken within the service. Audits included infection control, health and safety and medication. Where actions were identified from audits, these were clearly highlighted and included details of how improvements were to be made. An annual questionnaire was sent to people who used the service and their relatives to gain feedback about the service. We looked at St James Court's last questionnaire results and found people were complimentary about the service they received.

The registered manager told us how they had formed links with professionals to ensure the service was well-led, for example, the use of the local authorities' quality in care team. We looked at St James Courts last contract monitoring report and found any minor issues had been addressed and acted upon. Staff told us they felt supported by both the manager and co-ordinator. Staff told us the staff team worked well together and supported each other. One staff member commented "The management are great. If I ever have a problem, I know I can ask them straight away."

CQC had received appropriate notifications since St James Courts last inspection in August 2013. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. When a PIR was requested from the provider, this was returned promptly and contained detailed information on how the provider ensured they were meeting the required regulations.

Team meetings were undertaken within the service and we looked at copies of the last two team meetings. Where issues were raised, we saw management had followed up to ensure a good working environment, for example training needs or resources. The registered manager had supported the co-ordinator to obtain a dementia care award at their request. Residents and tenants meetings were held regularly and management supported people to raise their concerns around tenancy issues. The service used an electronic system to keep records and leave a "message of the day" to staff. We noted the most recent "message of the day" from the registered manager thanked staff for all their hard work and dedication.