

Heritage Care Limited

# Gloucestershire Domiciliary Care Branch

## 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?

Good ●

# Summary of findings

## Overall summary

About the service: Gloucestershire Domiciliary Care Branch is a domiciliary care, extra care and supported living service that was providing personal care to 27 adults at the time of the inspection.

The service provided personal care to adults with a range of support needs. The accommodation, which is not regulated by the Care Quality Commission, is known as Dora Matthews House.

People's experience of using this service:

- We received positive feedback about the service and the support people received. One person told us, "I feel really safe and happy here. I don't want to move again".
- Staff were knowledgeable about safeguarding and understood provider policies for reporting and recording concerns. Staff knew when and how to involve external agencies.
- Risks to people had been assessed. Staff followed people's support plans to keep them safe.
- People were protected from unsuitable staff through safe recruitment and induction practices.
- Staffing levels were maintained according to people's funded hours. A 'sleep-in' staff member was available overnight to provide support in the event of an emergency.
- People received appropriate support to take and/or order their medicines safely.
- Health and safety and infection control risks were monitored. The registered manager supported people to address tenancy related issues with their landlord.
- People's health related needs and risks, such as diabetes, were managed with appropriate support from health care professionals.
- People were encouraged to live healthy lives. Where staff were responsible for preparing people's meals, people were supported to eat a balanced diet. People could exercise regularly and many enjoyed the 'Oomph!' activity sessions.
- The service had a visible person-centred culture. People were valued as individuals and the service they received was tailored to their needs.
- People were supported by caring staff who enjoyed their work, felt supported in their role and whose performance was regularly checked.
- People were involved in planning their care and their relatives were informed, involved and consulted appropriately. People felt respected and listened to.
- People living at the service were encouraged to be part of the 'Dora Matthews' community and their psychological and social needs were considered.
- Staff had completed specialist training to enable them to support people's needs.
- People benefitted from a service where inclusion was the norm.
- Effective quality monitoring systems were in place and regular audits and checks supported the registered manager to identify concerns promptly and take action to improve the service.

Rating at last inspection: At the last inspection the service was rated 'Good'. (This report was published on 5

August 2016.)

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous 'Good' rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Gloucestershire Domiciliary Care Branch

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed 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 accommodation consisted of 44 flats and five bungalows, situated on one site, known locally as Dora Matthews House. The main building (flats) has a communal lounge, cinema room, laundry and shop, staff and office rooms. The registered manager is based in the on-site office and one sleep-in staff member is on-site overnight. Not all people living at Dora Matthews House receive personal care.

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:

The inspection was unannounced.

What we did:

Before the inspection: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.

During the inspection: We spoke with five people who use the service and one person's relative. We reviewed feedback the service received in 2018 and observed staff interacting with people. We spoke with the registered manager, three care staff and a visiting social care professional. We read a report by Inclusion Gloucestershire. (This charity works on behalf of people with disabilities, to ensure they have a voice and any needs related to protected characteristics, set out in the Equality Act, are met by the service.) We reviewed three people's care records, the staff rota, recruitment, training and supervision records. We checked complaint and incident/accident logs, handover and medicines records and a selection of audits and policies.

Following the inspection: We sought feedback from a range of health and social care professionals and other community-based professionals. We received feedback from four health and social care professionals and a representative of the local police service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- All the people we spoke with told us they felt safe. A visiting professional said, "It always seems lovely. I've no concerns".
- All staff we spoke with had a good understanding of safeguarding procedures including the roles of outside agencies. Staff knew how to identify signs of abuse and could give examples of how to protect people from harassment and discrimination.
- The registered manager worked appropriately with the provider and relevant agencies to safeguard people. When people were unable to manage their money independently, appropriate support was provided. For example, referring people to the local authority support team.
- People were supported to understand how to keep safe; They were encouraged to raise any concerns to the registered manager and advised of how to reduce risks to themselves.

Assessing risk, safety monitoring and management:

- Risk assessments were completed and reviewed regularly. Support plans were in place to manage risks to people, while taking their individual needs and preferences into account.
- Referrals to health care professionals were made promptly and their advice was acted upon. Support plans referred staff to specific advice from health professionals.
- Changes in people's support needs were communicated effectively within the staff team. Staff worked with people's close relatives to keep people safe.
- People's health-related needs were managed with the support of health professionals. For example, the community nurse attended twice daily to give two people their insulin.
- Staff were trained in fire safety and first aid. Emergency medical help was sought appropriately.
- Health and safety checks were completed regularly. The required environment and equipment safety checks were up to date and appropriate risk assessments were in place. The registered manager liaised with the housing provider on people's behalf when needed.
- People's needs in the event of an emergency/unplanned event had been assessed. Business contingency plans and personal evacuation plans were in place to assist staff as needed.

Staffing and recruitment:

- Questions from people using the service and value-based questions were used to help select applicants who had the right beliefs and values for their job role.
- People were protected from those who may not be suitable to work with them. Pre-employment checks were completed before staff started work at the service.
- All new staff were given a comprehensive induction, to ensure they understood the policies and processes to be followed to maintain people's safety.

- New staff worked a six-month probationary period and their performance was monitored, during this time, to ensure the provider's standards were met.
- There were enough staff with the right skills and experience to support people. There were no staff vacancies and agency staff were very rarely needed.

#### Using medicines safely:

- People received appropriate support to take their medicines safely. When people wished to be independent with their medicines, checks were carried out to ensure their safety.
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' medicines had been followed.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff who administered medicines had received training and their competency was checked.

#### Preventing and controlling infection:

- Staff understood the infection control measures in place and had completed training in food hygiene standards.
- Personal protective equipment was always available for use by staff.

#### Learning lessons when things go wrong:

- Lessons were shared and improvements made when incidents occurred. Following a possible theft from one person's flat, the arrangements in place for them were reviewed in consultation with their close relatives and the police. Temporary changes to how staff worked were implemented while long-term measures were put in place.



# 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

Good: 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.

We checked whether the service was working within the principles of the MCA.

- All people using the service at the time of our inspection were able to consent to the care and support they received. Staff routinely sought permission, before providing care.
- People told staff who their information could be shared with and had signed their support plans to indicate their agreement.
- Staff understood the principles of the MCA and the MCA Code of Practice was followed.
- Staff training in MCA was supplemented by discussions led by the registered manager in staff meetings, to ensure staff knew how to apply the MCA in practice.

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

- People's needs were assessed holistically and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives.
- People's support was planned and delivered in line with professional standards and guidance. For example, people with diabetes received regular health checks and professional foot care.
- People were supported by staff who received training in legal requirements related to equality and diversity. Staff supported people to access public services, including healthcare, as needed.
- Technology was used to help people remain independent. For example, some people used a telecare product that kept their medication device locked until the correct time, when an alarm also sounded to remind them.

Staff support: induction, training, skills and experience:

- People were supported by staff with the appropriate skills and experience to meet their needs. One person said, "The staff know what to do. I feel safe here".
- New staff worked alongside established staff until they were competent to work alone. One staff member said about staff induction, "People [staff] get a lot of support and can do it at their own pace."
- Staff completed training relevant to their role and the needs of the people they supported. For example, staff completed Diplomas in Health and Social Care. A senior staff member said, "I did Level 3 Safeguarding

[training provided by the county council]. It helped me a lot. I know when to go to them and not to be shy."

- Staff training and support needs were monitored through probationary meetings, six weekly one to one meetings and an annual appraisal.

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

- Speech and Language Therapists (SLT) had been involved to assess people who may be at risk of choking. SLT recommendations were included in full in people's support plans. Our observations and discussions with staff demonstrated they followed these recommendations.
- Where staff were responsible for preparing meals, or meal planning, people's dietary requirements and preferences were recorded in their support plan.
- Staff completed training in fluids and nutrition and food hygiene.
- Staff involved the person's GP if they had concerns about their intake or ability to swallow.
- Cultural and religious food preferences could be met when required.
- People accessed a number of community services providing ready-prepared and hot meals.

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

- Staff liaised with people's relatives to ensure people accessed their health care appointments.
- People had access to regular exercise through 'Oomph!' sessions, run by specially trained care staff at Dora Mathews House. Oomph! is a holistic preventative approach, considered beneficial to people's physical, mental and social well-being. A staff member said, "They [people] love it. It gets them moving".

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

- When people's support needs changed, staff referred them to health and social care professionals appropriately. For example, a person who had experienced several falls was referred for assessment at the 'falls clinic' after being checked by their GP.
- Advice from health professionals was included in people's support plans.
- Feedback from health and social care professionals was positive. One said, "[Registered manager] has always been very welcoming and responds to requests in a timely manner.

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

- When people needed assistance to adapt or maintain their flats, through their private tenancy agreements, the registered manager supported them to do this.
- Communal areas were well maintained and utilised. The building was fully accessible to wheelchair users and emergency call bells were in every flat.

# 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

Good: 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 told us staff treated them with kindness and compassion. Their comments included, "They [staff] are very caring. They'll always get me a cup of tea. They're very good, all of them".
- There was a visible person-centred culture where people felt valued and included. One person said, "There's a lot of focus on it being a community and making a community in here. People are encouraged to help each other and look out for each other. People are recognised as having something to give".
- People chose their own 'key worker', who was responsible for reviewing and updating their support plans and communicating changes to the staff team. One person told us how well their key worker knew them and supported them to maintain their independence.
- People's needs were addressed proactively to reduce barriers to them. Notices about upcoming events were printed in large font with colourful pictures, suitable for people with limited vision. Notices were displayed prominently in the communal lounge.
- Staff responded to people's needs quickly and treated people with kindness and compassion. One person said, "[Registered manager] checks in with me every day. She does that little bit extra. She really does make sure residents are ok. We're a family". People told us staff answered quickly in response to them using the emergency alarm.
- Staff were happy in their roles and worked as a team. One said, "There's good staff morale here. We all get on well". People described staff as "happy" and "cheerful".

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

- People were routinely involved in reviewing their care and support plans. People said, "Staff listen to what I want" and "They hear me and they can pick up on subtle changes in me".
- When people needed staff help to access healthcare, or assistance to access advocacy services, staff acted on their behalf to ensure suitable arrangements were in place.
- Information about advocacy and other services was available in the communal lounge. This included events held at the Café downstairs including 'drop in sessions' for signposting to local groups and services and the 'memory café'.
- Tenants meetings were held at least every two months. Records demonstrated people's involvement in decisions about the service they received.
- People confirmed staff arrived when expected and stayed for their allotted time. Staff told us they had time to talk to people about their support needs. One staff member said, "We sit with them and go through the care plan. Find out what's working for them and what's not".

Respecting and promoting people's privacy, dignity and independence:

- Staff had done an activity with people in 2018 asking what dignity and respect meant to them. People's answers included blinds being drawn, being covered during personal care and being supported by staff of a preferred gender. 'Spot checks' were carried out, to ensure staff supported people in line with these requests and the provider's expectation for 'sensitive delivery of care'.
- People told us, "They [Staff] are respectful. They [staff] knock on the door" and "I feel very respected. My dignity is respected. They manage transitions [getting in and out of the shower] really well".
- People's support plans described what support people needed help with and what they could do for themselves. One person said about their support plan, "We [them and staff] try to keep as much independence, as when you lose confidence it's hard to get back".

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The provider's equality, diversity and human rights policy set out the approach to how people's care would be planned and delivered in line with their diverse needs and preferences. Policies were based upon legal requirements, national guidance and best practice.
- Detailed assessments were carried out before people moved into the service, to ensure their needs could be met. People's wishes, assessments by health and social care professionals and their recommendations were taken into account.
- A holistic and person-centred approach was followed and support plans detailed how staff should support each person to be in control of the support they received. For example, how they wanted to be addressed and which staff members they preferred to be supported by.
- People's life history and daily routines were recorded under 'all about me' in their record. Important people, religious/cultural beliefs, social and emotional needs and preferences were recorded under 'what's important to me'.
- People's social and emotional needs were met in a variety of ways. One person had two voluntary roles in the local community. The registered manager suggested another person run a shop on the premises. The person told us, "It gave me something to do. She did that knowing it would be a good thing for me, I wasn't leaving my flat". Another person said, "I'm with more friends now. I was isolated [at their previous home]. I love living here. I've got good friends".
- People's relatives were involved, when appropriate, in planning social occasions including birthday celebrations. Different groups and activities were run to suit to people's interests including gardening club, bingo and screenings in the cinema room. Computers were available for people's use and some people used these to stay in touch with family living overseas.
- Staff worked with other agencies to maximise people's freedom and independence. For example, people who were vulnerable, due to living with dementia, but still able to go out alone, had signed up to The Herbert Protocol. Should they get lost while out, their 'missing person' protocol and details were held electronically by the police, to save time in looking for them.
- People's information and communication needs had been assessed in line with requirements of the Accessible Information Standard and were identified, recorded and highlighted in care plans. These needs were shared appropriately with others and alternative formats were provided for people who needed them. For example, one person had severe dyslexia and said, "They use yellow paper and large font so I can read it [their support plan]. That was arranged by [registered manager]".
- People's information was managed confidentially and care records were stored securely in line with the Data Protection Act.

Improving care quality in response to complaints or concerns:

- People knew how to raise a complaint and told us they would be happy to speak to the registered manager. Feedback to the service in 2018 reflected this. One person said, "I'm not afraid to say, 'this isn't right' or 'I'm concerned with'. It's a two-way street".
- We observed people and a relative calling into the registered manager's office to update them or ask questions.
- A monthly log of complaints was kept, we saw these were generally unrelated to the support and care provided by the service. Complaints were managed in line with the provider's policy.

#### End of life care and support:

- Appropriate policies and best practice guidance were in place for staff to follow.
- People's wishes and any specific religious or cultural preferences, for end of life care, were documented in their support plan. This included any arrangements people had already made.
- The service had a good link with the local hospice, who had previously provided a care at home service to a person needing overnight end of life care at Dora Matthews House. At the time of the inspection, Dora Matthews House had a 'sleep in' staff member available overnight, in case of emergency, as nobody living at the service was funded for overnight care.
- Access to necessary medicines and additional health care support was available through well-established relationships with the GP and community nurses.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager understood and influenced the culture in the service as they took an active role in providing support to people. One person said about them, "The care here is far superior because she [registered manager] makes sure it is".
- Staff felt supported, respected and valued. A staff member said of the registered manager, "When we need her she is there, she keeps her work shoes under her desk".
- The provider's values, (impact, innovation, inspirational, inclusive and integrity), were demonstrated by staff. The registered manager and some staff had received provider awards for the way they demonstrated these values in their role. Staff performance was assessed against the provider's values during regular spot checks.
- Staff described a culture of openness. This was reflected in communications to staff from the registered manager following a recent incident. The registered manager worked closely with an outside agency to ensure risks to people and staff relating to the incident were managed.
- Staff worked together well and enjoyed their work. Their comments included, "I do love my job" and "There's good staff morale here, we all get on well".
- People's close relatives were routinely informed of any incidents involving their relative, in line with duty of candour requirements. Learning from any incidents was shared with all staff.
- An external professional said, "It's a nice environment, they do so much for the people".

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

- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. There were "regular team meetings" where staff could be "honest and open" if they were unsure or had questions. One staff member said, "[Registered manager] will turn it around and put it in terms we understand".
- The registered manager was registered to manage the service by CQC in June 2017. They understood regulatory requirements and notified us when required to do so. Staff and relatives had confidence in them. A professional described them as, "Very by the book. You couldn't have a better manager".
- The rating of the previous inspection was displayed as required.
- Monthly audits were carried out by the registered manager. These covered health and safety, infection control, accidents and incidents, care records and medicines. Where actions had been identified these were followed up. The registered manager was working with the provider to improve specificity of audits to the service provided at Dora Mathews House.

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

- People and their close relatives were in regular contact with the registered manager, as observed during our inspection.
- Staff, people and their relatives were kept informed of changes planned to the service and were consulted when this was indicated. This included involvement in planning for events and parties held at Dora Matthews, regular 'tenants' and staff meetings.
- Information about the service was provided in a variety of formats and people's feedback was sought by the provider annually. Results from the 2018 survey were awaited.
- The service was active within the local community, for example, hosting community events during dementia awareness week. Dora Matthews House was actively part of the national 'safe place' network. Safe places help vulnerable people if they feel scared or at risk while out in the community, providing support right away.

Continuous learning and improving care

- Staff understood Whistleblowing arrangements and senior staff were encouraged to complete higher level training to support them in their role. For example, two senior staff had completed Level 3 (managerial level) safeguarding training.
- The registered manager was committed to improving the service for people and acted quickly to address shortfalls. A professional described them as "very passionate". When the registered manager felt staff needed additional learning to supplement online training, they arranged this.
- The registered manager attended local workshops and Gloucestershire Care Provider's Association (GCPA) meetings to keep themselves up to date with national and local changes and initiatives. They also referred to monthly care magazines and the CQC website.
- The registered manager was working with staff to review the service against CQC's 'key questions'; identifying areas they did well and areas for improvement.

Working in partnership with others

- The service worked openly and transparently with external organisations. For example, the registered manager kept us informed of work being carried out to improve fire safety at the service.
- Feedback from health and social care professionals about working with the registered manager included, "Very welcoming and responds to requests in a timely manner. She has always shown a real passion and caring nature towards her clients" and "Especially supportive and helpful with the dealings I have personally had with Dora Matthews."