

Heritage Care Limited

Gloucestershire Domiciliary Care Branch

Inspection report

16 Bank Street
Coleford
Gloucestershire
GL16 8BA

Tel: 01594540312
Website: www.heritagecare.co.uk

Date of inspection visit:
18 March 2016

Date of publication:
05 August 2016

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

This inspection took place on 18 March 2016 and was announced. Gloucestershire Domiciliary Care Branch is a domiciliary care, extra care and supported living service which provides personal care and support to people of all ages with physical needs as well as people who are living with dementia, have mental health problems, learning disabilities and sensory impairments. The service provides care and support to people who live in their own homes as well as people that live in accommodation on site. The on-site accommodation consisted of 44 flats and five bungalows. At the time of our inspection Gloucestershire Domiciliary Care were providing support to 25 people.

There was a registered manager in post. 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.

People felt safe. Staff understood their responsibilities around protecting people from the risk of harm or abuse. People's consent was sought before care and support was given.

People and those important to them were involved in planning their care and their care plans reflected their needs and were reviewed regularly. People knew how to make a complaint.

People's medicines were managed safely and there were sufficient staff to meet their needs. People told us the care staff team who supported them with their personal care were kind and caring. Staff had a good understanding of people's preferences and history.

Recruitment checks had been carried out to ensure care staff were suitable to work with people.

Staff felt supported by the management team and had the training they required to meet people's needs. Quality assurance processes were in place to ensure care was delivered safely and effectively. The provider supported the management team in ensuring they were kept up to date with best practice.

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.

People's individual risks were assessed and managed. Staff understood their role to protect people from harm and abuse.

People's medicines were managed and administered in line with their needs.

People's needs were met by sufficient numbers of care staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained and supported to carry out their role.

People's consent to care was always sought.

People were assisted to access healthcare as needed

Is the service caring?

Good ●

The service was caring.

People's dignity was respected.

People were cared for by staff that knew them well and treated them with respect

Is the service responsive?

Good ●

The service was responsive.

People's care records were detailed and person centred

Complaints were managed appropriately and people knew how to make a complaint

Is the service well-led?

Good ●

The service was well led

The registered manager ensured they instilled the provider values into their team.

Staff felt supported by the management team.

Systems were in place to monitor the quality and effectiveness of the service being provided.

Gloucestershire Domiciliary Care Branch

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 18 March 2016 and was announced. 48 hours' notice of the inspection was given because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection, the provider completed a provider information return (PIR). The PIR 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 visited the main office for Gloucestershire Domiciliary Care Services and spoke to the registered manager. We also walked around and spoke with people who lived at the location and observed support being given. We received feedback from five people using the service in response to questionnaires we sent out, four staff, one relative and one health care professional.

During the inspection, we spoke with five staff members. We also looked at the support plans of three people and records which related to staffing including, recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including accident and incident reports.

Is the service safe?

Our findings

People and their relatives told us they felt safe when being supported by staff. A member of staff said "It feels safe. I love it here". People were protected from the risk of abuse because staff had been trained to understand their safeguarding responsibilities. A staff member told us "I would feel confident reporting any concerns". Relatives confirmed they felt their people were protected from harm and were safe when supported by the service. All the people who responded to our questionnaire said that they felt safe from abuse and harm, as did their relatives.

Staff were aware of the importance of protecting people by the prevention and control of infections. We saw that staff ensured they used personal protective equipment such as gloves and aprons as appropriate.

People's risks were assessed and reviewed. For example where people had been identified as at risk of falls, or pressure area development. There was also a record of falls for the service showing any patterns of concerns and what actions had been taken to reduce the risk.

There was evidence that the various equipment that was used to support people, such as hoists, were maintained and regularly checked. There were other environmental risk assessments in place, such as water testing. We also saw that there were regular fire safety checks undertaken.

People's needs were met by sufficient numbers of staff. We were told that at the time of our inspection there were no vacancies but that as the service grew so would the need for more staff. People told us staff visited them on time. A person told us "They (staff) come to visit me four times a day. They always come." The staff were on a rolling rota over a three week period. The registered manager told us that staff were "really good at picking up overtime". Therefore they rarely had an issue with staff shortages. The service last used agency staff in September 2015. The registered manager told us "Our staff are very flexible and will fill in". A member of staff said "The time slots people are given are really suited to their needs".

People were protected from the risk of being cared for by unsuitable staff because there were robust recruitment processes in place. Checks on staffs' previous employment history, gaps in employment and criminal records had taken place. One member of staff told us "They really think about the people (staff) they are taking on".

People were supported to have their medicines as prescribed. People were initially assessed to ensure they were able to take their medicines safely and if they required assistance then staff could support them. Records showed when staff had administered people's prescribed medicines and the medicine administration records (MAR) were completed in full. There was a medicines policy in place that had been reviewed to ensure it was up to date and reflecting best practice. All the staff we spoke with confirmed that they had undergone medicines training.

Is the service effective?

Our findings

People were supported by staff that had access to the training and support required to carry out their role. The registered manager was a trainer in areas such as moving and handling and dementia. Staff had received training such as medicines management, equality and diversity and safeguarding. Staff told us that they had the training they needed and didn't feel they had any gaps in their knowledge. One person told us "The management and staff are well trained and will take on any task I ask for". As well as training the provider deemed as mandatory there was also training given that was tailored to meet people's specific needs such as dementia training.

People had the benefit of being cared for by staff who had access to the support they needed. Staff told us they had regular supervision sessions and that they never felt unsupported. These are private one to one meetings where staff can discuss their learning and development needs and they can receive feedback on their performance. However not all supervision records reflected actions taken where necessary, for example if medicine errors had occurred. We discussed this with the deputy manager and team leader who agreed to ensure actions taken were recorded going forward.

New staff were given a full induction and during their six month probation period undertook monthly meetings with their line manager to check on their progress. They received an induction booklet that contained the organisation's policies. They then shadowed a senior member of the team for two weeks and were allowed time to get to know the people they would be supporting. As part of their training all new staff undertook the Care Certificate. The Care Certificate is awarded to those staff that have completed training in a specific set of standards that demonstrates they have the relevant knowledge and skills. A member of staff told us "I had two weeks training first and over 20 hours of e learning. I have been shown what to do in all aspects of my role".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

Most people who were supported by staff from Gloucestershire Domiciliary Care Services with their personal care were able to consent to the care being provided and make day to day decisions for themselves. Care and support plans evidenced that people were given choices and that if they declined care this was respected.

We checked whether any conditions on authorisations to deprive a person of their liberty were being met. 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. The application procedures for this in care homes and are called the Deprivation of Liberty Safeguards (DoLS). We also noted that the registered manager was a DoLS trainer. We were told that everyone had a front door key so they could come and go as they pleased and there were no

DoLS in place at the time of the inspection.

Staff supported people in line with the principles of the MCA. Staff told us, and it was confirmed from the training records, that they had all received their MCA training. Staff explained to us how they supported people to make decisions. One staff member said, "I assume they can do what they want. Sometime people can make a decision and some days they need help". The Provider Information Return stated that at all times staff working within the service must be mindful of the fact that they should respect their choices and preferences.

People were supported to maintain a healthy diet where required. Staff prepared some people's food for them. Their care plans gave care staff information about their eating and drinking and the support they may need around this for example if someone needed their drinks thickened to aid swallowing.

People were supported to have access to routine and emergency healthcare as required. One person told us "They always get me the doctor if I need it". We saw that recently a person had fallen over, and staff had responded immediately by keeping the person safe and calling for an ambulance.

Is the service caring?

Our findings

The registered manager was clear that caring was at the centre of what they did. One person fed back to us via our questionnaire "It is said that perfection cannot be reached. (Name of staff) has just done that. The management and staff could not be more perfect in all aspects of duty and service". A member of staff said "We all go the extra mile. They (people) are not just a service user; they are someone you get to know".

People were supported by staff who respected their dignity and privacy. A member of staff said "I have no concerns. Everybody here is very respectful". The PIR stated that all staff had received training in treating people with dignity and respect.

Staff were aware of the need to protect people's dignity. For example staff purchased curtains for a person moving into the service who was without curtains to enable them to have some privacy when receiving support.

We saw staff talking with people in a respectful way. They were unhurried in their approach and there appeared to be good rapport between the staff and the people they supported. A member of staff said "...we have positive relationships with the service users". Another member of staff told us "I treat people the way I would like to be treated".

Staff understood the importance of supporting people to be as independent as possible. A person told us "They encourage you to do things for yourself". For example a person's mobility had reduced and the staff, wanting to keep them as independent as possible, referred them to the occupational therapist who arranged a stand aid to be put in place.

People's relatives and those important to them were encouraged to spend time with them. The service had a guest suite available that relatives and friends could use when visiting.

People received care and support from care staff who knew and understood their support needs as well as their personal preferences, likes and dislikes. They often went the extra mile to provide person centred support. For example one person's husband had died and so the staff undertook extra unpaid visits to support her through that difficult time. Another person's pet passed away and the staff arranged a small funeral so that the person could say goodbye.

Over the next 12 months the service are planning to introduce end of life care plans for those that require one. They are aware that this needs to be done sensitively taking account of people's wishes.

Is the service responsive?

Our findings

People received care and support which had been developed to meet their individual needs and requirements. Prior to their receiving the service the deputy manager or registered manager would undertake an assessment to ensure the service could meet their needs.

Their care plans were person centred and reflected the care and support they were given, for example how a person liked to be moved in a hoist. There was attention to detail in the support plans regarding the care that they needed and they also included detail around areas such as family dynamics and their religious and cultural needs.

People and those important to them were involved in all aspects of the care planning. The majority of the people who responded to our questionnaire stated that they were involved in decision-making about their care and support.

People's needs were responded to through a holistic approach and utilising healthcare professionals as required. For example a person who entered the service from hospital having developed a pressure sore. The staff worked with physiotherapists to help the person improve their diet and fluid intake and to build up their strength. This resulted in them now being able to walk independently with a frame.

People were supported to undertake the activities they had an interest in. On the inspection we observed staff interacting with people, there was chatting and laughter in the communal areas between people and staff. We saw staff playing cards with some people.

People told us that they knew how to make a complaint. The provider kept a complaints log in the service. There was evidence that complaints had been managed appropriately. For example a concern had been raised about the management of a person living with dementia. Actions were documented around how this complaint was managed, including providing the relevant staff with dementia awareness refresher training.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The registered manager was supported by a deputy manager. The registered manager and the deputy manager were aware of their roles and responsibilities. They had notified the Care Quality Commission about incidents affecting the safety of people using the service.

The registered manager told us that they had an open door policy for staff to report their concerns. Staff said that they felt supported by the management team. One member of staff told us "Management are approachable". Another member of staff told us "They [management] are good at noticing things. I go to management for everything. Any problems and they can sort it out".

Quality assurance processes were in place to ensure the safety and effectiveness of the care being delivered. For example there was a monthly care plan audit, medicines audit and a housekeeping audit that took place three times a month. There was also an external audit conducted by the regional manager, the last one having taken place in December 2015. There was evidence that these audits drove improvements through learning, for example where medicine errors had been identified actions taken included staff being encouraged to write a reflective account of the incident and evidence their learning from this.

Accidents and incidents were monitored and assessed to identify any patterns of concerns. All accident and incidents were also reported to the board to ensure the provider had an up to date overview of events.

The registered manager met regularly with other managers to share learning and best practice. The registered manager also kept up to date through taking part in various networks and on line forums such as Social Care Institute for Excellence (SCIE). She also attended the annual National Care Forum Managers Conference. To further promote a well led service the provider ensured that all managers undertook the level five diploma for Care Leadership and Management.

The registered manager ensured that the provider's values were embedded into the culture of the service; this included making a positive difference to people's lives and respecting people as individuals. The provider was signed up to the 'Driving Up Quality' Code. This means that they have committed to, amongst others, ensuring that any support given is person centred and that care is focusing on people's quality of life.

Staff were aware of the provider's whistleblowing process and procedure. Whistleblowing is a way in which staff can report any concerns they may have anonymously.