

Vine House Care Ltd

# Vine House Care Ltd

## Inspection report

Southwater Community Centre  
1 & 2 Stainsby Street  
St Leonards-on-Sea  
East Sussex  
TN37 6LA

Tel: 01424834154

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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:

Vine House Care Ltd is a domiciliary care provider that was providing personal and nursing care to 27 people at the time of the inspection.

People's experience of using this service:

Although improvements had been made from the previous inspection, we found that records about people were still not up to date with their current care needs.

People with specific health needs did not have robust assessments to inform staff about support needs or signs that they were unwell. Improvements were also needed to documentation where people required support to make decisions about their care.

Although records required improvement, there was limited impact on people because staff knew them and their support needs very well. The manager agreed this was an area for improvement and by the third day of inspection, had already implemented changes to improve.

People told us they felt safe and one person said, "I feel safe in the presence of the carers, they always reassure me." Staff knew people and risks to their safety very well.

There were enough staff to meet the needs of people and staff were recruited safely. Staff had a good understanding of safeguarding, such as signs that a person could be at risk and who to report to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and processes in the service supported this practice.

People, their relatives and a professional were confident that staff had the skills and knowledge to support people. They had received specialised training to meet the needs of people. Staff worked in partnership with health and social care professionals to improve people's wellbeing.

Everyone we talked to spoke highly of the staff and told us they were, "Kind", "Caring" and, "Attentive." Staff worked with the same people each week and had therefore built strong relationships with them. People's independence, dignity and privacy was continually promoted.

Staff understood people's communication needs well and used a variety of tools to aid this. Care was personalised to people's preferences and wishes and regularly reviewed.

Although no-one was receiving end of life care at the time of inspection, we saw thank you cards from

relatives who said staff were, "So caring, thoughtful and loving" when they had supported people at this time of their lives.

Although there were areas identified for improvement in documentation, everyone we spoke with was unanimous in their views that the service was well-led. There had been a change of manager but no-one felt that this impacted on the care provided and they spoke highly of the new manager.

Staff felt well supported and part of a strong, passionate team, with an open and honest culture.

Rating at last inspection:

At their last inspection in May 2018, Vine House was rated Requires Improvement. (Report published 15 June 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-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?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Vine House Care Ltd

## **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:

The inspection was conducted by one inspector. An expert by experience made phone calls to people and relatives to ask their opinions about the service provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Vine house Care Ltd is a domiciliary care provider in St Leonards On-Sea, East Sussex, which is situated close to the coast. Not everyone using Vine House Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not have a manager currently registered with the Care Quality Commission. A registered manager 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. The current manager had recently applied to CQC to become registered.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was because we needed to gain consent from people and their relatives to receive phone calls from the expert by experience.

Inspection activity started on 7 May 2019 and ended on 10 May 2019. We visited the office location on 8 May 2019 and 10 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about. Due to technical problems, the provider was not asked to complete a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we referred to the previous (PIR) and the registered manager gave us an update on progress made since then. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we looked at rotas and contingency plans, quality assurance processes and records of accidents, incidents and complaints. We reviewed five people's care records and four staff files. This included information about recruitment, training and supervision. We also spoke with four people using the service, four relatives, the manager, the compliance officer, a supervisor, the care coordinator and two members of care staff.

Following the inspection, we spoke one health and social care professional about their views of the 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.

At their previous inspection in 2018, Vine House Care Ltd were rated Requires Improvement in Safe with a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all the relevant pre-employment checks had been completed before staff began work. Staff did not have full employment histories explored and references from the most recent employer had not always been sought. At this inspection we found improvements had been made and the provider was meeting the Regulation.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- Staff had all received safeguarding training. They told us how they would respond to any incidents or signs that people could be at risk of harm. One staff member said, "I have never had to raise a safeguarding alert before but I know exactly what to do. I know who to contact for advice and I would never leave a person until they were safe – I would call my supervisor, the police if required and record everything. I would also notify CQC, especially if harm came to someone."
- Staff told us that as part of their online recording system, they could send urgent information from the application on their phones. This went straight to office staff to alert them to incidents or concerns. The manager said, "We love this because we get information straight away and can respond instantly. Similarly, if any changes happen, we get that information quickly and can alert other staff."
- Staff told us there was a whistleblowing policy which was reviewed with them regularly. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. One staff member said, "I have no issues raising concerns or saying no if something isn't right."

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.
- People told us that staff helped them to feel safe. One person said, "I feel safe because when I have bad days, they support me by making sure everything is assessable and they take their time." Another person said, "I feel safe because they know they have to take special care with my movement, I have to be hoisted and weigh heavily. They are excellent and used to my ways. We work together as a team 'the three of us.'-I talk them through the manoeuvres, we do it between us."
- Relatives told us they were reassured that staff kept people safe. One relative said, "My mother is safe because of the diligence of the team of carers and managers. They have arranged psychologists/occupational therapists and equipment advice for me—they are vigilant and ensure her health

and safety. If there are any problems like absence or delay, the managers come in and do the carer's work. You cannot fault them."

- People had assessments that identified areas of concern and ways that staff could reduce risks. This included areas associated with moving and handling and environmental risks within the home.
- For people that experienced anxiety or who could display behaviours that challenged, they had robust positive behaviour support plans (PBSP). This included detailed information on the early warning signs that the person was anxious and how staff should support them during this time.
- Staff had a very good understanding of people, particularly with health conditions that required additional support such as diabetes or managing skin integrity. However, records for these assessments were not always completed and we have addressed this in the Well-led section of the report.
- There were contingency plans in place for emergencies. An example of this could be in severe weather conditions where carers are unable to travel. The manager told us how they would manage an emergency and had identified people who could be at higher risk due to having complex needs or living on their own.

### Staffing and recruitment

- There were enough staff to meet people's needs. We viewed staff rotas and saw that people received support from the same staff each week. This enabled staff to get to know people well and fully understand their support needs.
- People and their relatives told us that the same staff visited them. One person said that this ensured, "A good rapport was built and staff got to know people." One relative said, "My mother has dementia and because she sees the same faces, she recognises them on each visit. She loves them-they make her feel wanted and she is happy to see them."
- The manager told us that they ensured there was extra staff on shift to cover any sickness or emergencies. They said, "The 'care planner system' comes up with red writing if a carer lacks certain skills for a call, for example, if they don't have the right training. It also works out how many times a carer has supported someone, so we can select the best alternative if core staff are sick."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

### Using medicines safely

- People received their medicines safely from trained and competent staff. Staff did not give medicines until they had received this training. Their competency was assessed through observations and questions during spot checks in people's homes by the management team.
- People told us they received their medicines as they were prescribed. One person said, "My medication has to be kept safe. My daughter does some medicines and carers do the others. My patches are changed every three days. Records are kept and changes recorded in my care plan. It is good team work."
- We viewed people's Medicine Administration Records (MAR) and saw that people received their medicines as per their GP's instructions. Staff signed these records when they had given people their medicines. The manager had identified gaps in signatures when auditing MARs and found these to be recording errors only. However, they ensured staff received further training and competency assessment to ensure this improved.
- Some people took medicines on an 'as and when required' basis (PRN). There were detailed PRN



protocols for each medicine. These records detailed why the medicine was prescribed and the dose to be given, as well as how the person would indicate they were in pain, side effects, and when the GP would need to be consulted.

- One person received their medicines through a percutaneous endoscopic gastrostomy (PEG). PEG is a medical procedure in which a tube is passed into a patient's stomach and is most commonly used to provide a means of feeding or receiving medicines when oral intake is not possible. There was a photo of the person's PEG and guidance in how staff should give medicines, including the flushing of water between each dose.

### Preventing and controlling infection

- Staff all received infection control training and gave examples of how they would reduce the risk of spreading infection. They told us they used personal protective equipment when supporting people, such as gloves and aprons. This was confirmed by people and checked by managers when they observed staff working with people.
- Some people had specific continence support needs and used equipment that required robust infection control practices. Staff were aware of what was required and one person told us, "They are very aware of good hygiene with my continence device and ensure safe disposal twice a day. They always wear gloves for infection control."

### Learning lessons when things go wrong

- The manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring.
- An example of this was for a person who had a missed care call. This was the only care call missed since the previous inspection. This was due to extreme weather conditions and staff being unable to get to the person's house. It was identified that alternative external carers had not received the message that staff would not be attending. Even though the missed call had minimal impact on the person, the manager told us they had learned from this and ensured there were several alternative contact numbers available so they could always speak to someone if they were unable to visit the person.
- The manager said, "We are human and know we are not perfect. However, we always want to be better and do the best we can. So, if something happens we learn from it as a team."

## 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.

At their previous inspection in 2018, Vine House Care Ltd were rated Requires Improvement in Effective with a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and who could give legal consent if a person was unable to do so themselves. People's views and those of others related to their care, had not been sought when decisions needed to be made in people's best interest. Although improvements were still needed to the recording of mental capacity decisions, actions had been taken from the previous inspection and the provider was meeting the Regulation.

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

- People were offered choice in all aspects of their care and these were respected by management and staff that supported them.
- The 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.
- At the previous inspection we identified that staff did not always understand how to support people who could not consent to care, in line with mental capacity guidance. Assessments had not been held with people to identify their capacity nor had relevant others been involved with the decision-making process. One consent form had been signed by a relative who did not have the legal authority to do so.
- During this inspection we found that staff had received additional training in mental capacity and felt more confident applying this to people's needs. One staff member said, "We must always assume capacity unless we have reason to believe otherwise and regardless of this, always give choices." They gave an example of one person who always ate the same thing every day. "This is their choice however I still offer alternatives, just in case they change their mind." Another staff member said, "If they lack capacity we involve the GP, next of kin and social workers to get their views too."
- It was clear in support plans who had legal authority to consent on people's behalf. People, relatives and professionals had been consulted as part of decision making. It was also clear when people were able to consent but not physically able to sign consent forms. For example, one person's mental capacity assessments stated that although they were unable to sign or verbally consent, they had displayed specific facial or body movements which was their way of communicating 'yes or no'.
- Although people and relevant others had been consulted regarding decision-making, we found there were improvements needed to the recording of these and we have addressed this in the well-led section of the report.

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

- People's needs were assessed and continually reviewed to ensure they were receiving the right support and their needs were met.
- Assessments were completed with people and their relatives before they received support from Vine House Care Ltd and this information was used to formulate their support plans.
- People told us these assessments looked in depth at their preferences and support needs. Any changes in their needs were quickly acknowledged and followed. One person said, "They record everything about their visits-relatives can also write down any special issues or concerns and they are attended to. It is also very useful for new carers to follow."

## Staff support: induction, training, skills and experience

- Staff had received training in areas such as moving and handling, safeguarding and mental capacity and had the skills and knowledge to meet people's needs.
- People and their relatives told us that staff were very knowledgeable about their needs. One relative said, "My son cannot be pushed because of his condition. The carers know that pushing him is counterproductive. New carers have to be specially trained and aware of the risks as change is not good."
- Staff had received specialist training in diabetes, PEG management, challenging behaviour and dementia to meet specific needs of people. PEG training was provided by a specialist nurse every year and tailor-made specifically around the person. One staff member said, "This is much more useful than a generic training course as we can learn specifically what support that person needs."
- Several people required support with catheter care. A catheter is a thin, flexible tube that carries fluids into or out of the body. The manager advised that they identified staff were confused about the different types of catheter used during the day and night. To support with this, they ensured that staff completed two different types of catheter training and this had improved their knowledge and confidence.
- Staff told us that once online training was completed, there were links to further research and advanced learning. One staff member said, "I used a link following nutrition training to access a food diary for a person that wanted one. They didn't have internet access so we looked at the links together and reviewed different options for them."
- Staff told us they received a full induction, which included learning about the company, their roles and responsibilities. They spent time observing more experienced staff working with people so they could get to know support needs and routines. People confirmed this, one telling us, "New ones are always accompanied and are 'shown the ropes' by an experienced carer."
- There were different types of induction offered depending on the skills, knowledge and qualifications of the staff. For staff that had limited or no experience in care, they completed the Care Certificate. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were also asked to complete their own profile as part of their induction. This asked them what was important to them, what people appreciated about them and how to support them. The manager said, "This is a great way of staff telling us about themselves and us getting to know them. It also provides information for when we look to match staff to people."
- Following induction, staff were supported in their roles with regular supervision and they told us they found them effective. One staff member said, "We meet often and talk about how I am and how I would like to develop. We also talk about the people I support and my supervisor offers me additional support or guidance if I need it."

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

- People's nutritional and hydration needs were met and their preferences were clearly detailed in their support plans.
- Some people had specialist diets and staff supported them to receive these. A relative told us, "My relative has a gluten and dairy free diet. I buy the provisions –carers cook during the week and I do it at weekends. The carers know this well and do not make mistakes."
- One person had received support from the Speech and Language Team (SaLT) to reduce the risk of choking. This assessment was highlighted in the person's care plan and staff were knowledgeable of foods the person could eat and how they should be prepared.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care: Adapting service, design, decoration to meet people's needs

- People had regular support from a variety of health and social care professionals to improve their physical and emotional wellbeing.
- People told us that if they felt unwell, staff were supportive and sought advice from health professionals. One person said, "I needed to go to hospital. The carer rang for the ambulance and stayed with me until it arrived." Another told us, "My wife calls the GP if I am ill and she listens to the carers if they are here – they are reassuring."
- We saw that people had received support from numerous professionals, including GP's, specialist nurses, the mental health team, learning disability team, neurologists and physiotherapists.
- Professionals were complimentary about staff and the support they gave to people. One professional said, "Staff were polite, courteous, professional and kind on the visit and on the phone. They took account of the risk assessment and handling plans I provided. They arranged a joint assessment with me to look at the method in a timely way, and were willing to change support to suit the person."
- One person had specialist equipment for mobilising that meant they were unable to transfer upstairs. They told staff that they wished to be able to go back into their bedroom. The manager told us they worked with occupational therapists and physiotherapists to get the right equipment in their home and guidance to be able to support the person to do this. The manager and supervisor then did double-up calls with staff to ensure they understood how to provide the support. The manager said, "When we achieved this, the person was delighted, we all were. There were a lot of tears that day."

# 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 that staff were, "Lovely" and, "Very caring." One person said, "They always ask how I am and how I feel and cope." Another said, "They gave me back my peace of mind which I had lost."
- Relatives spoke highly of the care and support provided by staff. Comments included, "I think the carers are well chosen for their personality-people skills and friendly caring approach to clients" and, "Yesterday my relative was low in mood and they sat with them until I was able to get there. They are very compassionate and understanding." One relative said, "I am delighted with the care my mother receives. Her personal care is excellent and she is able to maintain her dignity and respect. She does not recognize me some days but knows I am someone close. She also thinks this about the regular carers who do everything to make her feel wanted."
- Staff and the manager had a good understanding of equality and diversity. They had all received equality and diversity training and told us, "People are all different and should not be viewed as the same" and, "Everyone should be treated in their own unique way, regardless of how they choose to live their lives."
- During pre-assessment, people were asked about their preferences, such as religious beliefs and whether they had any specific support needs. Although no-one had any support needs regarding these at the time of inspection, staff told us that they had previously amended their support times for one person so that they could get to church on time.

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

- People told us they felt listened to and that their views were continually sought.
- People had regular reviews of their care packages with involvement from their relatives if they wished. Reviews were used to discuss what was working, if any improvements were needed and any actions to take. People were also asked if they found the service caring, responsive to needs, effective, safe and well-led. All reviews we saw had positive comments from people and their relatives.
- One staff member said, "Just because a person has dementia, doesn't mean they can't tell you how they feel or share their opinions. I always ask. It's important to me that people are happy and feel well cared for."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was continually promoted and encouraged.
- People told us their privacy and dignity was respected. Relatives agreed, one telling us, "My relative has continence support needs. Staff are discreet and make sure they are showered and they always smell sweet."

- Staff had a good understanding of maintaining people's privacy and gave examples of how they would promote this, for example when supporting with personal care and by only sharing information on a 'need to know' basis. People's care plans were kept locked in a cabinet in the office which ensured they could only be accessed by staff. Another copy was kept in their homes.
- People told us that staff encouraged them to do as much as possible on their own. One person said, "They help you keep your independence by doing things when you can't do it and encouraging you to do things you can do. I clean my own teeth."
- Relatives felt that people's quality of life had improved with encouragement from staff. One relative told us, "People who haven't seen my relative for a while say they think they are looking so much better since they received their care from Vine House. They lost a lot of their skills in hospital but are gradually regaining some. Staff get down to their level to communicate and they reassure them with their loving caring manner."
- Staff were enthusiastic about supporting people to regain skills and live their lives to the fullest. One staff member told us, "One person can wash certain parts of their body but need help with others. We leave the room to give them privacy and independence and then step in when they need us. We are there to help, not take over and if they don't need me, I take a step back." Another staff member said, "It said in a person's care plan to make their lunch - but when I walked in they were making their own sandwich – so I encourage them to do this their selves now. I'm not going to take that away from them."

# 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

- People received personalised care that was tailored around their wishes, preferences and routines.
- Before a care package started, management met with people to talk to them about their wants and support needs. They used this information to formulate bespoke care plans for people. Information included people's support needs, social life and preferences, with emphasis on what was important to them. One relative said, "There is good communication between us and staff-I am kept informed of any changes. The care plan is a holistic package and thoughtfully compiled."
- Most people did not have activities as part of their care package, however staff told us they made time to do things with people that they enjoyed. One person sat with staff regularly to look through photos, watch their favourite films or talk about family. Other people were supported to go out for walks or do cooking with staff. The manager said, "If we can provide additional companionship, we do. We give staff enough time to spend quality time with people as well as meet their support needs."
- Staff had a good understanding of people's communication needs and these were identified during assessment. Staff understood the Accessible Information Standard which states that people's communication needs should be identified, recorded and highlighted in care plans.
- One person was unable to communicate verbally and so used their laptop and a white board to communicate with staff. A staff member said, "If we call the pharmacy we put them on loud speaker so the person can hear the call and communicate any questions to us. We give them time to speak and confirm what they mean."
- Due to a health condition, another person had reverted to speaking their first language and staff had spent time learning key words and phrases, as well as understanding body language and facial expressions. They implemented a communication book with photos and phrases in the person's language so that they could understand staff and their views and consent could be sought.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had never had to make any formal complaints but that any minor issues were dealt with immediately by staff and the manager. One person said, "I write any issues that arise in the book and they are always dealt with efficiently." Another said, "I have never made an official complaint but I rang up because one carer was late every night. They replaced her immediately."
- The manager had good oversight of concerns and responded immediately, regardless of whether it was a minor issue or an official complaint. One person had a personal item damaged by a carer and this was immediately replaced by the provider with a verbal and written apology. Staff were met with and reminded of protocols to follow to ensure this didn't happen again.
- We saw that the service had received lots of compliments from people and relatives about the care

provided. These were displayed on a 'Thank you' board in the office for staff to see. One relative wrote, "We would like to thank you for the support, care and kindness you have shown. It is reassuring to us as a family to know that we have the understanding and support from yourselves that is giving my relative the quality of life they now experience."

#### End of life care and support

- Support given to people at the end of their lives was kind, compassionate and reflective of people's wishes.
- Although no-one was receiving end of life support at the time of inspection, staff were passionate about providing the right care to people at this stage of their lives. They talked about a person they had recently supported and the ways they made sure they were physically and emotionally cared for. This included equipment to ensure they were comfortable and additional companionship, as well as working closely with nurses and a local hospice.
- The staff had received numerous thank you cards from relatives regarding end of life support. One relative wrote, "Care was given with compassion, dignity and gentleness. This helped my family deal with mum's condition and her passing." Another wrote, "My mum enjoyed her carer staying and looking after her. She was an excellent house guest, friendly, hardworking, trustworthy, kind, communicative and caring. We really appreciated her being there."
- Staff told us that part of this care was also to support the relatives who had lost their loved ones. Flowers and cards had been sent to people's relatives and some staff had attended funerals. One staff member said, "I think we excel at providing comfortable and compassionate end of life care. We also record everything for the family, asking them what support they need from us and offer comfort."
- If people had Do Not Attempt Resuscitation (DNAR) documents, it was highlighted in their care plans and staff knew where they were kept. These were reviewed regularly by people and their GPs.



# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At their previous inspection in 2018, Vine House Care Ltd were rated Requires Improvement in Well-led with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's support needs were not always reflected in their care documentation. At this inspection we found some improvements were still needed to ensure peoples' documentation remained up to date, however, the provider was now meeting the Regulation.

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

- Auditing processes had improved since the previous inspection. Care plans audits had been introduced and were completed by the supervisors regularly or when changes occurred. Documents such as MAR and daily records were reviewed monthly by management, as well as safeguarding, incidents and complaints. The compliance officer checked staff personnel files to ensure they were up to date.
- Despite regular audits, we still found inaccuracies in people's support plans which suggested further improvements were needed to the quality auditing process.
- At their previous inspection, we found that people's current needs were not always reflected accurately in their care plans. This included information about people who could display behaviours that challenged or that had specific health needs such as diabetes or skin integrity support.
- We found that people with behaviours that challenged had comprehensive positive behaviour support plans that identified behaviours and how they could be supported. However, for people with additional health needs, further information was still needed about their condition and support needs in assessments.
- Four people had support needs regarding their skin integrity. They did not have detailed assessments for how this was managed by staff, specialist equipment used, such as mattresses and their individual settings, or when to involve the GP or a nurse.
- Two people required support with a catheter. There was no specific guidance on support needs, responsibilities of staff or others and when to seek further advice.
- For two people with diabetes, there was a lack of information on what support staff provided, how to recognise signs of high or low blood sugars, signs that the person was unwell and actions to take.
- We spoke at length with staff that supported these people and they were very knowledgeable of them and their support needs. They could describe how the person presented when they were well and unwell. They also talked to us about the step by step process followed in providing catheter care support. By the third day of inspection, the manager had implemented more robust assessments to reflect support needs for people

with diabetes, catheter and skin integrity care. Therefore, we considered the impact on people to be low.

- We discussed the quality audit tool used to look at care plans with the manager on inspection. They agreed that there needed to be more of a focus on quality of documents, rather than an acknowledgement they were filled in. By the third day of inspection they had reviewed this audit and made changes to improve it.
- At the previous inspection we identified that improvements were needed to mental capacity understanding and documentation. At this inspection we found that people, relatives and professionals were consulted as part of the decision-making process. However, these had not always been documented in individual mental capacity assessments. This information is important in evidencing people's and others involvement and how a decision about capacity is made. We discussed this with the manager on inspection and they agreed this was a continued area for improvement. They advised they would ensure this happened moving forward.
- Since the previous inspection, the management structure had changed. The provider was also the registered manager and was taking an extended leave of absence. They had remained the provider but appointed a new manager. Although they had not yet been registered with CQC, they had submitted their application and were in the process of being registered at the time of inspection. The manager said, "I learned a lot in my previous team leader role which prepared me for this. It is also useful for me because I know all the people, I did their care calls and know their history."
- People and their relatives were aware that the previous registered manager was not currently working and although they missed their leadership, they were complimentary of the current manager and management team. One person said, "The old manager is not around at present and has been replaced by a temporary manager. The office staff make an excellent team." Other comments included, "The managers are friendly and approachable" and, "They are excellent and very caring." One relative said of the current manager, "She is the most 'hands on manager'-she is not afraid to replace a carer and do the work if there is a problem."
- Staff were complimentary of the provider and manager and felt that a positive, open and honest culture was promoted. They were described as, "Fantastic", "Lovely", "Very supportive" and, "Always there when needed." One staff member said, "The provider was the one that interviewed me. It was immediately obvious to me how much they cared. They were really person centred with a big heart. That's why I wanted to join the team so much." Another staff member said, "The new manager knows what she's doing. She always has answers to questions and is not afraid to let us do our own thing. She offers support, encourages us to grow."
- Staff also spoke highly about the supervisor who was their first point of contact with any concerns. Comments about the supervisor included, "Brilliant to work with" and, "They go above and beyond and are very approachable." The supervisor believed that working with staff and people was an integral part of being a good leader. They told us, "I do care calls still, particularly double up calls - not just because I love people and need to keep up to date with needs, but to remind people who I am so they know who to talk to with any issues. It's also a good way of monitoring staff in an informal way - I find they are more natural if I am doing care with them, rather than observing."
- The manager had a good understanding of their responsibilities in reporting to relevant others and being transparent when things went wrong. We saw that safeguarding teams and CQC had been notified following incidents and that people and their relatives were included in the process. Where it was acknowledged that the service was at fault, apologies had been made.

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

- The provider and manager valued feedback and used this to improve the service. Annual surveys were sent to people, staff and relatives asking for their views of the care provided. This information was collated

and represented in various graphs to demonstrate satisfaction in various areas, such as staff, communication and management. We viewed the latest results received and these were all positive. The manager had fed these results back to staff in team meetings.

- Staff told us they had regular team meetings where they could discuss people, changes to the service and review policies and procedures. A suggestions box for staff had also been implemented if they wanted to share ideas or concerns anonymously. One suggestion had already been received to review rotas and this was being looked at by the care co-ordinator.
- Feedback was also given and sought from staff during spot checks completed by supervisors. Spot checks were unannounced and looked at punctuality, professionalism, interaction with people and whether all support needs were met. One staff member said, "People are also asked to give feedback and then we meet with the supervisor at the end to discuss it."
- The manager told us that communication was important and they had implemented quarterly newsletters to people and staff to improve this. This included information about manager changes and included new contact details for concerns. The staff newsletter thanked staff for their continuous support and shared good news stories.

#### Continuous learning and improving care: Working in partnership with others

- The manager and staff worked in partnership with other services, for example GPs, the local hospice, mental health teams and speech and language therapists to ensure people's needs were met and best practice was followed.
- The manager told us they planned to organise afternoon tea parties to encourage social and community involvement for people. They were in the process of finalising a venue and designing invitations.
- To encourage learning and development, the manager had appointed champion roles for staff in safeguarding, mental capacity, nutrition, end of life, dementia and medication. They planned to provide additional training to these staff so that they could support others in their learning and development. The manager said, "We picked staff based on their passions because if they are interested in learning, they will hopefully influence others. It is also a good development tool for them in learning how to be a leader."
- We found the manager to be very responsive during inspection. They listened to feedback regarding areas of concern and by the third day had made substantial improvements to documentation. This demonstrated a willingness to learn and improve.