

Camino Healthcare Limited

Vestige Healthcare (Dudley Port)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Vestige Healthcare (Dudley Port) is a residential care home providing personal and nursing care to three people with needs associated to their Mental Health at the time of the inspection. The service can support up to 13 people.

People's experience of using this service and what we found

There remained no registered manager in post. Although systems to monitor quality were in place, these had not been applied consistently. People had been given opportunity to feedback on the quality of the service.

Risk assessments were not consistently clear about the level of risks to people and were not always followed by staff. Action had been taken to ensure safeguarding incidents were reported and investigated. There were sufficient numbers of staff to support people and medicines were managed safely.

People had not always been supported to access healthcare services as required. No new admissions to the service had taken place but the provider was implementing systems to ensure assessments were robust. People were supported to have their dietary needs met.

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

People told us staff were kind and caring. People were given choice and had their dignity and independence respected.

People's care records held personalised information about them and staff knew people well. People were able to access activities that were meaningful to them. Complaints made had been investigated and resolved.

Rating at last inspection and update: The last rating for this service was Inadequate (published 25 July 2019) and there were four breaches of regulation. Since this rating was awarded the provider had changed the name of the service from Oak House to Vestige Healthcare (Dudley Port). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 22 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

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 ●

Vestige Healthcare (Dudley Port)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an assistant inspector.

Service and service type

Vestige Healthcare (Dudley Port) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke

with three members of staff as well as the manager and the Nominated Individual.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However further work was required to ensure that staff followed risk assessments to keep people safe.

- Where risks to people's safety were identified, there were detailed assessments in place identifying how staff should support the person to remain safe. However, for one person, staff had not been following the guidance provided. The person's risk assessments and care records identified that they posed a risk to others and detailed measures staff should take to reduce this risk. This included timing the person's leave from the service and monitoring their internet browsing history. These actions had not been taken. We raised this with the nominated individual who advised they had not taken this action as they did not believe this was needed. The risk assessments had been reviewed regularly however and had not given an indication that this action was no longer needed. Following the inspection, we were informed by the Nominated Individual that the person was no longer living at the service.
- Other care records did not include details of what the current risks were for people. One person's care record indicated that the person had a history of self harm. There was no guidance in place for staff to inform them on how to reduce this risk. We spoke with the Nominated Individual about this who advised that although this had historically been a risk for the person, there was no current indication that the person would self harm, and so no further action was required. The Nominated Individual agreed that they would make this clearer within risk assessments, so staff are aware when risks are not current.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to take appropriate action to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding people from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had taken action to train staff in how to safeguard people from abuse. Staff were now aware of their responsibilities in reporting any concerns of abuse and how they should do this.
- Where concerns had been identified, the provider had taken action to ensure people's safety. This had included sharing the concerns with the local authority safeguarding team as needed.

Staffing and recruitment

- People told us there were sufficient numbers of staff available to meet their needs. One person told us, "Yes, there are enough staff here now."
- Staff were visible around the service, and where people required ongoing 1:1 support, this was provided. Due to issues around staff competency and confidence in supporting people with Mental Health needs, some people had to be supported by a team of agency staff. The provider had worked to ensure that in this instance, people had support from a consistent group of agency support staff. The person indicated to us they were happy with this arrangement.

Using medicines safely

- People had support with their medicines where needed. One person told us, "I have my medication given to me."
- Records showed people had been given their medicines as prescribed. Medication was given by Nurses only and they could confidently talk through how each person likes their medicine support to be given.
- Medicines were stored safely. However, where omissions were found in the recording of available medicines stock. The nurse on duty had plans to improve their recording system.

Preventing and controlling infection

- There were staff employed to keep the premises clean and prevent the spread of infection. The home was clean, tidy and free from odour. The home had recently undergone a refurbishment that meant all furniture was new and in good condition.
- Staff had access to personal protective equipment where needed to prevent the spread of infection.

Learning lessons when things go wrong

- The provider displayed a commitment to learning lessons where things had gone wrong. Following the last inspection significant concerns had been raised about people's safety, action had been taken to make improvements. This had included retraining staff and reducing risks associated with the physical environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were not consistently supported to access healthcare services to live healthier lives. For example, we were unable to see if people had been supported to access services such as Dentists and Opticians. It was also not recorded whether people had been supported to attend annual health checks. The deputy manager informed us that she thought some optician visits had occurred but could not locate the record of this.
- For one person, records showed that they had been assessed as requiring support from psychology services. These are services made available by the provider. However, the person had not been supported to receive this support. We asked the Director of Therapies about this, who advised that this support had not been provided as the person was moving to a new placement. However, this had meant a period of six months had gone by without the person receiving the support they were assessed as needing. Following the inspection, the Nominated Individual informed us that the person had moved out of the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had failed to ensure they acted in line with the MCA and people were being deprived of their liberty without the appropriate authorisations being in place. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since the last inspection, applications to deprive people of their liberty had been made for people who required these. Staff were aware of who had a DoLS authorisations in place and the reasons for these.
- People were now supported to move freely around the building. People had access to key fobs and we saw they were able to access all areas as they chose.
- People told us that staff sought their consent prior to supporting them. One person told us, "The staff let me make my own decisions and have my independence." Staff displayed a good knowledge of MCA and the importance of obtaining consent.

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

- Since the last inspection, there has been no new admissions to the service. The provider acknowledged the previous systems used to assess people's needs had not been robust and had plans in place to improve the assessment process in future.
- For the people who currently live at the service, action had been taken to assess their life history and ensure the care provided could meet their needs. The provider had acknowledged where people's needs were not being met and were working towards finding alternative placements for these people.

Staff support: induction, training, skills and experience

- Staff told us they had seen an improvement in the training provided since the last inspection. Training now included face to face classes as well as accredited courses linked to the needs of people living at the service. One member of staff told us, "We needed it [additional training]. I do feel more confident as a result, and it shows we are trying to put these things right."
- New staff recruited to the service told us they had received an induction that included completing training and shadowing a more experienced member of staff. Staff told us their induction experience had been positive and prepared them for the role.
- Staff told us that they now felt confident to request additional training where they felt they could develop further. One member of staff said, "I am confident that I can ask for extra and once things settle down I am sure they [the provider] will sort it for me."

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

- People were supported to have choice and control over their diet. People were given a budget to purchase their own food and would eat at times that suited them. Where people were able, they were encouraged to use the kitchen facilities to prepare their own meals.
- Staff were aware of people's specific dietary needs and how these should be met. For example, where people had conditions such as Diabetes, staff were aware of this and how this can be affected by their diet.

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

- Since the last inspection, the property had been refurbished. The provider had taken action to ensure the environment reduced the risk to people where possible. For example, bedrooms and communal areas had been fitted with anti-ligature fixtures and fittings. Security systems at entrances had been improved to reduce the risk of people absconding from the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave positive feedback about the staff team. Comments made included, "The staff are good, they are always helpful if I need anything," and, "The staff are supportive."
- Staff spoke about people in a kind and compassionate way. Staff displayed a commitment to learning lessons and improving quality of care for people. One member of staff said, "We respect people, are nice to them and make sure they are safe. We like to make sure they get what they need."
- We observed positive interactions between staff and people. People were seen to be talking and laughing with staff throughout the day. It was clear that people felt comfortable in staff company.

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

- People told us their choices were respected and they were involved in their care and we saw this in practice. People were asked what they would like to do each day, and whether they would like staff assistance with this. People were given opportunity to lead their own care and choose when they had meals or went out.
- Where people were due to be moving out of the service, they had been involved in decisions about their future placements.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and re-learn daily living skills. Comments made included, "I do some cleaning in this house," and, "I cook for myself." Some people were being supported to move into more independent living settings.
- We saw people's privacy being respected. Where people were choosing to stay in bed later than usual, staff respected this and left people alone. One person fed back that there were occasions where they would like more privacy and gave an example of staff leaving their door open whilst discussing their intimate care. This was fed back to the provider after the inspection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Since the last inspection, the provider had begun to implement new care plans that would be more person centred. For one person who's care record had been updated, this was detailed, personalised and had regard for the person's preferences. However, this had not yet been completed for all people and we identified that one person's care plan did not fully reflect their current needs. We raised this with the Nominated Individual who informed us this care plan had not been done in the new format. Following the inspection, we were informed the person had now left the service.
- Staff knew people well. Staff newly recruited to the service had a detailed understanding of people's care and support needs and told us they had been given time to read care plans and get to know people. One staff member told us about the food one person liked, as well as their medical diagnosis and care needs to demonstrate they knew the person they supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been met. Although no-one at the service had any sensory impairment, staff demonstrated an awareness of how they should communicate effectively with each person.

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

- People told us they were supported to take part in activities that interested them. For some people this had included pursuing educational opportunities. One person told us, "I go to the cinema, bowling, see my family and friends for meals out," and, "I did an engineering course that I have just completed. The staff helped me get on the course."
- We saw people choosing the activities they wanted to take part in. One person went out to visit their family, whilst another chose to go bowling. Staff offered to support and keep people company on these activities but respected people's decision where they wanted to go out alone.

Improving care quality in response to complaints or concerns

- People knew how to complain if needed and felt supported when they did so. One person told us, "There was two times I did not feel safe because of another person but then the staff were supportive."
- One complaint had been made since the last inspection. This was investigated and resolved by the management team.

End of life care and support

- There was nobody currently living at the service who required end of life support. We were informed that care plans would be put into place should this need arise.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure they had oversight of the service. This led to significant risks to people's safety not being identified This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However further work was required to ensure that systems were embedded and sustained at the service.

- There remained no registered manager in post. There had been no registered manager since 2017. Although an application to register a manager had been made following the last inspection, this was later withdrawn and at the time of this inspection, no further application had been made.
- People and staff told us that not having a manager based at the service had at times left them feeling uncertain. One person told us, "Before, there wasn't a manager and so there was nobody here to make any decisions." A staff member added, "I feel supported to a certain degree, but there is a gap. There hasn't been a manager just for us here [at the service], there are managers around but they are not here directly." A new manager had recently been recruited and the nominated individual informed us the manager would be applying for registration.
- Changes to the provider's vision for the service had meant staff did not always feel they understood their roles. One member of staff told us, "There is a lot of processes that have been changeable. We hear one new policy and then the next week it's changed again. I can see why they are doing it, but it makes it difficult at times." The Nominated Individual told us they acknowledged a number of changes were taking place at the service and that changes to the staff team had caused tensions at times.
- The provider had not ensured that systems to monitor quality were consistently applied. On the first day of inspection, we asked to see audits completed to oversee quality. We were informed that these had not been completed in recent months as the service was being sold to a new provider. On the second day of inspection, we saw some audits had taken place, but that these had not always been completed consistently and some months audits were missing. We raised this with the Nominated Individual who acknowledged audits had not been completed consistently and planned to address this via a new electronic

monitoring system. The system was still in development and had not yet been used.

Continuous learning and improving care

- Since the last inspection, the provider had taken action to address the significant concerns found. This had included making changes to the physical environment, improving staff training, and changing the admissions and care planning process. However, there were some areas that required further work to ensure people received high quality care. For example, Risk assessments had not always been updated to reflect current risks, and people had not always been supported to access healthcare services as needed. This feedback was shared with the Nominated Individual who advised that work to improve the service was ongoing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider had acted on the duty of candour. Where incidents had occurred, these had been shared with the relevant agencies including CQC. Staff told us that since the last inspection, they had attended training and internal workshops to help them understand safeguarding processes and the need to report incidents.

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

- People had been asked to feedback on the quality of the service. This was done via questionnaires. We viewed the most recent feedback given in the questionnaires and found the feedback given was positive. The provider had also started to issue a newsletter that provided both people and staff with updates on the service.