

Camino Healthcare Limited

Vestige Healthcare (West Bromwich)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Vestige Healthcare (West Bromwich) is a residential care home providing personal and nursing care, treatment of disease disorder and injury and diagnostic and screening procedures. People living at the home have a mental health diagnosis and are aged 18 and over. Some people also had a learning disability or autism. The service can accommodate 14 people, at the time of inspection, nine people were living in the home.

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

Improvements had been made since the last inspection but there were still some areas that required improvement. A new audits system was being implemented but had not yet been used. Medicines records were not always accurate or up to date. Care plans and risk assessments had been reviewed and updated, however we found some information was not always consistent.

People, relatives and staff expressed confidence in the manager. Safeguarding processes were in place to report concerns to relevant professionals. There were enough staff to keep people safe.

We were assured the home had good infection control practice relating to COVID-19. Risks to people had been assessed and mitigated.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 November 2019) and there were two breaches of regulation. At this inspection we found improvements had been made however the provider were still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We inspected other services owned by the provider and concerns were identified. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vestige Healthcare (West Bromwich) on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Vestige Healthcare (West Bromwich)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the home for one day and one inspector reviewed evidence and made telephone calls for four days.

Service and service type

Vestige Healthcare (West Bromwich) 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.

The service had a manager who had applied to be registered with the Care Quality Commission, the registration process had not yet been completed. This means the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, manager, nursing staff, care workers and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two professionals who work with people who live in the service.

We reviewed a range of records. This included seven 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 policies and procedures were reviewed.



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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine management required improvement. For example, one person's medicine records had conflicting times in regard to when a medicine needed to be administered. We discussed this with the manager who told us the time had recently changed, but not all documents had been updated to reflect this. The staff we spoke with were giving the medicine at the correct time, the manager amended the documentation.
- Where people required medicines on an 'as and when required' (PRN) basis, there were protocols in place for staff to follow to ensure people received these as prescribed. However, we found some of these were missing or information was missing from them. We discussed this with the manager who amended and implemented the protocols during the inspection.
- Where people used prescribed creams, there were not always body maps in place to indicate where the cream needed to be applied. We discussed this with the manager who implemented the body maps during the inspection.
- One person was prescribed a rescue medicine to use if they became unwell. However, there was no guidance in place for staff to follow if the person became unwell and was unable to administer it themselves. Following the site visit day, the manager sent us a protocol and risk assessment for this medicine so that staff would be able to safely administer it if needed.
- Controlled medicines were stored and monitored safely. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. However, we did find some occasions where information had not been reflected in all the relevant parts of the care plans.
- Staff had a good understanding of people's needs and associated risks.
- We found one occasion where a person's care plan hadn't been updated following a low-level restraint. In addition, there were health issues that could be affected by a restraint being used but the associated risks were not clearly recorded. The manager amended this after we raised it and the staff understood the risks associated with restraint and the person's health condition.
- Staff and the manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process.

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference

checks from previous employers.

- People and staff told us there were enough staff on shift. One person said, "Yes [there are enough staff] when I need support I get it instantly." A staff member said, "We have enough staff. [The manager] always puts enough staff on shift."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. A person said "yes" they felt safe. "A relative told us, "[Person] is safe there."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "It's about protecting vulnerable people from harm and abuse. If I am worried someone was abused, I'd speak to the nurse or manager. I'd call CQC if I needed."

Learning lessons when things go wrong

- The provider had taken on board feedback from the inspections of their other homes and considered them at this service. The provider was implementing new systems to ensure incidents and accidents that were recorded, were then analysed each month for patterns and trends. This would help keep people safe and any reduce reoccurrence.
- The provider took on board learning lessons from external organisations to help inform their practice. We saw the manager kept copies of information sheets regarding things that had gone wrong in other homes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We have also signposted the provider to resources to develop their approach.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had made DoLS applications to the local authority, in line with legal requirements. The applications included restrictions such as people not leaving the home alone due to safety reasons. People who did not need a DoLS application were able to leave the home freely.
- People's capacity had been assessed throughout their care plans to determine what they may need to be supported with or where they could make their own decisions. One person said, "[Staff] never do anything I don't want them to."
- Staff received MCA and DoLS training and understood their responsibilities. One staff member said, "A person has capacity to make an informed decision until deemed they can't. People can make informed decisions about what they want."

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

- People's care and support needs were assessed and reviewed on a regular basis. A person said, "I would not change anything, I am happy here".
- Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion and disability.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had multidisciplinary teams [MDT] involved in their care. People were included in reviews about their needs along with the MDT, internal professionals and their relatives where appropriate. A professional told us, "Weekly MDT meeting are attended well by staff and communication is good". An MDT is a group of professionals who together to make decisions about people's care, treatment and support.
- The location of the home enabled people to have easy access to health care services in the same way anyone in the local community would. We saw input was given from diabetic teams, the GP and consultant psychiatrists.
- People told us and record showed they had access to a dentist and visited for check-ups.

Staff support: induction, training, skills and experience

- People felt supported by staff and relatives fed back positivity about the staff team. A relative said, "I admire the staff immensely for the job they do ... The staff I have met have been very good."
- Staff told us they had access to training that was relevant to their role. This ensured they had the relevant knowledge and skills to meet the needs of the people they supported.
- One staff member said they hadn't yet had a supervision and other staff said they had, although these weren't always regular. However, staff said they could request a supervision and felt able to approach the manager if needed. The provider had implemented a new audit system that monitored supervisions to ensure they would be undertaken on a regular basis.

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

- People were supported to have choice in what they ate. One person said, "We choose what we want to eat."
- Where people had undergone assessments from health professionals in relation to their food and fluids, staff had a good knowledge and understanding of people's needs.

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

- The communal areas of the home were spacious, clean and tidy. The home had ample space for people, and staff respected when people wanted to have time alone in their bedrooms.

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 requires improvement. At this inspection this key question has remained the same. There were improvements with the leaders, but the service management and leadership had been inconsistent. The culture they created promoted person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made, but there were still some concerns that had not been identified by the provider systems. Therefore, the provider was still in breach of regulation 17.

- At this inspection, the provider had addressed the concerns raised at the last inspection. This included adding information to care plans about people's past risks. There were regular audits taking place however, further improvement was needed as detailed below.
- The audits of the care plans had not identified where some information was not consistently recorded or was missing. In addition, we found a deprivation of liberty safeguard (DoLS) authorisation that had someone else's name on. We discussed this with the manager who amended documents and sent them to us before the inspection had concluded. They also contacted the DoLS team to raise the issue.
- Audits had not identified other issues we found. For example, concerns about medicines management, as detailed in safe. In addition, one incident had not been reported to CQC in line with legal requirements and the audit systems had not identified this. The manager sent this in retrospectively.
- One person's staff levels had recently been amended and staff had different understandings of what they were supporting the person with. The systems and processes in place had not identified this. We discussed this with the manager who clarified what support the person needed and said this would be communicated to the staff team.
- The manager and nominated individual responded positively to the inspection process and took appropriate action on issues raised. They showed us a new governance system that was being implemented and felt this would have identified the concerns we found.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate good governance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider was found to be in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- The manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. There had been one event that had not been notified, no one was harmed, and the manager sent this in retrospectively. The previous CQC inspection rating were displayed in the service and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Staff told us they could approach the manager at any point to discuss concerns. A staff member said, "The manager is very honest and understanding ... If I was worried, I could tell her. If we had any problems or concerns I could talk to her." Another staff member said, "To be quite honest she is one of the best managers, I feel comfortable talking to ... She is fair, her door is always open ... It's a good thing to know we can raise things with her." This demonstrated an open and positive culture.
- The staff and manager demonstrated a person-centred approach for the people they supported. People told us they had choice and control and were involved in day to day decisions.
- Staff understood whistleblowing and told us they knew how to access policies relating to this. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical.

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

- The manager and nominated individual demonstrated honesty and transparency following incidents and shared information with the relevant people. This demonstrated they were working in line with duty of candour.

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

- People and their relatives felt involved in the care and able to raise concerns with the manager if needed. A person said, "Yes we have one to one." A relative said, "I am invited to join [meetings] every week and ask my opinion, so I do appreciate that. When I call staff let me know how [person] is."
- The nominated individual showed us new feedback forms that had been developed. These forms would be sent out to people, staff, relatives and professionals. This would give them the chance to express their views and opinions. These surveys would be analysed to consider any area that are working well or may need improvement.

Working in partnership with others

- Staff communicated with the GP, opticians and other professionals when required. We received positive feedback from professions about the home's engagement with them. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not robust enough to demonstrate safety was effectively managed.