

# Grapevine Care Limited

# The Tynings

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This unannounced inspection took place on 24 and 25 June 2015.

The Tynings is a care home for up to six people with a mild to moderate learning disability, autism or sensory impairment. Five people were accommodated when we completed this inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people with health problems were supported to improve their health. However, staff had not taken appropriate action when a person refused professional support and their health was at risk.

Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest. There was one example

# Summary of findings

where this could be improved. Support care plans included people's mental capacity assessments which showed how choice for each person was displayed by them. People made everyday decisions as staff knew how to effectively communicate with them.

People were safeguarded from harm or abuse because staff were aware of their responsibilities to report any concerns. Risk assessments were completed which reduced risk for people helping to keep them safe and independent. All accidents and incidents were recorded and had sufficient information to ensure preventative measures were identified.

Medicines were administered safely and each care plan identified how people liked to take their medicines. When creams were applied for people staff had clear protocols to follow. Monthly and annual audits of medicine had been completed

People were supported by sufficient staff and were able to access the community with them. Five people were accommodated and there were two staff all day in addition to the two staff that exclusively supported two people.

The staff were well trained, knew people's individual care needs well and supported them effectively. Staff told us the training was good and they had supervision every three months with the registered manager. People were protected by thorough recruitment practices and staff induction to the service.

People had a choice of food and special diets were provided to maintain and improve their health and wellbeing. People and staff had meals together and people chose where they liked to eat their meals. People were supported by professionals when required to ensure food was taken safely.

We observed staff responding to people in a calm and compassionate manner consistently demonstrating

respect. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt. Staff knew by people's body language and expressions how they felt and when they wanted to be on their own. Staff supported people to choose activities they liked. People had taken part in activities in the community and holidays with staff. A relative told us the staff were great and the person was always happy to return to the home after a few days with them.

People had personalised care plans and staff supported them to be involved in making decisions about their care. Staff used a picture board to describe to one person what was happening each day. People's care plans and risk assessments were reviewed regularly and people knew they could talk to staff at any time and make changes. There was a complaints procedure and an easy read version for people. Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Quality checks were completed and examples told us that action plans identified where changes were made to address any shortfalls. People were given the opportunity to answer questions about the service in an appropriate way to make sure they were satisfied. Relatives, supporters and health and social care professionals were asked for their opinion about the service. Regular staff meetings were held for staff to be involved in the running of the home and improvements had been made or were planned as a result. The registered manager was accessible and supported staff, people and their relatives through effective communication.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. Risk assessments were completed which reduced risk for people helping to keep them safe and independent.

People's medicines were managed safely.

People were always supported by sufficient staff and were able to access the community with them.

People were protected by thorough recruitment practices and staff induction to the service.

Good



### Is the service effective?

The service was not consistently effective.

People had access to healthcare professionals to promote their health and wellbeing. When one person refused essential support from a healthcare professional to maintain their health staff had not taken the appropriate action.

People were supported to make decisions about their care. Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest. There was one example where this could be improved.

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People had a choice of meals and were supported by professionals when required to ensure food was given safely.

Requires improvement



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

Staff respected people's personal wishes and treated them as individuals.

People were involved in making decisions about their care and support and encouraged to be independent.

Good



### Is the service responsive?

The service was responsive

Staff knew people well and how they liked to be cared for. People were involved in decisions about their care.

Good



# Summary of findings

People took part in activities in the community. Staff supported people to choose activities they liked and planned holidays with them.

## Is the service well-led?

The service was well led.

The home was managed well and regular quality checks ensured that improvements were made.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

**Good**



# The Tynings

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 June 2015 and was unannounced. The inspection team consisted of one adult social care inspector. The previous inspection was completed in September 2013 and there were no concerns. There was a change to the registration of the service in January 2014, a new registered manager was appointed.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A

notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the registered manager, three care staff, one person who used the service and a relative. We looked at four care records, recruitment and training records, the staff duty roster, quality assurance information and maintenance records.

We contacted the Gloucestershire County Council learning disability quality review team and health and social care professionals.

# Is the service safe?

## Our findings

There were clear policies and procedures for safeguarding people and 'whistle blowing' for staff to follow. Whistle blowing is a term used when staff report an allegation of abuse by another staff members. Staff told us they had completed safeguarding adults training and explained how they kept people safe and their role in reporting any concerns. A person told us, "I feel safe" and "Staff are friendly, it's nice here actually". They said they had made friends at the service. Body charts were completed for any mark or bruise found on people and an explanation of what happened was recorded. Any safeguarding incidents were reported to CQC and the local authority safeguarding team.

Sufficient staff supported the five people were accommodated. There were four staff working in the home during the day. Two people had funding for individual staff support to meet their needs.

There were two night staff, one to provide additional support for one person with increased mobility needs. The senior care staff on each shift deployed staff to provide one to one support for two people. There were two 'bank staff' to cover staff holidays and sickness and regular staff did extra shifts when required. The registered manager was supernumerary and did not provide direct care but was always available when additional support was needed in an emergency situation. Staff told us there was enough staff to meet people's needs and they were able to support people well.

The service looked clean and staff had cleaning duties throughout the day. Two people helped the staff with laundry and one person helped with preparing meals. There was personal protective equipment for staff and they were trained in infection control.

The management of medicines was good. Peoples medicines were reviewed regularly at the GP surgery.

Medicines given 'as required' had protocols recorded with the GP's guidance. There had been some minor errors in medicine administration in the last 12 months where actions for improvement were recorded. None were significant to report to CQC or caused any person harm. Staff completed medicine training every three years but observational competency was checked annually. The actions to improve management of medicines had included completion of a checklist twice daily by two staff and signed by them. Each care plan identified how people liked to take their medicines. When creams were applied for people staff had clear protocols to follow. Monthly and annual audits of medicine had been completed. Actions for improvement identified in the audits were recorded and discussed at staff meetings.

There were robust recruitment procedures where checks to help make sure suitable staff were employed to work with vulnerable people were made. New staff were now completing the new Care Certificate induction programme.

A health and safety audit was completed by an outside agency annually. The registered manager had completed the environmental risk assessments to help ensure people were safe at all times. People's individual risk assessments were completed and reviewed three monthly or sooner when required. There was a business continuity plan for staff to know what to do in the event of service interruption. The required maintenance checks had been completed and maintenance safety issues were completed promptly.

Accidents and incidents and the involvement of an occupational therapist where necessary to prevent further accidents had been recorded. All accidents and incidents were audited regularly and had sufficient information to ensure preventative measures were identified. An alert system for one person who had regular falls had been installed and the staff provided additional measures to help prevent further falls.

# Is the service effective?

## Our findings

Most people with health problems were supported by healthcare professionals to improve their health. One person had refused to visit their GP or other healthcare professionals in relation to a medical condition. The person's capacity to understand the results of their refusals to have professional healthcare support had not been assessed and recorded. The refusals may lead to serious deterioration in their health. The service had kept the GP informed but no healthcare professional had visited to support the person since 2013. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people's health and wellbeing was promoted. One person had difficulty mobilising and had chosen to have healthy snacks to help them reduce their weight and the staff helped them with this. People living with epilepsy were supported by healthcare professionals and had risk assessments to keep them safe and protocols for staff to follow when they had a seizure. A person had been referred for hospital dental treatment and staff supported them to clean their teeth more often. Each person had a health action plan which was updated after any appointments or changes.

Care plans included mental capacity assessments which showed how choice for each person was displayed by them. People made everyday decisions as staff knew how to effectively communicate with them. Where needed 'best interest' records were completed. There was a 'best interest' meeting recorded with a Community Learning Disability Team (CLDT) for one person who it was assessed would not be able to tolerate choice due to their mental health needs. We looked at a further example where health professionals and family were involved in the 'best interest' decision to ensure a person was accommodated in the most appropriate environment for them.

People had a choice of food and special diets were provided to maintain and improve people's health and wellbeing. People and staff had meals together but people chose where they liked to eat their meals. We saw one person eating in the conservatory with a member of the care staff. One person had guidelines for the food they could eat as their medical condition dictated what they

were able to eat without a risk to their health. Their food was separated from other peoples to make sure they always had what they wanted and had restricted access as agreed in their care plan.

Some people chose the meals they liked by looking at pictures and if they did not enjoy a meal it was recorded on their dislike list. There was always alternative meals available. People at risk from choking were identified and food was prepared to minimise risk and staff were always present when people were eating. One person had a food chart completed every day and information from a speech and language therapist for staff to alert them should the person cough persistently. This person had a clear care plan outlining their strengths and what support they needed in relation to eating and drinking.

Staff received effective training and were observed by senior staff to note where improvements were needed. Staff told us the training was good and they had individual supervision meetings every three months with the registered manager when additional training was planned. We saw the registered manager had recorded when staff supervision was completed and when it was due next. The registered had manager observed staff using a hoist and completing pre-hoisting checks three times before they assisted with hoisting people. Two staff were always used to hoist people. A member of staff told us that one person was assessed recently as living with dementia. They told us the dementia link worker course they were completing was proving valuable in meeting the person's needs.

A member of staff told us they had asked for additional dementia care training and this was planned. The registered manager completed training information on computer to make sure staff received training on time. The majority of permanent staff had completed or were completing a diploma in health and social care. Two staff were completing a diploma at level 5. Staff told us the registered manager was good at organising training. Staff had received annual training with regard to supporting people who may challenge the service. Staff completed Positive Behaviour Management training every two years.

Staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had completed additional DoLS training. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that

## Is the service effective?

allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. The service had made five DoLS applications to the local authority this was because all people required support to access the community. The first DoLS application was assessed during our visit.

There were suitable adaptations in the home for example a short stair lift to access a mezzanine area on the ground

floor. Specialist equipment was available to aid people's mobility. Two people had their own sitting rooms and chose the decorations there, this supported their need to be separate from other people when they wanted to be. People had personalised their bedrooms and everyone had an ensuite bathroom.



# Is the service caring?

## Our findings

Each person had a 'keyworker', a keyworker is a member of staff who had made sure people had all the things they needed. Keyworkers talk to people monthly to review their care support plans and risk assessments but people knew they could talk to them anytime. They also made sure people attended health appointments. We observed staff responding to people in a calm and compassionate manner consistently demonstrating respect.

A staff member told us people were treated with compassion and that was why they liked working there. They said they had received dignity training. People appeared happy and content and were doing activities they liked. One person had returned from an organised walk with people in the community and staff had supported them. Another person had just returned from an enjoyable time with their family visiting a local horse racing course.

People received care and support from staff they knew well and were relaxed in their company.

We observed staff knocking on bedroom doors before entering the room. Staff described how some people did not like to see unfamiliar people and we respected their right to refuse to see us. People had keys to their bedroom doors and staff respected their privacy. One person showed us their bedroom and was proud of the décor they had chosen.

Staff knew people's individual communication skills, abilities and preferences. There were a range of ways used to make sure people were able to say how they felt. Staff

knew by people's body language and expressions how they felt and when they wanted to be on their own. Equally staff knew what people enjoyed doing and tried to ensure they went out when they wanted to.

One person told us they get on well with staff and go shopping for clothes with them. They said they go swimming, walking and into Gloucester for hot chocolate and cakes. The home had many animals in the fields adjacent to the home, they included, goats, chickens, sheep and alpaca. People enjoyed visiting and feeding the animals and one person told us they collected the chicken eggs with the staff.

One person could not tolerate choice and staff were sensitive to this. The person decided when they wanted to do something and a member of staff supported them individually at all times. The person had progressed and would leave the home now when at first they couldn't. The person enjoyed going out to shops and a variety of food take-away restaurants each week. They also walked in the grounds with staff to see the animals.

In 2014 Gloucestershire Voice, a check by people that use similar services as part of the Gloucestershire County Council quality review, completed an independent review. They recorded people had very good relationships with staff. The registered manager told us people had an advocate when required in the past but currently they were no advocates needed. A visiting healthcare professional told us they witnessed the staff approach and attitude to people was caring.

Each person had an End of Life book and staff supported them to record any arrangements they wanted at the time. Family members were consulted when people were unable to understand this.

# Is the service responsive?

## Our findings

Handover information between staff at the start of each shift ensured important advice about people was known, acted upon where necessary and recorded to monitor progress. During handovers staff checked people's personal monies were correct and that their medicine had been given. A daily communication book was used to inform all staff about relevant details for example, people's appointments.

People had person centred care plans and staff supported them to be involved in making decisions about their care. Two people each had continuous support by a member of staff. We observed both staff supporting them in a calm and respectful way. One person used non-verbal communication and staff described how they ensured they fully understood the person. The person's keyworker told us about their picture board to describe to them what was happening each day.

One care plan described how a person was supported to eat and drink as their appetite and health had deteriorated. Their strengths were identified with regard to what they liked to eat and where. The support they needed and the action taken by staff around eating was recorded. This included a daily record of food eaten. This enabled the staff to monitor whether the support was responding to the person's needs. Complimentary food drinks and snacks were given and weight was monitored. Healthcare professionals monitored their health and staff knew when to alert them to any changes in the person's health and wellbeing.

A healthcare professional told us the service was responsive to people's needs by identifying any change in their mental health and used risk assessments to increase people's independence and support their skill development.

People were supported to take part in social activities and follow their personal interests. One person told us they joined in with a weekly rambling group and met up with people they knew there. People go out regularly in the community with staff and go home to relatives for the weekend or longer. Staff took some people on holiday every year. Peoples activities were planned and recorded every day and sufficient staff were allocated to ensure individual activities were completed.

Support plans had information about people's relationships and family. Staff told us how people kept in touch with friends and relatives. A relative told us the person did 'face time' to communicate regularly and staff emailed them to keep them updated. They told us their relative enjoyed the goats, chickens and alpacas next to the home and the arts and craft sessions. The relative told us the job the person had was no longer available and this had not been replaced yet. The registered manager told us they had tried to find another job for the person but had not found one suitable. The relative told us the staff were great and the person was always happy to return to the home after a few days with them. Activities organised for another person included going out on the bus or by car for coffee, going for a walk and craft and paper sessions. Staff told us there were enough staff to complete activities with people and they were well supported by the registered manager to take people wherever they wanted to go.

Staff knew people well and were able to assess when they were unhappy or concerned about anything. There was a complaints procedure and an easy read version for people. Complaints and concerns were taken seriously and used as an opportunity to improve the service There had been two complaints since our last inspection and these were investigated thoroughly. A relative told us they had no complaints about the service.

# Is the service well-led?

## Our findings

The quality assurance questionnaire in April 2015 for people living in the home had been adapted to make it easy for them to answer 'yes', 'no' or 'unsure'. People could choose the previous format that also offered 'mostly', 'sometimes' and 'never'. Everyone chose the new format this time.

The answers from the five people surveyed were mainly positive to the 20 questions asked. Everyone answered 'yes' to they had enough to eat, liked the food, the home was clean, the staff supported them well, they liked how staff spoke to them and listened to them.

The 2014 results from three family and friends surveyed were either good, very good or for four of the 15 questions it was excellent. They rated, for example, the experience when visiting, the variety of activities provided, staff understanding of people needs, staff friendliness and the accuracy of the care plans. The service sent six questionnaires to healthcare professionals in January 2015 and only one responded with all answers being either excellent or very good.

Quality audits were completed and examples told us that action plans identified shortfall and where changes were made. The quality audit in January was comprehensive and covered all areas. In May 2015 the monthly audit completed by the provider was mainly observational and talking to people and staff. The audit recorded the home was quiet and well presented. Some staff were having toe nail cutting training from a professional. A new member of staff was completing their induction, people were relaxing and one person was getting ready to go out. Medication audits were seen as correct and other records were complete. Two actions were noted, one to maintain the drive area and a security risk from a ladder left nearby, both had been completed.

The registered manager had completed several audits to include the care plans, safeguarding records and complaints. Care plan audits were completed every three months with the keyworker for the person. Information was added or deleted as required. Keyworkers completed a monthly review of the care plans daily information called a reducing sheet. This enabled an overview of the monthly care and activities. The provider had completed a monthly check of all personal monies recorded by staff.

Staff meetings were held monthly we looked at two examples of meeting minutes. Staff had discussed changes in the management of the home, the new Care Certificate induction training, improving medicine records and one person's changing mental health. At another meeting safeguarding people was discussed and why one person's behaviour had changed. There were clear actions recorded which included the night staff arrangements. Employee of the month was recognised and rewarded for good practice supporting people during the staff meetings.

Staff had annual appraisals and personal development reviews. We looked at an example where goals had been set for a member of staff and there were a lot of good comments about their progress recorded. All staff we spoke with told us the registered manager was supportive and approachable. A member of staff told us the registered manager was, "Brilliant and approachable". Staff told us the core values of the service were equality and tailored individual care for people.

The Provider Information Return sent to us told us about the services vision and values to improve the quality of life for people and be passionate about care while giving people the freedom to succeed.

Six staff completed the staff survey in June 2015 and made suggestions for improvements. There were many positive aspects in the survey for example, staff felt they were well informed about changes in peoples care needs, the manager was approachable and during supervision all staff were able to say how they felt. There was an improvement plan compiled from the staff survey results that highlighted staff wanted additional dementia care training, some maintenance issues needed completion and observational supervisions of staff practice was planned.

The registered manager planned to provide relatives and supporters with a regular newsletter about what happened in the home and the many activities people enjoyed. The need for this was identified in the Gloucestershire County Council's quality review in June 2015, where staff, visiting professionals and relatives were asked their views.

Visiting healthcare professionals told us they had no concerns about the service. A healthcare professional told us the registered manager sought advice from professionals and their manager when required and they had no concerns with their leadership.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met: People who use the service were not always supported by relevant healthcare professionals to maintain their health and wellbeing. Regulation 9 (1) (3) (c) (d).</p>