

The Vineries Limited

The Vineries

Inspection report

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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?

Good ●

Summary of findings

Overall summary

The Vineries is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Vineries accommodates up to 24 people, some of whom may be living with dementia, in one adapted building. At the time of our comprehensive unannounced inspection on 1 November 2018 there were 23 people living in the home.

The service also provides short stays for people who require a period of reablement. The purpose of reablement is to help people who have experienced deterioration in their health and have increased support needs to relearn the skills required to keep them safe and independent at home. Health and social care professionals visit the home and support therapy, nursing and social care needs of people admitted on a temporary basis.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had previously inspected the service on 9 and 10 August 2017. We found that the provider was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of four regulations including need for consent, safe care and treatment, good governance and staffing. The overall rating for the service was requires improvement. The provider sent us an action plan stating that they would take immediate action to comply with the regulations.

During this inspection on 1 November 2018, we found that sufficient improvements had been made and the provider was no longer in breach of the regulations. However, we have made a recommendation under the key question of well led.

The service was well led and people were happy living in the home. Staff enjoyed their work and knew what was expected of them. People, their families and staff were involved in the service and there were regular meetings and opportunities to provide feedback for everyone involved with the service.

Improvements had been made in relation to the quality assurance systems which assessed and monitored the quality of service being delivered. A formal audit of a chosen area was carried out each month and recorded. The registered manager carried out more frequent checks relating to the quality of the service but these were not documented. We have recommended that the provider implements a system that allows for these checks to be recorded.

People were cared for in a way that promoted their independence and upheld their dignity and respect. Staff consistently treated people with compassion and respected people's preferences and wishes about

how they liked their care to be delivered.

People were involved in day to day decisions about their care and treatment and staff knew the importance and guidance around making a decision in a person's best interest. Where people were deprived of their liberty, records relating to this had been completed in line with the Mental Capacity Act 2005.

Records about people's care were person-centred and were developed with people and their relatives. These were reviewed and updated when people's care needs changed.

There were consistently enough staff to support people in a safe way and people's needs were responded to in a timely manner. Staff had time to spend talking with people and were able to engage people in activities that interested them.

People's medicines were managed and administered in a safe way by staff who had received training in the safe management of medicines.

Staff worked collaboratively with other agencies to provide care that met people's care and support needs.

Staff understood their responsibilities in relation to safeguarding and knew how they would report any concerns. There were safe recruitment practices in place to ensure that suitable staff of good character were employed to work in the service.

People's individual risks and risks within the environment had been identified and plans were in place to manage and mitigate known risks. Accidents and incidents were recorded and steps were taken to monitor people after they had an accident.

The home was clean and staff observed infection prevention and control procedures.

Staff received training relevant to their role and most staff had completed the training they were required to attend by the provider.

People were supported to maintain a healthy nutritional intake. People were able to choose where they preferred to have their meal and were involved in the planning of the menu.

Where there were concerns about people's physical health or wellbeing, prompt referrals were made to the relevant healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were cared for by staff who understood what constituted abuse and how concerns should be reported.

Individual risks to people and the environment had been identified and risk assessments were in place which detailed how risks could be managed.

There were sufficient numbers of staff to care for people in a safe way. Safe recruitment practices ensured suitable staff were employed.

People's medicines were managed in a safe way by suitably trained staff.

The home was clean and staff took the appropriate steps to prevent and control infection.

Accidents and incidents were recorded and measures were in place to monitor people's health after an accident.

Is the service effective?

Good ●

The service was effective.

People's physical and wellbeing needs were assessed prior to them moving into the home.

Staff received training relevant to their role. New members of staff were supported by more experienced members of staff whilst completing their induction.

People were supported to maintain a healthy nutritional intake and people who were nutritionally at risk had input from relevant healthcare professionals.

Timely referrals were made where there were concerns about a person's health.

Staff worked with other healthcare professionals to ensure

coordinated care.

The service was designed in a way that made it easy for people to move about independently.

Staff understood and worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff cared for people in a compassionate way and treated people with kindness.

People and their relatives were involved in the planning of their care.

People's privacy and dignity was consistently upheld.

Is the service responsive?

Good ●

The service was responsive.

Staff had time to spend with people and engage people in their interests.

People's care records were person centred and detailed their wishes and preferences.

There was a complaints procedure in place and people knew how to make a complaint.

People's preferences around their end of life care had been documented and staff knew how they would support people at the end of their life.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to monitor and assess the quality of service being delivered but recording of these checks was not consistent.

Staff enjoyed their work and felt supported by the registered manager.

People and their relatives were able to attend meetings and

complete feedback forms to give their opinions about the service.

Staff worked openly with other services and agencies to provide good care which met people's needs.

The Vineries

Detailed findings

Background to this inspection

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

Following our last inspection on 9 and 10 August 2017, we asked the provider to complete an action plan. This was to show what they would do and by when to improve the care provided in the home under the key questions for safe, effective, caring, responsive and well-led.

This unannounced inspection was carried out on 1 November 2018 and was carried out by one inspector and an assistant inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we held about the service. This included information about incidents happening within the service and which the provider or registered manager must tell us about by law. In addition, we reviewed information supplied to us from the local authority's quality assurance team and safeguarding team.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We met and spoke with four people living in the home and two relatives. We also spoke with the manager and three members of care and support staff, including two carers and a member of kitchen staff and two visiting healthcare professionals.

We looked at assessments and plans of care for four people and checked how they were supported. We reviewed records associated with the employment of three staff, minutes of meetings and staff training records. We also looked at the arrangements for storing, administering and auditing medicines and a sample of other records associated with the quality and safety of the service.

Is the service safe?

Our findings

At our last inspection on 9 and 10 August 2017 this key question was rated as 'Requires Improvement'. We found that the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not administered or stored in a safe way. At our inspection on 1 November 2018 we found that sufficient improvements had been made and the provider was no longer in breach of this regulation and this key question is now rated as 'Good'.

People we spoke with told us that they were happy with the way their medicines were administered. One person told us, "[The staff] bring the big trolley and give my tablets and I take them, they come at the same time in the day." A second person explained, "[The staff] bring me [my medicines] to me every day. I ask for paracetamol if I need it and they go and get it."

We checked the medicine administration record (MAR) charts for three people and saw that there were no gaps in the charts where staff signed to show that people's medicines had been given. We also checked the stocks of three people's medicines and found these to be correct. Some people were prescribed topical medicines such as creams. We looked at the cream charts for two people and saw that people received these as prescribed. People's cream charts were accompanied by a body map which detailed where the creams should be applied.

There were protocols in place for 'when required' (PRN) medicines. These protocols detailed when people should be offered these medicines and what they are used for. Staff also documented when people were administered PRN medicines. This meant that staff could see how often people were using these medicines and if this indicated a change in people's care needs. For example, if a person was asking for PRN painkillers on a frequent basis then this may indicate that they needed to be seen by their GP to discuss their pain management.

Where people's medicines were administered covertly, we saw that there were clear plans in place for this and that people's relatives and GP had been consulted. There were also care plans in place for people who required their medicines to be administered this way.

Senior care staff who were responsible for administering people's medicines had received training to enable them to safely administer people's medicines. In addition to this, staffs' competency in this area was assessed annually by the registered manager. Training records we looked at confirmed this.

At our previous inspection in August 2017 we found that the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not sufficient numbers of staff to meet people's needs. During this inspection in November 2018 we found that the provider was no longer in breach of this regulation.

Throughout our inspection we saw that staff were quick to answer any call bells and that they were not rushed when supporting people. Staff we spoke with told us that they felt there were enough staff employed

to meet people's needs safely. The registered manager told us since our last inspection that an extra member of staff worked from 5pm until 9:30pm in the evening. This helped to ensure that there were enough staff to support people with their meals and getting ready to go to bed as two people preferred to retire to their rooms shortly after the evening meal.

We looked at the past four weeks of the staffing rota and saw that there were consistently the amount of staff the provider had assessed as requiring.

There were systems in place to ensure that only staff of suitable character were employed. We looked at three staff recruitment files and noted that suitable references had been sought and a satisfactory check from the Disclosure and Barring Service (DBS) had been carried out. The DBS inform employers if any prospective employees have committed an offence that would exclude them from working in a care setting.

People and their relatives we spoke with all said that the home was a safe environment. One person's relative explained, "I feel that [relative] is safe in the home, if there is anything wrong, for example, a fall or illness, [the staff] will ring us, very proactive. I feel blessed that [relative] is here. I feel relieved that [relative] is in this home, I know they are safe and well looked after."

Staff we spoke with understood what constituted abuse and told us how they would report any concerns. We also noted that there was information on a staff noticeboard about the local safeguarding team.

People's individual risks had been identified and steps had been taken to mitigate these risks. For example, we saw that one person was at risk of falls. There was a comprehensive risk assessment in place which took into account how the person's health, vision and medication may increase their risk of falls. It also went on to detail what equipment the person used to mobilise with and what staff could do within the person's environment to minimise the risk. This included having a call mat in place and keeping their room and the general environment free from clutter. We saw that a call mat was in place for the person and that there were no trip hazards in their room.

Some people were at risk of developing pressure ulcers. There were tissue viability risk assessments in place which guided staff about the pressure relieving equipment people used and what the person's skin might look like if they were developing a pressure ulcer. At the time of our inspection no one living in the home had a pressure ulcer. One health care professional we spoke with explained, "This is a really good, caring home. People don't tend to get pressure sores. They look after people with diabetes well. I know people are safe if they get placed here."

Risks within the environment were managed and there were risks assessments in place for all areas of the home. These detailed what staffs' responsibilities were in relation to keeping the home a safe place to live and work in. Water temperature checks took place regularly to ensure that people were not at risk of scalding themselves. The quality of the water in the home had last been checked for legionella in September 2018 and this check was clear. Records we looked at showed that temperatures were within safe limits. Emergency lighting and fire-fighting equipment were tested monthly. The provider had a business continuity plan in place which detailed what action needed to be taken in the event of an emergency such as a fire or loss of power.

There were measure in place to prevent and control infection. People we spoke with told us that they thought the home was clean. One person commented, "[The home] is very clean, even in the lounge. If someone has an accident [the staff] clean it."

We observed staff wearing personal protective equipment such as gloves and aprons when handling food or when going to help people with their personal care. There was a member of senior care staff who was responsible for infection prevention and control. They ensured that staff adhered to the home's policy and national guidelines to maintain a hygienic living environment.

Accidents and incidents were recorded. When people had a fall, they were monitored for 24 hours after the incident. The registered manager told us that this was to ensure that people were safe and not experiencing any pain after their fall. They added that any reports of accidents were sent to the provider who analysed the data for any patterns or trends.

Is the service effective?

Our findings

At our previous inspection in August 2017 this key question was rated as 'Requires Improvement'. We found that the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not act in accordance with the legal requirements of the Mental Capacity Act 2005 (MCA). At this inspection in November 2018 we found that sufficient improvements had been made in this area and the provider was no longer in breach of this regulation and this key question is now rated as 'Good'.

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 with appropriate legal authority. 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.

At the time of our inspection two people were subject to a DoLS. We checked the records in relation to this for both people and found that both people had been assessed by a best interest's assessor. This is a healthcare professional who looks at the reasons why people need to be deprived of their liberty and they consider less restrictive options before recommending that a person is deprived of their liberty. Where there were conditions to restrict a person's liberty, we noted that these were being met.

Staff we spoke with understood the principles of the MCA and explained to us how they enabled people to make choices. One staff member told us, "I always ask people what they would like." Throughout our inspection we saw that staff would encourage people to make choices rather than make decisions for them. We saw one staff member asking one person who was sat in the dining room if they were happy where they were or would they prefer to sit in the lounge. We observed staff asking people for their consent before they supported them with anything. For example, staff would ask people during lunch if they would like any assistance with their meal.

Assessments of people's healthcare needs were holistic and detailed both people's physical and wellbeing needs. This helped the registered manager to make a decision about whether the service could meet the person's needs before they agreed to them coming to live in the home. People were asked about their wishes for the future and we saw from one person's care record that they wished to remain living in The Vineries.

Staff received training relevant to their role. All new staff completed an induction programme and they would shadow more experienced members of staff. We saw induction training checklists in place in the three staff files we looked at.

Staff completed a variety of training courses and these were delivered in various formats which included face to face and online training. Courses included safeguarding, moving and handling and health and safety. We noted that eight staff had not completed their first aid training. The registered manager told us that this was because the staff were not available to attend the last face to face training. However, they always ensured there was at least one member of staff trained in first aid on every shift. The staffing rotas we looked at confirmed this. Since the inspection the registered manager has sourced online training for the staff who were not trained in first aid and two staff have since completed this online course.

Staff received supervision with the registered manager throughout the year. Supervision is a confidential meeting between staff and a senior member of staff. This gives staff the opportunity to discuss any training needs they may have and what support they may need to help them develop in their role. In addition to supervisions, staff received an annual appraisal.

People were supported to maintain a healthy nutritional intake. Care records we looked at showed that some people were nutritionally at risk. Food and fluid charts were in place so staff could monitor these people's food and fluid intake. We looked at these charts and noted that they were completed in detail and that people were eating and drinking sufficient amounts. One person had been referred to the Speech and Language Therapy (SALT) team as there were concerns about them choking. Their care records reflected advice given by the SALT team and we saw during our inspection that care staff followed the person's care plan which stated that they should be sat upright when eating.

People we spoke with were complimentary about the food. One person commented, "The food is very good and you get a choice on what you would like." A second person told us, "The food is nice and homely." We spoke with a member of the kitchen staff and they told us that care staff keep them informed of people's dietary requirements. They added that they are going to increase people's involvement in choosing the menu.

We observed the lunchtime meal and noted that the dining room had a nice ambience. Music was played and the tables were laid out with napkins and a variety of condiments. Staff offered people a variety of drinks and asked people if the meal was nice. Some people chose to eat in their rooms or in other communal areas. We saw that staff were on hand to assist people with their meals if needed.

Staff worked in partnership with other health professionals and agencies. One healthcare professional we spoke with told us, "[The staff] are really nice, I come twice a week, the staff are good. They follow advice and if they have any issues they will talk to us. They are really good with the people here." Four rooms in the service were used by people who were under the care of the out of hospital team. People would stay at The Vineries for a short period of reablement before moving back to their home in the community. A member of the out of hospital team told us that staff communicated well with them if there were any changes in a person's care needs and that they adhered to the care plans written by the out of hospital team. On the day of our inspection one person who had been in one of the reablement beds was leaving to return home. We saw that staff were liaising with staff from the out of hospital team to arrange for transport home whilst keeping the person informed about the arrangements.

Prompt referrals were made to relevant healthcare professionals where there were concerns about people's health needs. One person we spoke with explained, "If I want to see the doctor they come every Thursday." A

second person told us, "[The staff] will get [the doctor] straight away, they are very good at knowing if you are unwell, they always ask how you are doing." We saw from people's care records that contacts with healthcare professionals were recorded and if people's support needs changed, then advice from healthcare professionals was reflected in people's care plans.

Some areas of the home looked tired and in need of updating. The registered manager told us that they were in the process of redecorating the service. We could see that some decorating had already taken place. The registered manager went on to say that they had spoken with people and sought their ideas about the decoration of the service. Many people had said that they would like a nautical theme due to the service being by the sea and many people having associations with the fishing industry and the lifeboat.

There was clear signage throughout the home, this helped people to move around independently. Communal areas were free from clutter and trip hazards and the home was well lit with wide corridors.

Is the service caring?

Our findings

At our previous inspection in August 2017 we rated this key question as 'Requires Improvement'. During our visit in November 2018 we found that improvements had been made and this key question is now rated 'Good'. People and their relatives we spoke with told us that the service was caring. One person commented, "[The staff] are really nice, they are kind. They have had to help me more lately due to my health, they are all amazing and kind people." A second person told us, "Marvellous care staff, I am not kidding, go and talk to them, they do care." One relative told us, "[The staff] are lovely and very helpful and kind."

Throughout our inspection we observed staff treating people with compassion and respect. We saw one person making a cake with a member of staff. There was music playing, the staff member was singing along with the person and there was plenty of laughter. We saw another person being supported by a member of staff to eat a snack, the member of staff was gently encouraging them to eat, they were patient and gently wiped the person's mouth to maintain their dignity. There was a lot of friendly banter between the staff and people who lived in the home. We saw by people's responses and facial expressions that they enjoyed having a laugh with the staff.

Staff took their time when interacting with people, for example, we saw one member of staff walking alongside one person when they were mobilising around the home whilst engaging them in conversation. We observed another member of staff who was walking along one of the hallways stop and speak with one person, they then slowed down to the pace the person was walking at and continued to walk with them.

People were involved in the planning of their care. One person we spoke with told us that they had seen their care plan and were aware that staff kept daily records of any care and treatment given. People's views were listened to and taken into account. For example, one person was prescribed thickener to have with their drink. We saw from their care records that they enjoyed a glass of beer and had requested that thickener is not added to this drink as it spoilt the taste of it. The person had capacity to make this decision and staff respected their decision.

Staff supported people to maintain their independence and offered people the chance to decline any assistance offered. One person told us, "I do [my personal care] on my own but [the staff] are always there to help if I need it." A second person explained, "[The staff] pop in every morning and ask if I'm okay."

People told us that they were treated in a dignified way that maintained their privacy. One person told us, "Yes, [the staff] respect my needs." Throughout our inspection we saw that staff consistently respected people's privacy and dignity. We saw two staff members stood outside one person's room. They told us that the person preferred staff to wait outside while they were in the bathroom and would call staff when they needed their assistance. We saw staff knocking on people's doors and waiting for a response before entering.

Is the service responsive?

Our findings

At our previous inspection in August 2017 we rated this key question as 'Requires Improvement'. During our visit in November 2018 we found that improvements had been made and this key question is now rated 'Good'. People's care was personalised to meet their needs. Care plans were written in a way that used thoughtful language and detailed people's preferences and wishes about how they liked their care to be delivered. For example, one person liked to spend most of their time in their room but liked to join people in the lounge for short periods of time, however there would be times when they would prefer not to socialise.

People had detailed care plans regarding their communication needs. We saw from one person's care plan that they were hard of hearing so staff should ensure that they spoke clearly and to repeat any information if needed. Another person's care plan stated that the person enjoyed having a chat and a laugh with staff. It went on to say that whilst they were unable to join in with the conversation, they would smile and laugh along with staff. How people communicated their needs were included in other care plans relating to their individual needs such as pain management and nutrition. In one person's nutrition care plan it detailed what behaviours the person would show when they have had enough to eat. In a second person's care plan in relation to pain, it stated that they would guard certain areas of their body and become restless if they were experiencing any pain. This information assisted staff in meeting people's needs in an individualised manner.

Reviews of people's care records took place every month or when a person's care needs changed.

There were two members of staff who were employed to provide activities for people, these included board games, reminiscence and sitting exercises. We saw on the day of our inspection that some people were doing exercises with an exercise trainer who visited the home to promote people's health and wellbeing through gentle exercise. People were supported to practise their religion and a Church service was held once a month in the home. Some people liked to go to Church and staff would facilitate this.

Staff were responsive to people's needs and there were always staff present in the communal areas and around the home in general. On the day of our inspection we saw one person ask a member of staff who had just started work if they could support them to go to the toilet. The member of staff said that they would just take their coat off and would be back. Within a couple of minutes, they returned with another member of staff and a stand aid to help the person mobilise.

There was an appropriate complaints procedure in place and people knew who they approached if they had a complaint. One person told us, "I would go to the staff, they are very helpful and kind girls." The registered manager told us that they had not received any complaints since we last inspected the service and explained that they would talk to people in the first instance if they had any complaints. We saw a number of thank you cards in the main entrance hall of the service. These were mainly from relatives thanking staff for providing good care to their loved ones and general positive comments about the service.

People's wishes regarding their end of life care were documented in their care records, this included details

of any funeral plans and if they wished for resuscitation to be attempted. We saw that the necessary documentation regarding resuscitation were in people's care records and had been completed appropriately. Staff told us how they would care for people at the end of their life. One staff member explained, "I would give them lots of TLC and make sure they were comfortable and pain free."

Is the service well-led?

Our findings

At our previous inspection in August 2017 this key question was rated as 'Requires Improvement'. We found that the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure that there were systems in place to monitor and assess the quality of the service being delivered. At this inspection we found that sufficient improvements had been made and the provider is no longer in breach of this regulation, however, further improvement was needed in the recording of quality assurance checks.

There was a quality assurance system in place, we saw records that people's care records were checked monthly and each month a comprehensive audit was carried out on one area of the home. For example, one month medicines will be audited and infection control procedures will be audited another month. The registered manager told us that the provider's quality assurance manager double checked the audits. They added that they monitored all areas of the service on an ongoing basis but did not formally record any checks that were made.

Whilst we did not have any concerns about the quality of service being delivered and the safety of the people living in the home, we recommend that the provider implements a system to record the more frequent checks carried out by the registered manager.

People and their relatives we spoke with were positive about the registered manager and provider. One person explained, "[The registered manager] comes and talks to me daily. I have even met the owner, she is nice as well." A second person commented, "[The registered manager] is lovely. She talks if we pass and if we need anything we can just go to her office." Staff were equally as complementary, one staff member told us, "[The registered manager] is fair and approachable, you can go to her with anything and she'll listen."

The registered manager had a clear vision for the home and told us, "I always tell my staff, 'remember that you're going into their home', I want people to feel at home living here." The registered manager had worked in the home for a number of years and had worked their way up to their current position. They told us that they had a good working relationship with the provider and were able to make some changes in the home when they became the registered manager. One person we spoke with told us, "There has been a lot of change, the home is much nicer now."

Staff we spoke with told us that they enjoyed their work and that the service was well led. One member of staff explained, "I enjoy coming to my work. You know what you are doing before you get here. We work as a team here and the staff morale is good." Staff meetings were held on a regular basis. We looked at the minutes of these meetings and noted that people's care needs were discussed alongside any other matters in relation to the service that concerned staff.

There were regular meetings for people and their relatives. We looked at the minutes of these meetings and saw that people were involved in choosing what activities should be provided in the home and what food they would like to see on the menu. Some people's relatives were unable to attend the meetings but were

able to put forward their opinions about the service. One person's relative explained, "They have relative's meetings but we cannot attend and we have feedback forms."

Twice a year, the registered manager sent out quality assurance surveys. There were different versions of these, one for people and their relatives, another for staff and one for healthcare professionals. This gave the registered manager a range of views about the service from different perspectives. We looked at the most recent surveys and noted that the feedback was positive apart from a couple of answers on the staff survey. The registered manager told us that they spoke with staff individually about the concerns they raised.

Staff worked in collaboration with other services and agencies to ensure that people received the most appropriate care for their needs. The two healthcare professionals we spoke with were positive about their joint working with the staff at The Vineries. One healthcare professional told us, "[The registered manager] is really good and helpful. If you ask her to do anything, she will. She is very hands on and very clear with the information that she passes on, so works well with us."