Care Quality Commission

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Vine House Rest Home

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

We carried out an announced inspection of Vine House Rest Home on the 11 and 12 January 2017. The first day was unannounced.

Vine House Rest Home provides accommodation and care and support for up to 14 older people. The service does not provide nursing care. There were 14 people accommodated in the home at the time of the inspection.

Vine House Rest Home is an older style detached building with surrounding gardens. The home is situated on a main road in Oswaldtwistle. It is close to the town's facilities and the towns of Accrington and Blackburn.

The service was managed by 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.

Following the last inspection on 24 and 25 March 2015 we asked the provider to take action to improve the way that people's medicines were managed. During this inspection we found this action had been completed.

People told us they did not have any concerns about the way they were cared for. They told us they felt safe and well cared for. Staff could describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had an awareness of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People considered there were enough staff to support them when they needed any help and they received support in a timely and unhurried way. The registered manager followed safe recruitment procedures to ensure new staff were suitable to work with vulnerable people. Arrangements were in place to make sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

We found people lived in a clean, comfortable and homely environment. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

Each person had a care plan that was sufficiently detailed to ensure they were at the centre of their care.

People's care and support was kept under review and, where appropriate, they were involved in decisions and discussions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. We observed good relationships between people. The atmosphere in the home was happy and relaxed. From our observations it was clear staff knew people well and were knowledgeable about their individual needs, preferences and personalities.

Suitable activities were available and were appropriate to individual needs. People told us they enjoyed the meals. They were provided with a nutritionally balanced diet that met their dietary needs.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People had no complaints but were aware of how to raise their concerns and were confident they would be listened to.

People considered the service was managed well and they had confidence in the management team. There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

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 told us they felt safe. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. Safe recruitment processes had been followed.

People's medicines were managed safely. Staff who administered medicines had received appropriate training and supervision.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff on how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained and supervised in their work. Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

Staff responded to people in a good humoured, caring and considerate manner and we observed good relationships between people.

People told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home.

Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were based on people's assessment of needs and were kept under review. Communication was good and ensured all staff were kept up to date with people's needs.

People were supported to take part in a range of suitable activities and supported to keep in contact with families and friends.

People told us they could raise any concerns with the staff or managers and had confidence issues raised would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Care Quality Commission

Vine House Rest Home

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 was 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 11 and 12 January 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and two healthcare professionals for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the provider, the registered manager, the deputy manager, two care staff and the cook. We spoke with six people living in the home. We also spoke with a visiting healthcare professional.

We looked at a sample of records including three people's care plans and other associated documentation, one staff recruitment and induction record, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medicine records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the results from the recent customer satisfaction survey and at the comments made by family members on an independent web site.

We observed care and support in the communal and dining room areas during the visit and spoke with

some people in their bedrooms.

Good

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for or about the numbers of staff available. They said, "I feel very safe here. I don't have to worry about things. There is always someone here to help me if I need them", "The staff are very kind. I've never seen any unkindness or heard any sharp words against anyone" and "The staff are lovely. You couldn't ask for a nicer group of people. It feels like we are a big family here."

During the inspection we observed people were comfortable around staff and were happy when staff approached them. In all areas of the home we observed staff interaction with people was kind, friendly and patient.

At our last inspection of March 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. At that time we found policies and procedures were not reflective of current practice, the prescriptions were not seen and checked by the home prior to dispensing, storage of people's medicines was not secure and the guidance for medicines prescribed 'when required' was not always clearly recorded.

During this inspection we found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

The Medication Administration Records (MAR) charts we looked at were accurate, clear and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. We discussed the need for dating all boxed/bottled medicines on opening as this would help to monitor safe administration and staff practice. We were assured this would be addressed. There were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. We noted an improvement in the recording of 'when required' medicines. However clearer directions were needed for some of these medicines. Following the inspection we were told advice and assistance from the community pharmacist had been sought on this matter.

People were identified by a photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. We noted transdermal patch charts were

not being used for the application of weekly medicine patches. We discussed alternative recording methods with the provider and staff to ensure safety and to maintain the person's dignity. Reviews of people's medicines had been undertaken by their GP or nurse practitioner which would help to ensure the medicines were current and appropriate for the person.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register. We checked two people's controlled drugs and found they corresponded accurately with the register.

Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. The service had a good relationship with the community pharmacist who had agreed to undertake annual audits.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was easily accessible to staff, people living in the home and to visitors to the home.

There had been no safeguarding incidents since our last inspection visit. Staff were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. They told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found the home was clean and odour free. Infection control policies and procedures were available and staff had received appropriate training. The registered manager was the designated infection control lead and would take responsibility for conducting checks on staff infection control practice and keeping staff up to date.

We noted staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins were available. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. We noted there were no hand washing facilities in the laundry/sluice area. We discussed this with the provider and the registered manager. We were told this would be addressed and that in the short term staff hand washing practice would be monitored. There were contractual arrangements for the safe disposal of waste.

A domestic person worked each day. Cleaning schedules were completed by all staff and we saw that sufficient cleaning products were available. There were monitoring systems in place to support good practice and to help maintain good standards of cleanliness.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. We noted the key pad door lock to the basement office area was not used during the day. We discussed this with the management team who assured us there was no current risk. However they assured us the risk assessment would be kept under review when new people were admitted or people's needs

changed.

Individual risks had been identified in people's care plans and kept under review. Personal risk assessments were in place in relation to pressure ulcers, nutrition, dependency, falls and moving and handling. The provider told us personal emergency evacuation plans (PEEPs) which recorded information about people's mobility and responsiveness in the event of a fire alarm would be developed following discussion with the fire safety officer. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Training had been given to staff to deal with emergencies and to support them with the safe movement of people.

Changes to the staff team were rare; the staff team was stable and long serving. There had been one new member of staff since our last inspection visit. We looked at this person's recruitment record. We found appropriate checks had been completed before they began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People told us they did not have any concerns about the staffing levels or the availability of staff. We looked at the staffing rotas and found a designated senior carer was in charge with another care staff throughout the day and one waking and one sleep in care staff at night . A cook and cleaner were available during the day. A maintenance person was available for pre-arranged visits each week. The registered manager was available four days each week with an on call system in place and known to staff.

Any shortfalls due to leave or sickness were covered by existing staff which ensured people were cared for by staff who knew them. Agency staff were not used. We noted staff were always available in the lounge/dining areas and that any calls for assistance were promptly responded to. We found additional staff were brought in as needed for example, to accompany people to hospital appointments and to complete medicine ordering processes.

People were complimentary about the staff. They described them as being 'brilliant', 'professional', 'encouraging', 'friendly' and 'caring'. Three people told us they considered staff to be part of their family. One relative commented, "They always have a smile for residents and visitors and visitors are made very welcome no matter what time of day they visit."

We saw equipment was safe and had been serviced. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation. We noted people with difficulties mobilising did not have their own wheelchairs for use outside of the home and the available wheelchair did not have footrests attached which could present a safety risk. We discussed this with the provider who assured us they would make further enquiries. There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe.

The environmental health officer had given the service the highest five star rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People told us they were happy with the service they received at Vine House Rest Home. People felt staff were skilled to meet their needs. They said, "The girls know what they are doing. I know if things go wrong they know what to do" and "I'm glad I moved here. It's my home and I am comfortable here." Staff told us they were up to date with their training and felt they had the training they needed. They said, "We are always doing some training" and "[Registered manager] tells me when I need to do any more training. We are all kept up to date to make sure we do things properly."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Training was provided in areas such as moving and handling, fire prevention, dementia, health and safety and food hygiene. Records showed new staff had started the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had completed a nationally recognised qualification in care or were currently working towards one.

A system of shadowing each other had recently been introduced. This would help staff to monitor each other's practice, to identify good and poor practice and to learn from each other.

Records showed new staff received a basic induction into the routines and practices of the home which included a period of time working with more experienced staff until the registered manager was confident they had the confidence and skills to work independently.

Staff told us they were well supported by the management team. Staff spoken with told us they were provided with supervision and an appraisal of their work performance was undertaken each year. This helped to identify any shortfalls in the practice and any additional training needs. We noted staff attended regular meetings; they told us they were able to express their views and opinions and were kept up to date.

Regular handover meetings and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff told communication was good and had improved.

We looked at how the service addressed people's mental capacity. 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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The management team expressed an understanding of the processes relating to MCA and DoLS and records showed most staff had received training in this subject. At the time of the inspection no DoLS applications had been made.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff understood the importance of gaining consent from people and the principles of best interest's decisions. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We were told this had been discussed with people and their relatives. However, people's decisions in respect of this were not clearly documented to ensure their end of life wishes would be upheld. This was discussed with the management team who assured us they would consider this further.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "I can't complain about the food as it is always really good", "I don't like what is on offer today so [cook] is making me something that I do like" and "It's good home cooking, nothing fancy. Very nice indeed."

Records indicated people were offered meal choices and that alternatives to the menu had been provided. We saw that the cook consulted with people about the meals provided and we were told any menu changes would be discussed. People told us the kitchen and care staff knew what their food likes and dislikes were.

During our visit we observed breakfast and lunch being served. The dining tables were appropriately set and condiments and drinks were made available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. People were able to dine in other areas of the home if they preferred. People told us they could have as much as they wanted and we overheard them being offered extra portions. One person said, "I only like small meals or I feel over faced. Staff make sure I get a small portion but they always ask if I have had enough." People requiring support to eat their food such as meat cutting up were given this in a dignified way.

The meals looked appetising, attractively served and hot and the portions were ample. The dining experience was very much a relaxed social affair with friendly chatter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. Drinks, fresh fruit, home baking and snacks were offered throughout the day.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People's health care needs were assessed and kept under review. People were registered with a GP and their healthcare needs were considered within the care planning process. We found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Family members made positive comments describing how their relative's health had improved since admission to Vine House Rest Home.

We spoke with a healthcare professional during the inspection who told us prompt referrals were made to medical services and the staff acted on their advice and were knowledgeable about people's needs. They said, "It is a nice home. We have a good relationship with staff." People using the service considered their health care was managed well. The service had regular visits from the nurse practitioner and district nursing team. The staff were able to access remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital admissions could be avoided.

Vine House Rest Home is an older style, two storey, detached building. Access to the first floor was via a stair lift. The offices were located in the basement and were accessed by a steep staircase. There were gardens and patio areas to the front and side of the home. We found the home was comfortable and warm. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

People told us they were happy with their bedrooms and had arranged their rooms as they wished with personal possessions that they had brought with them. This helped to ensure and promote a sense of comfort and familiarity. All bedrooms were single occupancy other than one room which was shared. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary.

There was a development plan for the home. The management team were able to describe planned improvements such as the new extension. This had also been discussed with people living in the home and with staff. We noted improvements had been made since the last inspection such as repairs to the roof, redecoration and refurbishment of bedrooms, replacement of furnishings and provision of a specialised sluicing sink in the laundry area. We were told the lounge and dining room carpets were due to be replaced. A system of reporting required repairs and maintenance was in place; we were told repairs were done promptly.

Good

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us the staff were very caring. People told us, "Everyone is very kind and caring. I wouldn't change a thing", "The girls are so kind to me and they treat me with respect; all my wishes are granted", "I can't fault anything; I am well looked after. If I want something, I only have to ask and it is done", "I am always dressed and spoken to nicely" and "Everyone is really friendly. I have met some lovely people and made good friends. We all get along together and we are like a very big family." One person's relative commented, "Nothing is ever too much trouble for them."

Staff told us they thought the care was good and would not hesitate to recommend the home to friends and family. Feedback from family members included, "The care and attention [relative] receives from the excellent team of Vine House cannot be bettered" and "Since moving into Vine House [relative] has improved dramatically. He is eating and drinking much better and enjoys the company and banter."

People were encouraged to maintain relationships with family and friends. People confirmed there were no restrictions placed on visiting and people said their visitors were made welcome in the home.

During our visit we observed staff responding to people in a friendly, caring and considerate manner. People who required support received this in a timely and unhurried way. We observed good relationships between staff and people living in the home and overheard lots of laughing and joking. The atmosphere in the home was relaxed and friendly.

Staff spoke about people and to people in a respectful and friendly way. Information was available about people's personal preferences and choices which helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff understand how they should respect people's privacy and dignity in a care setting. Most staff had received dignity in care training.

People told us their privacy, dignity and independence were respected. One person said, "Staff are very polite but in a friendly way." Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We noted some of the bedrooms did not have an appropriate door lock in place to help maintain and protect their privacy and dignity. We discussed this with the registered manager and provider. We were told the provision of door locks had been discussed with people and locks had been offered and provided if they requested one. People spoken with were not concerned about this and told us, "I have been asked if I wanted a key to my door and it has been written down somewhere that I don't. I am really not bothered as staff always knock on my door, they don't just barge in" and "If I wanted a lock I could ask. I know everyone in the home and I trust them. Staff knock and ask if they can come in." We also noted locks to the ground floor toilet doors were missing. However following the inspection we were told the maintenance person had completed this work.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were

kept safe and secure and there was information available to inform them how their rights to confidentiality would be respected. We noted care instructions were displayed in some people's bedrooms. We discussed issues around privacy and confidentiality with the provider. We were assured other methods of sharing information would be considered.

People told us they were able to make their own choices and were involved in decisions about their day and were kept informed about the day to day running of the home. Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee the person's care and support.

People and their relatives were provided with information about the service which gave people useful information about the standards they should expect. We noted some of the information needed to be updated to reflect recent changes in the home and to reflect that bedroom door locks were not routinely provided but would be made available on request.

There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were encouraged to express their views during daily conversations and by completing regular satisfaction surveys. We were told residents' meetings were not routinely held although we found everyone was kept up to date with any proposed events and changes in the home. People had been involved in reviews and discussions about their care and support. People said, "Everything is done with my family and me" and "They always talk to me about what I want. I've signed my papers and we have agreed with everything in place."

Good

Is the service responsive?

Our findings

People made positive comments about the staff and their willingness to help them. People told us they could raise any concerns with the staff or with the management team. People said, "I don't have any complaints at all. It is a good place and they are good people. I would only have to say if I was unhappy and they would sort it out" and " We look after each other. The staff would know if something was wrong and they would do everything they could to help."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home, in people's bedrooms and in the information guide (service user guide).

Information in the PIR showed there had been one complaint made about this service in the last 12 months. Records showed appropriate and timely action had been taken to respond and the information had been discussed with staff to help improve the service. A record of people's minor concerns had also been maintained; one minor concern had been raised and had been resolved. Information in the PIR said the service had received nine complimentary comments in the past 12 months. Comments included, "[Relative] enjoys the company and the banter", "Thank you. You helped to keep [relative] smiling" and "Everyone made [relative] feel so welcome."

Before a person moved into the home an experienced member of staff carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home. People told us they had previous knowledge of the service. One person said, "I knew about the home as I used to live near here. It has a good reputation and I know I made a good choice."

We looked at the arrangements in place to plan and deliver people's care. People had a plan of care that covered all aspects of their daily lives and embraced their diverse needs. Care plans included an 'All about Me' booklet that provided staff with guidance and direction on how best to support people and to be mindful of what was important in people's lives when providing their support. The information had been kept under review and updated on a monthly basis or in line with changing needs. The registered manager told us people and their relatives were involved, where appropriate, in gathering information about preferences and routines and in decisions about their care and support. Some people told us they were aware of their care plan and had been involved; others told us they were not interested.

Daily records were maintained and were written in a respectful way to reflect how people had spent their day and how they were feeling. Staff were kept informed about the care of people living in the home and there were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries. Staff told us

communication was good and had improved.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details and information about their medicines. A member of staff or a family member would accompany them whenever possible. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to ensure people's needs and requests were understood and listened to. We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed.

From our discussions and from the records maintained we could see that people were able to participate in a range of activities and entertainments either in small groups or on a one to one basis. People had been asked what activities they enjoyed and a record had been made of activities undertaken. One person told us, "There are things to do but we like to do our own things. I enjoy the telly and the chatter." Activities included hand and nail care, bingo, hairdressing, games, arts and crafts. We observed people reading magazines and newspapers, chatting happily to each other and to staff, watching TV and knitting. One person told us they had enjoyed making cards and calendars for Christmas. We noted one person had their daily newspaper delivered on a tray with their breakfast. Visits from local clergy were arranged and some people accompanied staff to the local shops.

Good

Is the service well-led?

Our findings

People made positive comments about the management arrangements at Vine House Rest Home. They said, "[Registered manager] is very good. Everything runs the way it should and we are looked after very well", "The staff have been here years and are very settled here; that's what makes it a good home", "People want to come and live here; that's what a good reputation means" and "The home is well run by people that care; it is a lovely home."

Staff made positive comments about the registered manager and it was clear she was held in high regard. The registered manager was described as being 'very good', 'kind' and 'approachable'. There was a positive and open atmosphere at the home; we overheard lots of laughing and friendly banter and everyone was included in the fun.

The registered manager had been registered in her current role since July 2005 and was supported by the directors of the organisation. We observed the registered manager and the directors interacting professionally with people living in the home and with staff. Throughout our discussions it was clear they had a thorough knowledge of people's needs and circumstances and were committed to the principles of person centred care. From the information provided in the Provider Information Return (PIR), it was clear the management team were aware of their achievements so far and of any improvements needed. There was a business and development plan available to support this.

The registered manager told us the directors could be contacted at any time to discuss any concerns about the operation of the service. We were told they regularly visited the service and were available to talk to staff, people using the service and their visitors. Staff told us the directors were 'approachable' and 'easy to talk to'. Records of their visits were made and they had discussed the audit findings and any agreed actions with the registered manager.

There were systems in place to assess and monitor the quality of the service in areas such as medicines management, staffing, care planning and the environment. We saw shortfalls had been identified and appropriate timescales for action had been set.

People were encouraged to voice opinions informally through daily discussions with staff and management; we were told structured meetings were not held as everyone was involved in any informal discussions. People confirmed they were involved in discussions and decisions about the running of the home and were kept up to date with any changes such as menu changes, improvements to the home, staff and activities.

People's relatives were sent invitations to attend review meetings or asked to complete a customer survey if they were unable to attend. People living in the home were also asked to complete customer surveys to help monitor their satisfaction with the service provided. There was also a suggestion box and survey forms available. The management team reviewed the results of the surveys and shared the information with staff to help improve practice. However, the results of the surveys had not been shared with people using the service. The management team assured us they would review this.

Family feedback was also obtained from an external independent web site. Information in the PIR indicated people's comments had been used to 'establish where we are valued and where improvements can be made'. There was evidence people's comments had been listened to and appropriate action taken where necessary.

Staff told us they were happy in their work and they had a stable team. They told us there was good communication and they were well supported. They had confidence in the management team. All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

We observed a good working relationship between the management team and staff. Staff meetings were held and staff told us they were able to voice their opinions and share their views. They said they were listened to and were confident that appropriate action would be taken.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.