

Camino Healthcare Limited

# Vestige Healthcare (Nuneaton)

## 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

### About the service

Vestige Healthcare (Nuneaton) is a residential care home providing nursing, personal care and rehabilitation services for up to 20 people with their mental health. At the time of inspection eight people lived at the home. The home was divided over three floors. Two floors were designated for accommodation, whilst the third floor was dedicated to staff areas. The provider had named the home Cedar Lodge.

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

People were kept safe by staff who knew how to report concerns, manage risks and identify when people might need support. Staff knew how to raise safeguarding concerns. There were sufficient numbers of staff to meet people's needs. We saw that medicines were managed in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received training to ensure they had the skills and knowledge to support people safely with their individual needs. Staff told us they also received regular, supportive supervisions. People's dietary needs were being met, and they had access to healthcare services including a psychologist where needed.

People were supported by staff in a kind and caring way. People were supported and encouraged to become more independent, where possible. The service offered people an opportunity to take managed risks to increase their independence and wellbeing.

Staff knew the people well and care records detailed people's preferences, likes and dislikes.

People had access to social activities that met their interests and needs. A complaints procedure was available for people to access.

People received personalised care and support to meet their needs and wishes. People using the service, relatives and staff were given the opportunity to provide feedback on the service. Audits took place to ensure the quality of the service was maintained.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Rating at last inspection and update

The service was registered with us on 11 April 2019, this was the first full inspection of the service to provide a rating in all five key areas. We previously inspected the service in September 2020 in the areas of Safe and

Well Led only. At our previous inspection the service was given a rating of requires improvement in Safe and inadequate in Well Led. We identified two breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Vestige Healthcare (Nuneaton)

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The on-site inspection visit was undertaken by one inspector and a specialist advisor. Another inspector made phone calls and reviewed documents off-site. The specialist advisor had experience in mental health nursing.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager and operations director were at the service during the inspection.

#### Notice of inspection

We announced our inspection 48 hours before our visit. Notice of this inspection was given as we wanted to

make sure we reduced any potential anxiety our visit may cause to people living at the home. In addition, we wanted to ensure the registered manager was available to meet us at our inspection visit.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who had worked with the service. We also sought feedback from Healthwatch regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We met with three people who used the service. We received feedback from one family members and two external health care professionals. We also received feedback from six members of staff including the operations director, registered manager, a nurse and members of the care team.

We reviewed a range of records. This included three people's care records and risk assessments. We looked at staff training and competency records. We looked at two staff files and agency profiles to check safe recruitment was followed. We also reviewed a variety of records relating to the management of the service, including policies and procedures, training and quality audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This was the first full rating inspection for this service. At our previous inspection we rated the key question of Safe as requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our previous inspection we found there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the provider failing to ensure people who were at risk of self-harm were kept safe. Risk assessments failed to provide staff with the information required to keep people safe. Records required improvement to ensure people had up to date daily records, to assist staff in understanding their needs at the handover of shifts.

- At this inspection we found care plans were detailed. Risk assessments had been completed around each person's individual support needs. Staff had a very good understanding of the person's needs and risks and how to mitigate risks.
- Health professionals were contacted in a timely way to ensure people received appropriate support and treatment. Behaviour risk assessments, behaviour monitoring records and care plans contained up to date information. These were reviewed and updated monthly or following any incidents that might change the support the person required. Where possible the person and their relatives were involved in this process.
- Environmental risks were assessed with systems in place to monitor and audit those risks. Daily safety checks of the building were carried out to ensure items identified as harmful and which required safe storage were locked away. When people ordered items online, these were checked first by member of staff to minimise the risk of items entering the home that could pose a risk to people's safety.
- The provider had a robust system to manage the number of people admitted to the service and a planned, pre-admission assessment process. This enabled the provider and registered manager to determine whether they were a suitable and safe service for each individual and identify any additional training for staff. Pre-admission assessments included overnight visits and gave people the opportunity to meet staff first, and vice versa.

### Learning lessons when things go wrong

- At our previous inspection we found lessons were not always learned from incidents that occurred at the home. At this inspection we found there was a system in place to review incidents which occurred. The registered manager was analysing and learning from accidents and incidents at the home. Learning was shared with staff to understand how support practices could be improved.
- Staff told us the registered manager had discussions with them following incidents to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately. One staff member said, "We feel supported by management. They respond to our concerns about people's needs and if they are too challenging."

### Using medicines safely

- At our previous inspection we found medicines were not always dated when they had been opened, to ensure medicines remained safe to use. The provider could not always ensure all medicines were accounted for.
- At this inspection we found improvements had been made to how medicines were stored and administered. Medicines were administered by nursing staff who had their practice observed to ensure they were competent in this area.
- We reviewed the medicine administration records which confirmed people received their daily medicines as prescribed.
- Some people had prescribed 'as and when required' medicines which were administered in line with detailed individual protocols. There was a robust system in place to ensure medicines prescribed on an 'as required' basis were only administered when needed, and at the right time.

### Systems and processes to safeguard people from the risk of abuse

- People, relatives, staff members and external health care professionals said people were protected from abuse.
- Staff had completed safeguarding training and staff we spoke with understood their responsibilities and how to report concerns.

### Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. Nurses were checked to ensure they were registered with the Nursing Midwifery Council (NMC).
- The provider had procedures in place to ensure staff working at the service were vaccinated, or were exempt from vaccination, against the Covid-19 virus.
- The provider ensured staffing levels were adjusted according to changes in people's needs and where the need for increased observations or 1:1 support was identified. Feedback from staff confirmed this.
- The provider was using a number of agency staff in order to ensure a sufficient number of support and nursing staff were on duty to support people, in accordance with their assessed needs. Where agency staff were employed the provider made sure they had the required skills and induction for their role. Where possible the same agency staff were used to maintain consistency.
- Staff spoke positively about staffing changes under new management. One staff member said, "Now we have permanent staff and only 1-2 agency. People have regular staff and continuity. It's better for their wellbeing and helping them settle."

### Preventing and controlling infection

- Staff had received training in infection control and were able to tell us the correct and safe use of equipment.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.



- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

# Is the service effective?

## Our findings

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

This was the first full rating inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and relative and staff feedback confirmed this.

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

- Staff supported people to maintain a healthy balanced diet and enabled them to have choices at mealtimes. We saw people were able to help themselves to food and drink and where necessary were supported by staff.

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

- When needed, staff members supported people to access community healthcare professionals such as the GP, psychiatrist, specialised nursing teams and Speech and Language Therapists (SALT). This enabled people to have their health needs met by external professionals.
- Records confirmed that the people had routine appointments such as regular health checks.

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

- People's needs were assessed prior to moving in and this involved meetings with the person, relatives and health professionals to ensure the service was able to meet the person's needs and wishes. This assessment process involved the person visiting Cedar Lodge before they moved into the home. One relative expressed how well their relation had settled into the home saying "[Name] is doing really well since they've been there. The care staff are very supportive we are welcomed when we visit." A staff member said, "You get an idea of their needs from the start. We then discuss it as a team, get training if we need to and discuss if we can support that person."
- Each person's needs were assessed and used to develop their person-centred care plans and risk assessments.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and was the least restrictive way. Records we looked at also confirmed people were supported with their best interests and safety in mind. For example, one person was supported to reduce smoking following a decline in their health. Staff observed negative impacts on their physical and mental health and increased risks to their safety. Documents evidenced this decision was managed in the least restrictive way and authorised for short periods of time.
- The registered manager told us, and records confirmed DOLs referrals had been made to the local authority for assessment in line with MCA. When people had no friends or family to assist with the assessment and decision making process, the registered manager referred them for an Independent Mental Capacity Advocate (IMCA).

Staff support: induction, training, skills and experience

- Staff had completed an in-depth induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff members told us they had adequate time to alongside other staff members to get to know people they who they would be supporting. One staff member said, "The training was so good. We had very intense training which was so different to before. We went every day. We were really prepared when people came here because of the training."
- Staff told us, and records confirmed, staff received training that was relevant to their roles and to the specific needs of the people they supported. A visiting health professional said, "The manager asked me to undertake some training/consultation with the staff group, where we have discussed using crisis plans, and crisis skills (from the Dialectical Behaviour Therapy model) to develop their expertise."

# Is the service caring?

## Our findings

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

This was the first full rating inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- People appeared relaxed around staff. One person said, "I've only been here a couple of days but they've [staff] treated me like one of the family."
- The registered manager and staff members told us how they supported people's diverse needs and wishes to ensure people lived their best lives. A health professional commented, "it's fantastic to see a culturally diverse team managing a culturally diverse client group, allowing for learning, challenging inappropriate behaviours and building our communities to accept all regardless of differences."
- People's records included details of life histories, wishes and preferences. This provided staff with the information they needed to ensure they supported people with a personalised care approach.

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

- People living at the home and their relatives were encouraged to express their views and where possible, make decisions about their care. Feedback from staff and people confirmed this. One staff member said, "Care plans are formulated 1:1 with residents. We then give them back to read and edit and then this is shared with the team." One person said, "They've asked me to look at my care plan and add some things myself."
- One person was encouraged to develop their own 'emotion chart', to reflect their feelings on the day and staff could refer to this. This was a collection of words and pictures which the person made and displayed on the outside of their bedroom door.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence.
- Staff spoke passionately about their roles and were committed to supporting people to live full and active lives. One staff member said, "We do a lot with people. Walks, the park, cinema, shopping. We let them feel part of the community. Go for drives, watch movies, play cards. We make sure it feels homely and that they have a life. They've got a right to have everything that everybody else has."
- People's preferences about how they wanted their care to be provided were detailed in person-centred care plans
- Staff received equality and diversity training and knew the person's needs well.

# Is the service responsive?

## Our findings

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

This was the first full rating inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Relatives told us they were involved in reviewing care and making decisions for family members living at the home. We saw staff members gave people choice and involved them in decision making where possible.
- People's care plans detailed information regarding their personal preferences, their life history, and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People were involved in all aspects of the home including choice of meals, visiting places of interest and activities.
- At our previous inspection we found handover records were not detailed enough, to ensure staff always had the information they needed to care for people safely. At this inspection improvements had been made to records and handover procedures. Handover records we reviewed showed people were placed on varying periods of observation each shift in order to manage risk.
- We found the behaviour displayed by people was consistently recorded in all the daily records staff completed.
- We saw in people's daily notes details of incidents that had happened to ensure lessons were always learned, increasing staff knowledge and reducing risks.

Meeting people's communication needs

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

- The Registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents.
- There was evidence that staff adapted their techniques to ensure they communicated effectively with each person, who each had different methods of communication. This included sitting and speaking with them in a calm way, the use gestures and the use of easy read and pictures in documentation. For example, one person's communication care plan was detailed and assisted staff in understanding what the person may be feeling based on a combination of non-verbal gestures and facial expressions and body language.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no formal complaints since the service had re-opened after a period of dormancy.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. However, we saw that people's choices and preferences for end of life care had been taken into consideration.

# Is the service well-led?

## Our findings

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

This was the first full rating inspection for this service. At our previous inspection this key question was rated as inadequate. At this full inspection we found leadership and management of the service had improved. This key question has now been rated as good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

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

At our previous inspection we identified a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to a lack of governance systems and oversight which meant people were at risk of receiving poor quality care.

- At our previous inspection we found the service lacked consistent direction and leadership as a result of management changes. There was an unclear strategy which meant systems and processes were not used effectively to review and maintain oversight of the service. At this inspection we found the new management team had been in post for several months. There was a registered manager in place who had the right skills and knowledge to manage the service. Leadership and governance procedures had been improved. The service was no longer in breach of regulation 17. A staff member told us, "We now have a really good manager who is there for all the staff and he has an open-door policy."
- At the previous inspection we found the provider's systems were not operated effectively, monitoring processes failed to identify and ensure all current behaviours and risks were always included in people's risk assessments. At this inspection we found risks were identified, and risk assessments and risk mitigation plans were detailed and provided staff with the information they needed. The building had been adapted to ensure people were supported in spaces that met their individual needs.
- At the previous inspection we found children and adults (living at the care home) were sharing the same space in the home, the provider's systems did not ensure young people's safety from potentially inappropriate relationships or abuse from adults (living at the care home). At this inspection we found the provider no longer provided support to children, and the admission assessment systems and procedures had been improved to ensure the environment was appropriate for each person admitted to the home.
- The Operations Manager and Registered Manager were passionate about providing a safe service. The Operations Manager said, "I'm not pressured to fill beds. Safety to me is paramount. We only take two admissions per month and sometimes we haven't admitted anyone because it hasn't been appropriate."
- Records had been improved to ensure the care people received was recorded. The provider's systems had been improved to identify inconsistencies in people's records.
- Accidents and incidents procedures were in place, and the culture at the home encouraged continuous learning and development in service delivery.
- The provider's systems for the management of medicines had been improved. People received their medicines safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted a positive culture that achieved good outcomes for people, recognising people needed to be encouraged to be independent where possible, whilst managing risks to their health and well-being. One staff member said, "It's a very friendly environment, warm, clean with all the facilities people need. It's a place that's safe to work. You know who's on shift before you start and who you are supporting. It's more organised than it used to be."
- The staff and registered manager supported people in an individual and person-centred way. Each person's care plan was individualised and focused on their strengths, abilities and goals, which had been discussed with them, relatives and health professionals. The provider said, "We try and take positive risks with people. We work in partnership with them."
- Staff members told us they felt supported by the management team and were able to be involved by making suggestions and improvements within the service. Staff members told us the management team were all approachable and very supportive. One staff member told us, "Our feedback is valued. I share my thoughts on things that could be better."
- We saw documentation to demonstrate the registered manager carried out spot checks and competency assessments on staff members. This meant the registered manager could be confident the staff team provided good care and support.
- Staff told us they knew about the whistleblowing policy and action they would take if they had concerns. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;
- The manager and provider understood their responsibilities in relation to the duty of candour regulation, and acted upon it.

#### Working in partnership with others

- We gathered feedback from two professionals who regularly visited the service. One professional explained how they had input into staff training, to ensure people received individualised care and support. They said, "Cedar Lodge provide a good standard of care and are keen to improve their knowledge and expertise."
- Health professionals described how the service worked with them when transferring people between services. One health professional said, "We were kept informed through a difficult process and transition. This made me feel reassured knowing that the team were acting in a highly professional manner. Good outcomes were definitely promoted with the service user...the team work well, and communication is very good."
- Feedback was regularly gathered from staff, people who used the service and their relatives to improve service delivery. We saw recent feedback from people indicated they would like more time to do fundraising activities for charity. The provider responded by arranging a bake sale and enabled people to sell their produce for charity. Staff feedback showed they wanted a pay review, pay was increased in response.

#### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they understood their responsibilities and what was expected of them. They told us they attended team meetings and received supervision. Staff members told us this gave them the opportunity to discuss any concerns they had and any learning and development needs.
- The registered manager was clear about events they were required to notify CQC of, this was in line with their legal responsibilities.



