

P & P Community Services Ltd

The Vine House

Inspection report

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Tel: 01582485744

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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: The Vine House provides accommodation and support for two people with a learning disability. On the day of our visit, there were two people living in the service.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff discussed with people the care and support they received and obtained their consent.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People felt safe and were happy with the support they received. People had well developed care plans and staff supported them effectively to live an active life.

Staff were trained and their competency to deliver care and support people was observed by the registered manager. People and relatives were very positive about the service they received.

There were enough staff safely employed to meet people`s needs in a personalised way.

Staff respected people`s dignity and privacy. Staff enabled people to maintain and develop relationships and stay safe.

People had a well-developed activity schedule and staff supported them to enjoy activities in the home and in the community.

The provider`s governance systems and processes were well developed and used by the registered manager to constantly monitor and improve the quality of the service provided.

Rating at last inspection: Good (report published 16 June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Vine House

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The Vine House is a 'care home'. People in care homes receive accommodation and nursing or 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 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.
Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with two people who lived at the home, one relative, one staff member and the registered manager.

We looked at one care plan and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff were trained in safeguarding procedures and they were confident in describing what constituted abuse and how they reported their concerns internally to the registered manager and externally to local safeguarding authorities.
- People told us they felt safe when they received care and support from staff. They told us staff discussed risks with them. One person said, "I am safe. I don't talk to strangers."

Assessing risk, safety monitoring and management

- People and relatives told us they felt the service was safe. One person said, "I am safe because staff looks after me." A relative said, "We are so happy with the service. [Person] is safe and happy there."
- Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances.
- People were supported to understand risks and work with staff to live life to the full, while effectively managing risks. For example, staff supported people to go horse riding. Although staff had to accompany people, there were enough staff to ensure people could do their planned activities or change their mind and do something else.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEP) in place to ensure in case of a fire staff had appropriate guidance in place. People were reminded of the fire evacuation process at every house meeting so that they knew what they had to do when they heard the fire alarm. One person said, "I need to go out of the house to the front and wait for staff to help me."

Staffing and recruitment

- There was enough staff to meet people's needs effectively. During the inspection we saw that people could go out when they wanted and there were sufficient staff allocated to ensure that people could attend their planned activities.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Using medicines safely

- Staff administering medicines were trained and had their competencies checked. We found that the medicines we checked corresponded with the records kept.

Preventing and controlling infection

- People were protected against infections.

- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- There were regular staff meetings and meetings with people using the service. Any incidents in the home were discussed and the registered manager ensured lessons were learned.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People lived at the service for a number of years and their support needs were well documented and known to staff.
- Thorough assessments and care plans were in place for people for any identified health needs and social needs. In addition, staff documented people's likes dislikes and preferences.
- Staff followed best practice when they involved people in decisions about their care by presenting information to people in a format they could easily understand and communicate their decisions.

Staff skills, knowledge and experience

- Staff told us and records confirmed that they received appropriate training and support to carry out their roles effectively.
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff received regular supervision and support to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menu and also encouraged to take part in cooking meals.
- People were encouraged to live an active life and stay healthy. For example, people told us they were regularly doing outdoor activities which they enjoyed and helped them keep fit.

Staff working with other agencies to provide consistent, effective, timely care

- Staff working at the home were able to promptly identify when people's needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

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

- The home was clean and welcoming.
- People's bedrooms were personalised with items they liked to help create a homely feel.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. People had an annual health

check which included appointments to the optician, dentist and GP. One person told us, "Staff comes with me to my GP." Information was shared with other agencies if people needed to access other services such as hospitals.

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

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Staff were asking for people`s consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes. For example, on the day of the inspection a person chose to stay at home to listen to music instead of going horse riding.
- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. DoLS applications were submitted to local authority by the registered manager to ensure that any restrictions applied to people`s freedom in order to keep them safe was done lawfully.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff, and the registered manager, demonstrated that they knew people's needs and preferences well. We observed staff chatting with people about things of interest to them.
- Staff were aware of people's likes and dislikes and ensured their preferences for support were respected.
- We observed staff chatting with people about things of interest to them with kindness and respect.
- People told us staff helped them develop and maintain relationships important to them. For example, a person told us they had a friend living in another care setting and staff helped them visit the friend once a month. They also relied on staff to remind them about the weekly calls they made to speak with their friend.

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

- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives.
- People recognised their care plan when we showed this to them and told us they had regular discussions with staff about their needs.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. They had the ability to choose whether to be in communal areas or have time alone in their room and these decisions were respected by staff.
- People looked well-groomed and dressed in clean clothes and appropriate to the weather.
- Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: □ People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care and support which enabled them to live life to the full. People told us they enjoyed being busy and staff supported them to do what they wanted. One person told us, "I do the things I like. I like gardening and cutting the grass."
- There were a wide range of activities available for people and everyone had been equally supported to live life to the full and enjoy activities in the community as well as pursue their hobbies and interests. For example, a person was passionate about music. We saw they had a big collection of music albums they told us they were listening in their room when they were in the mood. Another person was supported to take on employment at a local garden centre.
- Care plans were personalised and updated regularly when people's needs changed. Regular reviews were held with people, their relatives where appropriate and, health and social care professionals.

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service.
- People's relatives told us that they thought the management team were responsive and they had no complaints.
- The provider's complaints procedure was appropriately shared with people to ensure they knew how to raise their concerns.

End of life care and support

- The service had not provided end of life care at the time of the inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us they were happy how the registered manager run the home.
- Staff told us the registered manager led from the front, often working hands on and being a positive example for them. Staff felt listened and told us the registered managers door was always open if they needed support.
- The registered manager was knowledgeable about the people living in the home. We observed them supporting people and talking to people in a way which proved that they knew people well.
- The provider`s systems and processes were developed to support the registered manager to monitor and improve the quality of the care and support people received. Regular audits were carried out by the registered manager and the provider where they regularly looked at all aspects of the service. There were regular health and safety audits, care plan audits, surveys and meetings organised for people as well as staff.

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

- Staff told us they felt valued and listened by their managers. We saw that staff had one to one support appropriate for their job roles.
- Staff were well trained and were aware of their roles and responsibilities. Staff told us the registered manager was always available to provide hands on support if it was needed.

Engaging and involving people using the service, the public and staff

- People and staff actively participated in the running of the home by sharing ideas at meetings which were listened to by the registered manager and where needed actions were put in place to ensure the service was tailored to people`s needs.
- Regular surveys were completed by people to ensure their views on the service were captured and improvements made where needed.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.