

Vineyard Care Ltd

Vineyard Care Limited

Inspection report

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Ratings

Overall rating for this service

Good



Is the service effective?

Good



Overall summary

We carried out an announced focused inspection of this service on 21 May 2015. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. When we last visited the home on the 29 December 2014 for a comprehensive inspection we found the service was breaching the regulation in relation to consent. This was because the service had not identified the support people required to make decisions in line with the Mental Capacity Act (MCA) 2005 and did not always have systems in place to act in accordance with people's consent. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they

now met legal requirements and had addressed the area where improvement was required. We found the provider had taken all the necessary action to improve the service in respect of the breach we found.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vineyard Care on our website at www.cqc.org.uk

Vineyard Care operates a small supported living scheme for people with mental health needs and some mild learning disabilities in Banstead. There were three people using the service at the time of the inspection.

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

Summary of findings

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.

During the inspection we found the provider had taken the necessary action so they no longer breached a legal requirement. The provider had improved systems so that

they obtained people's consent and recorded their wishes in their care documentation. The provider respected people's wishes in relation to the support they wanted to reduce the amount they smoked for health reasons and were meeting their requirements under the MCA.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective because we found the provider had taken appropriate action to obtain and respect people's wishes in relation to their care and the Mental Capacity Act 2005.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 21 May 2015 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection and it was undertaken by a single inspector. This inspection was carried out to check that improvements to

meet legal requirements planned by the provider after our 29 December 2014 inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service effective? This is because the service was not meeting the regulation in regards to people's consent.

Before our inspection we reviewed all information we held about the service and the provider including the looking at the previous inspection report and reviewing this in line with the action plan the provider submitted to CQC.

During the inspection we spoke with one person who used the service and the registered manager. We looked at one person's care records to see how their care was planned and documented.

Is the service effective?

Our findings

At the previous inspection we found the provider did not always ensure that people's consent was obtained when making decisions about their care. A person told us the provider was keeping their cigarettes and limiting their access to them against their wishes. Although the provider told us the person had previously agreed to this, there were no records to evidence this. The provider stopped this practice on the day of the inspection when we brought our concerns to their attention. After the inspection the provider wrote to us and told us they would ensure they obtained people's consent and consider their wishes in decision making such as this, ensuring their wishes were clearly recorded.

During our inspection we confirmed the provider had taken the action they set out in their action plan to us and had become compliant with legal requirements. A person using the service told us, "I keep my cigarettes now and I've cut down a lot, I smoke when I want to." The registered manager told us the person now had complete control over their smoking and had managed to reduce the amount they smoked, for health reasons, with minimal support from them.

We also confirmed the person's views in relation to managing their smoking were recorded in their care documentation. The person told us they often met with the registered manager to discuss and review their care plan. When we asked them if they knew what was in their care documentation they told us, "Yes I do." There were several documents where the person's consent for staff to support them in various ways was recorded.

At the previous inspection we found the provider was managing a person's finances even though they had not carried out a mental capacity act assessment to determine

whether they lacked capacity to do so themselves and that managing for them was in their best interests. This was against the Mental Capacity Act (MCA) 2005. The provider wrote to us to tell us they would arrange for a mental capacity act assessment to be carried out by their community psychiatric nurse (CPN) in early May 2015 to determine their capacity in relation to managing their finances. They told us they would ensure best interests decisions were made in relation to managing the person's finances if they were found to lack capacity, or that they would enable the person to manage their own finances if they were found to have capacity to do so.

During this inspection we found the provider had put effective systems in place to support the person to manage their own finances because the mental capacity assessment showed they had capacity to do so. The registered manager told us how they met each week to help the person budget and ensure they would have enough money to purchase the things they required. We observed budgeting sheets and the person told us they understood the budgeting process and were well supported by the manager. Our discussions with the provider showed they understood their requirements under the MCA and the importance of seeking and obtaining people's consent.

The person told us, "I draw out money by myself now and I go shopping by taxi with staff. I pay for what I want and I keep the receipts." They showed us their receipts and said, "I write down what I spent and I keep the receipts clipped together in a folder". They told us, "I feel I've improved, I like going shopping now and I also enjoy the taxi ride." The manager said their financial management skills had "improved massively" and the person had progressed from having little control and involvement with their finances to having total control. The person told us, "It makes me feel good [to be managing my finances]."