Priory Rehabilitation Services Limited

The Vines

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?	Requires Improvement

Summary of findings

Overall summary

We inspected The Vines on 7 December 2018 and the inspection was unannounced.

The Vines 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 Vines is a care home registered to provide accommodation and personal care for a maximum of seventeen people. The Vines specialises in the treatment of acquired brain injury and neuro-rehabilitation for adults. The service aims to promote independence and help each resident back into the community. People required a range of support in relation to their support needs and some people had limited mobility. At the time of the inspection there were eleven people living in the service.

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

We previously carried out an unannounced comprehensive inspection of this service in December 2017. The Vines was awarded an overall rating of 'Requires improvement' as improvements were needed in the safe, responsive and well led questions. At that inspection improvements were needed to ensure that as required medicines were managed appropriately and that changes to people's health needs were responded to and that the quality assurance systems were further developed.
This inspection found that the necessary improvements had been made and the overall rating had improved to 'Good' with the well led question remaining Requires Improvement to further embed changes to care documentation and audits.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. Whilst the provider had progressed quality assurance systems to review the support and care provided, there was a need to further embed and develop some areas of practice that the existing quality assurance systems had missed. This included updating care plans when an identified need or directive of care changed. We found not all care plans reflected people's current needs and associated risks. For example, when a person had experienced seizures and unstable blood sugars.

People were comfortable and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Risks associated

with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of Equality, diversity and human rights. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with diabetes and epilepsy. Formal personal development plans, including two monthly supervisions and annual appraisals were in place. Staff were supported to become 'champions' in areas of care delivery such as health and safety, medicines and well-being. People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Care and support plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People chose how to spend their day. Activities were mixed and people could choose either small group activities or one to one sessions. People told us that they enjoyed swimming, the gym and going out to local venues. People were encouraged to stay in touch with their families and receive visitors.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.
Further information is in the detailed findings below.

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 Vines had improved to Good.

Measures were put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it.

Visitors were confident that their loved ones were safe and supported by the staff.

Is the service effective?

Good

The Vines remains effective.

Is the service caring?

Good

The Vines remains Caring.

Is the service responsive?

Good

The Vines had improved to Good.

Everybody had a care plan that reflected their current individual needs. There were person specific activities provided that ensured they were meaningful and beneficial to each person.

People's preferences and choices were respected and support was planned and delivered with these in mind.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Requires Improvement

The Vines remains Requires Improvement.

Quality assurance systems needed to be further developed and

embedded into everyday practice.

The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service.

The registered manager promoted an open culture in the service. The provider's values were embedded in staff working practices.

The service worked in partnership with other relevant organisations.

The Vines

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.

The inspection took place on the 7 December 2018. This visit was unannounced and the inspection team consisted of an inspector and an expert by expert. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports and the action plan submitted in December 2017. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority to obtain their views about the care provided by the service. During the inspection process we also contacted three health professionals that visited the service.

During the inspection, we met and spoke with all the people who lived at the service, the registered manager, the area manager, quality manager, five care staff, and the deputy manager. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge and dining room.

Most people were able to tell us of their experience of living at The Vines. However, there were some people unable to share their experience so we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) in the lounge area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at five care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' five people living at

The Vines. This meant we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At our inspection in September 2017 this key question was rated Requires Improvement as improvements were needed to ensure people's health needs were appropriately risk assessed and managed safely. This included the management of as required medicines. This inspection found that steps had been taken by staff to ensure peoples' health needs were managed safely and the rating had improved to Good.

A new computerised care plan had been introduced since the last inspection and was still in the transition period. The care plans had individual risk assessments attached which then guide staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken. Care plans demonstrated how people's health and well-being was being protected and promoted. For example, people who lived with diabetes had a care plan detailing the symptoms and action to take in the event of hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar). As well as setting out their safe blood sugar level range, it also ensured other concerns linked with diabetes were monitored, for example foot and eye care. Staff were aware of the risk assessments and understood them. It was acknowledged that there was still work to be done to ensure that all information was scanned and attached to the computerised system to ensure a complete history of each person was available to all staff. This work was on-going.

People received their medicines safely. Appropriate arrangements were in place for the safe management of medicines. People's medication administration records (MAR) showed the medicines a person had been prescribed and recorded whether they had been given or the reasons for not giving. The provider had up to date medicine policies, procedures and protocols which included 'as required' medicines (PRN). The protocols for PRN pain management medicines had been improved and gave clear guidelines as to when they be required and triggers for staff to be aware of such as escalating anxiety. Staff who administered medicines were trained and were required to undertake an annual competence assessment.

Staff were very clear on their responsibilities with regards to infection prevention and control and this helped to keep people safe. All areas of the home we saw were tidy and clean. We observed staff hand washing and changing aprons and gloves throughout the days. The registered manager was aware of reporting procedures for outbreaks of illness and took infection prevention seriously.

Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire checks took place and this included a recent fire drill for staff. Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks. There were environmental risk assessments in place and these identified that each persons' mobility had been assessed to ensure that they could move safely around the premises.

Accidents and incidents had been recorded with the actions taken. There was further information which showed the incident had been followed up and any other actions taken which included reporting to other

organisations if needed. This information was shared with staff during handover to ensure all staff were aware of how to learn from what had happened and to prevent a reoccurrence and mitigate risk. The provider worked hard to learn from mistakes and ensure people were safe. The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

People were protected against the risk of abuse or discrimination because staff knew what steps to take if they believed someone was at risk. Staff received regular safeguarding training. They were able to tell us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. They told us if they had any concerns they could contact the registered manager or the director at any time. Staff understood their own responsibilities in order to protect people from the risk of abuse. They were aware they could report concerns to external organisations. Where concerns had been raised these had been reported appropriately to the local authority to ensure appropriate actions were taken and people were kept safe. From discussion with all levels of staff it was apparent that learning from safeguarding investigations had been taken forward to prevent a re-occurrence. For example, staff said that training in the management of behaviours that challenge was provided and on-going.

There were enough staff to meet people's needs. People told us that staff were responsive to their specific needs. One person said, "Staff are available all the time, whenever they are needed they are there." Another person said, "There is always staff around, I've never had to wait for help or support, staff come quick." Staff confirmed that they felt that there were enough staff to meet people's needs. One said, "We have a good staff team, very reliable." The registered manager confirmed that staffing levels were consistent at four throughout the day, but if there were booked appointments or if someone needed one to one care then extra staff would be booked. We saw that care and support was provided when it was required and staff were always available in communal areas with people. The rotas and our observations on the day confirmed that the agreed staffing levels were consistently maintained.

The service also employed a therapy team which consisted of a clinical psychiatrist, neuropsychologist and occupational therapist. The hours they worked within the service were in addition to care staff. They also had kitchen staff, housekeeping, activity workers and a maintenance person. This enabled care staff to focus on providing care and support for people throughout their shift.

Good

Is the service effective?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People received care from staff who had the skills and experience to carry out their roles and responsibilities effectively. The organisation had their own training department to support staff training. The training programme confirmed that staff received essential training and refresher training. Staff training included safeguarding, moving and handling, health and safety, infection control and fire safety. Following training, staff were observed working to ensure they were competent. Staff were encouraged and supported to continue their learning and development through further training.

New staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role. The training manager confirmed new staff completed training in health and social care courses. Training was planned to support staffs continued learning and was updated regularly. This helped ensure staff had the right skills and knowledge to effectively meet people's needs.

Staff received supervision both individually and in groups to provide the staff the opportunity to highlight areas where support was needed and were encouraged to bring ideas about how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

People's health and wellbeing was monitored and when required, external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered.

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. The registered manager had identified through assessments that specific people had become frailer due to age, weight loss and changed continence needs. Staff had monitored people's skin integrity and their risk of developing pressure wounds using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to guide staff in taking the appropriate action which included informing GP, seeking advice from health professionals such as continence advisors and dieticians.

Staff were working within the principles of the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We were made aware of people subject to DoLS authorisations. At the time of inspection the registered manager informed us some people had been referred for a DoLS authorisation but some were still pending. A file was kept and updated when the DoLS was authorised.

The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. The service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

People commented they felt able to make their own decisions and those decisions were respected by staff. Staff had received training and understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example, we heard the senior care asking a person, "Shall we go and check your blood sugar now?" Staff were able to tell us it was always important to approach people and ask for their consent.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People told us the food was good. One person said, "The food is good, lots of choice, we can have seconds." Another one said, "Really good food." People's nutritional needs were assessed including any risks such as dehydration or not eating enough. Staff liaised with services such as the community dietetic team to assess people at risk of losing weight and their advice was followed. People's weight was monitored and where appropriate fortified foods or supplements were given.

People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. There were specialised baths and wet rooms for communal use. Communal areas included the main lounge, quiet lounge with access to a computer and a dining room. There was also an activity craft room in the garden area. The main kitchen had a satellite kitchen where people could make their own drinks and meals whilst discretely supervised by staff. People were supported to move around the home and were assisted to remain mobile by staff. Walking aids, such as walking frames were provided. The lift enabled people to access all parts of the home. The garden areas were safe and accessible to people who lived at the Vines. People had brought their own ornaments, pictures and furniture to the home if they chose to and rooms had been personalised with pieces of furniture and photos of relatives and pets.

Good

Is the service caring?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People were supported by staff that were kind and caring. One person told us, "Very kind and caring, all of them." People told us they were treated with respect and their dignity maintained. One person said, "Staff know and understand me and definitely my privacy and dignity is very much respected."

People were supported by staff who knew them well and had a good understanding of their needs. They knew what was important to people as well as their support and care needs. Relationships between people and staff were positive and caring. Staff had a calm approach and were patient and kind. They had time for people, their interactions were warm and friendly and, they looked approachable. Throughout the inspection, we observed staff checking with people to ensure they were okay or if they needed any support. Staff also sat with people chatting, assisting them with film choices and engaging in one to one activities such as playing cards.
As far as possible people were encouraged to maintain and improve their independence with support from staff when needed. One person said, "The staff help me if I need it, but I'm pretty independent." People continued to manage their diabetes supported by staff. One person knew when their blood sugars were low and told us, "I know when I'm not right, then I tell the staff. My blood sugars are up and down but the Dr knows."

The Vines has continued to support people who live with an acquired brain injury (ABI). Staff are very mindful that the people they support had lived independent busy lives with jobs and family prior to their brain injury. They continued to support people to maintain their personal relationships by assisting to write letters, remembering birthdays and special occasions. One staff member said, "We support the families as well, It's difficult because an ABI can really change a person and families grieve for that, so we do anything we can to support both to retain a relationship." Staff had a good understanding of who was important to the person, their life history, their cultural background and their sexual orientation. People were supported to meet their spiritual needs if they chose to.

People were encouraged to maintain contact with their family and friends. Visitors were always welcomed at the service. Staff were always mindful of what was important to people and found solutions to problems. If a regular visitor could not visit then staff would accompany them to see them instead. People could meet with their visitors in their own bedrooms or in the communal areas and garden.

People and staff told us of support systems that had enabled people to share their feelings and concerns which had led to a better quality of life. The registered manager and staff achieved this by a person centred approach that built peoples' confidence and self-esteem. Staff told us they supported people where needed to minimise risks without restricting what they would like to do. This was managed by listening to what people would like to do and what they hoped to achieve. This was supported by the care plans and risk assessments we saw. People's safety and wellbeing was further promoted by the setting of individual goals and aspirations and continued evaluation of whether the goals were achievable. The registered manager

and staff were committed to encouraging people to be as independent as possible within a risk assessment framework. For example, self-medicating their medicines with support from staff.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care.

We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "Really kind and caring." When people's needs changed, staff responded to and continued caring for people to meet their needs with compassion and understanding. One person told us, "I can't fault them."
Staff understood and respected confidentiality. A member of staff said, "We do not talk about residents to anyone even people we work with unless they need to know."

We saw that records containing people's personal information were kept secure. Where information was stored on a computer, the service complied with the Data Protection Act. The registered manager and staff had an understanding of General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Staff confirmed that they had received training in GDPR.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated Requires Improvement as improvements were needed in how staff responded to peoples changing needs. This inspection found this key question had improved to Good.

Since the last inspection further improvements had been made to ensure a therapeutic approach to care delivery. People's behaviours and long-term aspirations were discussed at regular multi-disciplinary team (MDT) meetings which gave people specific goals to achieve with a realistic outcome. For example, one person was attending a local gym to build up his strength and develop new friendships. MDT meetings involved the individual, occupational therapist, clinical psychologist, the registered manager, families and key worker.

People were supported and encouraged to take part in activities inside and outside of the home. There was a wide range of therapeutic and person specific activities available. These included trips out, swimming sessions, gym visits, baking and craft sessions. Individual care plans and life histories were in place and were being reviewed and added to. People had very different interests and abilities and so group activities were not always beneficial. During the inspection people were in small groups playing cards and making Christmas decorations. Other people were either going out or watching a film. One staff member said, "It's not always easy to keep people focussed because their ABI has affected their attention span, so we try to do short sessions and often, it works better and people enjoy themselves." A new occupational therapist had recently started at The Vines and was currently focussed on completing and enhancing people's life stories.

When people were considering moving into the service, they and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not. People told us they received the care they needed and that staff were responsive to their needs. There was a visible person-centred care culture; people were relaxed in the company of each other and staff. Staff knew people well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed.

People's care plans included life histories, where available, guidance on communication and personal risk assessments. In addition, there was guidance describing how the staff should support the person with various needs, including what they could and could not do for themselves, what they needed help with and how to support them. Care plans gave staff an understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks, activities and situations.

Challenging behaviour care plans detailed what people may do, why they did it, warning signs and triggers and how best to support them. Health action plans were also in place detailing people's health care needs

and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs on a monthly basis, more often if it was required. Each care plan evidenced that people were involved in the monthly review. These were supported by the monthly multi-disciplinary records which also contributed to peoples care plans. Examples of a multi-disciplinary approach to their care included occupational therapy input.

Staff were intuitive about people's emotional needs as well as their physical ones and responded in a genuine way. The purpose of the service was to support people with their mental health needs, encourage independence and monitor their physical health needs. Staff were focussed on this and always prompted and encouraged people to achieve their individual goals whilst monitoring their health. One person said, "I do get anxious and that affects my health in that I don't want to eat very much, but staff are really supportive, very kind."

The staff team had an understanding of the Accessible Information Standard and discussed ways that they provided information to people at The Vines. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us of pictorial methods used for some people and of how this enabled people to make choices.

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. There was no-one at this time who was in need of end of life care.

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was displayed in the reception area of the home and in other communal areas. It was available in pictorial format as well as written. A complaints log was kept and monitored by the registered manager. There was evidence complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection this key question was rated as Requires Improvement because whilst there was a quality assurance system it needed to be embedded in to everyday practice and further developed. This inspection found that further developing was required.

There was a strong governance framework that ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. However, whilst we saw how systems had been developed in many areas we identified that some shortfalls in care documentation had not been identified. For example, one person had recently started to experience seizures which had not happened for a number of years. Staff spoke of the signs and symptoms of a seizure and of actions taken by the GP, but the care plan did not reflect this. Risk was mitigated because of the knowledge that the staff group had, however in the event of a medical emergency that information would be missing from the hospital passport. There was also information missing from the care plans and risk assessments of people who lived with diabetes. The missing information was immediately inserted in to the relevant care plans. Some of the omissions were due to the implementation of the new care plan system. It had meant that some changes to people's health had not yet been entered. This is an area that requires improvement.

Quality monitoring systems had been continuously developed within the home since the last inspection. There were detailed action plans that the registered manager put in place with information gained from audits. For example, the audits had identified that not all notifications of incidents had been reported to CQC earlier in 2018. We received this information from the provider with a report of actions that detailed how this would be taken forward in the future. We have since received all the information required.

Falls, accidents and incidents were recorded, monitored and an action plan put in place to prevent a re-occurrence. As discussed there were areas of audits that would benefit from further evaluation as to whether actions taken to address an identified issue were beneficial and had worked.

People were regularly asked for their feedback about the service. This happened informally throughout each day when staff spoke with people whilst supporting them. People were also involved in meetings where they discussed their experiences at the service and highlighted areas which could be improved. For example, people had suggested changes to the food and to the décor which were taken forward by the registered manager.
Staff attended regular staff meetings to discuss the service, people and training needs. Feedback from staff had identified to the management team that staff preferred more face to face training. Actions to rectify this had been taken by the management team. Staff now received more face to face training. Staff said this had a positive impact as they felt they learnt and retained a lot more information from face to face training. The registered manager and the deputy manager have had training to be medicine assessors and this had ensured good medicine practices and competencies. Another senior staff member was the health and safety champion and undertook audits and environmental risk assessments.

We asked the registered manager to tell us what they were proud of, she told us, "The staff team, really

proud of how we have gone forward, the team are dedicated to our residents, they really care, we have come so far in the past year."

There was a positive, open and person-centred culture at the service. The registered manager was visible and worked at the service five days a week. She had a good understanding of people and their individual support needs. She regularly met with people and attended daily meetings which ensured she remained up to date with people's needs. There was evidence of close working between the registered manager and provider to improve and develop the service. The registered manager told us, that they had an open-door policy, which has really supported the home to be able to rectify any concerns before they become bigger issues and offer support in any areas where it may be needed. The service used an action logging in all the meetings that wasn't confidential so everyone was able to see what issues have been raised and what the management team had done to address the issues. This demonstrated the service was led by the people who lived at The Vines. The registered manager believed that this had allowed peoples' voice to be heard, that people knew their opinion really matters to the service and that staff had listened to what they had said and acted on it.

Staff told us they enjoyed working at the service. They said there was good teamwork and the management team and their colleagues were supportive. One staff member said, "There's excellent communication between staff, this really helps to give a good safe service." There was evidence of good communication at the daily meetings where staff demonstrated a good understanding of people's needs and their roles and responsibilities. There was on-going communication across the team and staff were regularly updated about people's needs at handover and resident staff meetings.

Staff were involved in the development of the service. The registered manager told us they had worked with staff to develop the ethos and values for The Vines. The values were discussed as being, open, kind, respectful, engagement and involvement with people, improvement and development. Throughout the inspection, we saw these values were embedded into staff practice.

Staff had access to policies and procedure, for example, whistle blowing, safeguarding, infection control, health and safety, in accordance with best practice and current legislation. This helped to promote the safety and quality of the service along with quality assurance systems and processes to maintain and drive forward improvements. Staff had a good understanding of equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice. Up to date sector specific information was also made available for staff, including guidance around the Mental Capacity Act 2005 and updates on available training from the local authority. The registered manager told us, "We are always looking to learn and develop."

We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we contacted did not express any concerns at the time of our inspection. External health care professionals we contacted informed us the service was well managed and people received a good standard of care .

The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

From April 2015 it was a legal requirement for providers to display their CQC rating. The rating from the

previous inspection for The Vines was displayed for people to see.