

Vine House Care Ltd

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Inspection report

Southwater Community Centre
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East Sussex
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Tel: 01424834154

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

Vine House Care Ltd is a domiciliary care agency registered to provide personal care for older people who are living with dementia, have a physical disability or sensory impairment and younger adults. The agency supported 22 people living in their own homes in East Sussex including Winchelsea, Hastings, Bexhill and Lewes.

The agency provides personal care and support at night from 10pm to 7am. This includes sleeping nights, short visits throughout the night and waking nights with staff available at any time depending on people's individual needs, such as frailty of age, physical disability following a stroke and supporting people living with dementia.

This inspection took place on the 25 April 2017 and was announced.

A registered manager was present during the inspection. 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.

The registered manager had a quality assurance and monitoring system in place, however it had not identified the concerns we found during the inspection. The provider had not followed their own recruitment procedures for all staff and the information in some care plans was not clear in terms of guidance for care staff to provide appropriate care and support.

Staff had a good understanding of people's needs and explained clearly how they supported people to make choices and have as much control over their lives as possible. People were very positive about the care provided. They said staff were friendly and treated them with respect.

Staff had attended safeguarding training and demonstrated a good understanding of supporting vulnerable people. If they had any concerns they reported them immediately to the registered manager or supervisors, who were on call at weekends and out of office hours. Medicines were managed appropriately and staff had attended training before they were able to assist people with medicines.

Staff felt supported by management and there were systems in place to monitor and review the support provided to ensure people's needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Recruitment procedure were in place, but had not been used for all staff employed by the agency.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process and guidance had a clear understanding of people's needs.

Medicines were administered safely and administration records were up to date.

Is the service effective?

Good 

The service was effective.

Induction training was appropriate and enabled people without previous experience in care to develop appropriate skills and understanding of people's needs.

There was an on going programme of training and staff were encouraged to develop professionally.

People were supported to have the drinks and snacks that they wanted.

Staff monitored people's health and informed the agency if they had any concerns.

Is the service caring?

Good 

The service was caring.

People had positive relationships with staff and they knew people very well and understood their needs.

People were treated with respect and their dignity was respected.

People were encouraged to be actively involved in decisions about their care and make choices about all aspects of the support provided.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed; they received support that was personalised in line with their wishes and preferences and were involved in reviewing and planning their care.

People and relatives knew how to make a complaint or raise concerns with staff.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance and monitoring systems were in place, but were not effective in all areas.

The provider had clear set of values in place that staff understood and followed.

Staff felt involved in developing the services provided and were supported by the management.

Vine House Care Ltd

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.

We contacted the agency 48 hours prior to the inspection to ensure there would be staff in the office when we did the inspection on 26 February 2017. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection, we reviewed information we held about the service. This included safeguarding issues, complaints and any notifications. A notification is information about important events which the service is required to send us by law. Before the inspection, we asked the provider to complete 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.

During the inspection we went to the agency's office and spoke with the registered manager and one supervisor. We spent time reviewing the records of the service, including policies and procedures, three people's support plans, the recruitment records for four care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

After the inspection we spoke with five care staff over the telephone, three people who used the service, and eight relatives. We also spoke with the local authority commissioning team who are responsible for the quality and safety of services provided to local authority funded people.

We asked the provider to send us a copy of their statement of purpose, training plan, minutes of team meetings, lone working and night time procedure, safeguarding, whistleblowing policies and equality and diversity policies and the complaint policy. The provider sent these to us within a few days of the inspection.

This is the first inspection since Vines House Care Ltd registered with CQC.

Is the service safe?

Our findings

People were positive about the staff. They said they felt comfortable with the support provided and that there were enough staff. They told us, "I do feel safe with the carers that come to me" and, "I feel completely safe. I need hoisting and they are really good." Relatives said, "I am sure (my relative) would let me know if there were problems, seems really pleased to have the night carers." "My parents have dementia and have a safety night call. I am not there but I would know if something untoward happened by their behaviour" and, "I feel that (my relative) is safe." However, despite the positive comments we found improvements were needed.

The provider had not followed their own procedures when they employed staff through a recruitment agency. They had received minimal information about the staff from the recruitment agency; they had not carried out their own checks or interviewed all the staff before they allocated them to support people in their own homes. There was no clear evidence that staff had completed relevant training; had experience of providing personal support and care or had effective communication skills. This meant people may have been at risk of inappropriate care and support. The provider said they would prefer not to use staff from a recruitment agency, but would in future follow their own recruitment procedures if they did so.

Appropriate recruitment procedures were followed by the provider for staff they employed directly. The staff files included completed application forms, two references, interview records, evidence of their residence in the UK and the Disclosure and Barring System (DBS) police check. Staff said they had been interviewed by the registered manager and the checks had been completed before they provided support for people.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and were clear what action they would take if they had any concerns. Staff told us they would ring the registered manager or supervisor and they were confident appropriate action would be taken; but would, "Call social services, CQC or the police, depending on what had happened," if they felt they had not been addressed. A Whistleblowing policy was in place, staff said they had read this and would, "Report anyone who put our clients at risk." The registered manager was aware of their responsibility to make referrals to the local authority if they had any concerns and information received from the local authority demonstrated they had responded appropriately to a safeguarding enquiry. People, relatives and staff told us they had no concerns.

There were systems in place to provide support for people at night, with minimum disturbance for people or relatives living with them and to protect staff working at night. These included a lone working policy and a night time procedure, which were included in the training during induction. Staff were given a torch so that they could access people's homes without turning on lights and waking people unnecessarily and, they said the guidance was quite clear and they knew what action to take if they had any concerns.

Relatives told us medicines had been arranged and given out as required and they did not have any concerns. One relative said, "Vine House organised (relative) tablets to be put into blister packs for me to give." Another told us, "Currently only the enhanced carers do the medication but the carers from Vine

House are shadowing and once they are trained they will take over doing (relative) medication." Staff said they had attended medication training; the training plan supported this and they were aware of the agency's medicine policies and procedures to follow and keep people safe. The medicine administration charts (MAR) included details of the medicines people took, any allergies and with contact details for their GP if they had any concerns.

Assessments had been undertaken to assess risk to the person who used the service and to the staff who supported them. These included risk assessments, that were specific to meet each person's needs and included clear guidance for staff. For example, one person had difficulty swallowing and was at risk of choking and the instruction for staff was to ensure that the person was sitting upright to reduce this risk. Staff explained how they supported this person to eat and drink safely and demonstrated a good understanding of their needs.

An on call system covered out of office hours and weekends, which meant people, relatives and staff were able to contact the agency at any time. A member of staff told us, "The manager or supervisor are always available if we need advice or just to check up on something. They are really helpful." Incidents and accidents had been recorded and they had been monitored to identify if people were at risk and to ensure the support provided was appropriate.

There were sufficient staff working for the agency to provide the support people wanted. People said the staff arrived when they were expected and provided the support they needed. One person told us, "Yes they tend to come as a team. I have two teams of two who help me and one individual who steps in if one of the others is off" and, "They always arrive together." People said staff stayed for the full time they were needed. One person told us, "Yes I usually get my full time. Sometimes they have done it all in 35 minutes and I am happy for them to leave if they have done everything. They do ask if I need anything else before they go." A relative said, "Yes (relative) does get her full time and occasionally if (relative) is ill the carer will stay an extra half an hour until the day carer arrives."

Is the service effective?

Our findings

People and relatives told us staff had the knowledge and skills to provide the support people needed. They told us, "Yes I do think the staff are trained to meet my needs." "I think they do an excellent job so are well trained" and, "They are very knowledgeable about my (relatives) needs and I am satisfied that they have had the training to meet them. Staff said the training was very good, they had to attend and if they wanted to do additional training the registered manager would arrange it.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS). They were able to describe its principles and what constitutes a deprivation of liberty, but also knew that an application for DoLS was only made on behalf of people who lived in care homes and other systems were in place for people living in their own home. 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. There was information in the care plans about how each person communicated their needs and staff explained how people made their needs known. For example, staff knew that one person had sensory loss and was unable to hear; the person could lip read and staff made sure they could see their face. Staff told us some of the people they supported had short term memory loss or dementia and to ensure they had appropriate care and support relatives and health and social care professionals had been involved in setting up the care packages the agency provided.

Management supported care staff to develop the skills and knowledge they needed to carry out their roles and meet people's needs. People told us, "Everything they do for me is perfect" and, "They are well trained especially the five I have now. They understand my needs and are superb. I like things done my way and they recognise this." A relative said, "I feel they are very well trained in fact we have been very impressed and would recommend them to other people." A training programme was in place and records showed staff had attended relevant training, including dementia awareness, medicines, infection control, fluids and nutrition, moving and handling, equality and diversity, health and safety and safeguarding. Additional training had been arranged to include epilepsy awareness, catheter care and artificial feeding to meet people's individual support needs. Staff told us the training was very good and they were encouraged to work towards health qualifications and five of the staff had completed these. One said, "It's good to have the knowledge to support people properly, feel confident doing the work, which is really good."

An induction programme was in place for all staff when they started working for the agency. This included relevant training and shadowing more experienced staff for several shifts; they were then assessed to ensure they were competent to support people. A relative told us, "Yes any new staff have come with the current carer to shadow before undertaking my (relatives) care on their own."

Staff who had no previous experience of working in a care setting went on to complete the care certificate. The Care Certificate is a set of 15 standards for staff to work through, to develop introductory skills,

knowledge and behaviours that enabled them to provide compassionate, safe and high quality care and support.

The supervisor said regular spot checks were carried out, to ensure that staff were providing the support people needed and staff told us they did not know when these would take place. One member of staff said, "The spot checks are good, they arrive while we are supporting clients to check that we are looking after them properly. Which is as it should be."

Regular one to one supervision was provided by the registered manager and the supervisor and staff felt very well supported. They told us, "Supervision is good, we have a chance to chat about anything, including if we want to do some training and I would like to do more dementia training." "We have regular supervision with the time booked in to go to the office and we talk about our clients as well as our own development." Staff said the registered manager and supervisors were always available if they needed to clarify something or to get advice.

When required people were supported to have a drink of their choice and a snack if they wanted one. Staff said they made sure people had a drink nearby and they made hot drinks if people wanted them. One person told us, "I have them at night for one hour and they will get me a snack if I ask but they always make me a drink." Relatives said, "My (relative) will ask throughout the night for things to eat such as jelly or rice pudding as well as drinks and the carers are really good at providing these things" and, "When (relative) wakes up during the night they do get him drinks and something to eat if he asks for something."

Staff monitored people's health during their visits, they recorded their observations and contacted the registered manager or supervisor to advise them of any changes. One member of staff said, "We have regular contact with relatives as well. They keep us up to date with what happens during the day and we let them know if we notice anything different at night."

Is the service caring?

Our findings

People told us they were treated with respect and were very satisfied with the support they received. They liked the staff and said they had good rapport with them. People said they had a, "Laugh and a joke" with staff and, a relative told us, "Our regular carer is very approachable and deals with (relative) calmly." Staff said they enjoyed working for the agency and felt they all worked towards, "Providing the support people needed to be independent and live at home safely."

Staff told us they provided care and support that protected people's dignity and privacy. People agreed with this and said, "They do treat me with respect and dignity and always knock on the door before entering" and, "When they first started they always knocked on my door before entering but I asked them to stop that. They help me with personal care and are respectful." Relatives told us, "They do show respect and maintain my (relatives) dignity. They always knock on the door and wait for him to invite them in" and, "He cannot communicate verbally but they do protect his privacy while carrying out his personal care especially when cleaning him up. They make him feel relaxed and you can see he is very happy with them."

People and relatives, if appropriate, had been involved in developing the care plan. Although the local authority had arranged the care package for some people on an emergency basis without discussions with the relatives, they said staff provided the support that was needed. People told us, "I was involved alongside my OT (occupational therapist) with my care plan and I got exactly what I wanted. I have care at night from 12 to 2am. They empty my commode make me comfortable and bring me some drinks. I have been having this care for about a year now." "I was involved in the setting up of my care plan and I am getting the service I requested" and, "I and my (relative) were involved in setting up the plan and got exactly what we asked for including timings. They come at 10pm for 45mins to put me to bed." Relatives said, "Yes we were involved in the setting up of the care plan. We expressed what we wanted and when we wanted it done and that is what we get." "I was involved in the care plan and got what I wanted for (relative)... and it gives me respite" and, "We are heavily involved in my (relative) care plan. Yesterday we had a four hour meeting to discuss his plan and all aspects of daily living."

People and relatives said a copy of their care plan was kept in their home and staff completed the log to record the support they provided, including the start and finish times. Staff said "There is an app on our mobile which we can log in using the bar code on the care plans" and, "It means the manager knows where we are and that we have provided the support people need." Staff said they had a good understanding of people's preferences and individual needs and that there was clear guidance in the care plans for them to follow. If they visited a person for the first time they would, if possible, go with the regular care staff to be introduced and read the care plan. If they were unable to do this they would discuss the person's individual needs with the registered manager or supervisor and would introduce themselves when they arrived; talk to the person receiving support or their relative and, read the care plan to ensure they had a clear understanding of the person's needs.

Staff had been given the providers policies regarding confidentiality and understood the importance of ensuring that information about people and their support needs was confidential.

Is the service responsive?

Our findings

People said staff listened to them and responded to their needs and concerns. Staff were knowledgeable about people's care and support needs and they provided care that was specific to each person. People and relatives were aware of the complaints procedure. One person told us, "I have not raised any concerns" and, a relative said, "I have not had to raise any concerns as I haven't had any."

Care plans had been regularly reviewed and the manager said they were discussed continually, with people or their relatives, from the start of the services so that they were confident appropriate care was in place. People had signed the care plans to show that they had discussed their support needs and had agreed the plan of care. People told us, "I am having a review tomorrow although the office ring once a month to see if all is well" and, "Last week someone called and asked similar questions to you. They did ask if I wanted anything changing but I don't." Relatives said, "The manager came and introduced herself when we first started having care and she pops in periodically or phones to see if we are happy" and, "The manager has asked me my point of view relating to his care. I am happy to talk to the manager about what is best for him as he can't speak for himself."

As a night care service staff provided support for people who were concerned about being on their own, those who did not sleep well and people who needed support with continence and drinks. Staff said they supported people to be independent and to make choices about the care provided. People said staff listened to them and acted on what they were told. They told us, "Staff will do the things the way I want them to" and, "I do think staff listen to me and respond appropriately."

There were systems in place to obtain feedback and look at records to ensure staff attended when required and that they carried out the care and support needed. The registered manager and supervisors called people regularly in addition to spot checks and monitoring visits. Records showed that these had been carried out regularly and that people were happy with the support they received. Staff said they could be flexible if necessary and relatives supported this. They told us, "When my (relative) is unwell the night carers will stay an extra half an hour until the day carers arrive." "Yes they have been flexible." "With adequate notice they are very flexible in making alternative arrangements. They are excellent, accommodating and supportive" and, "I have found them very helpful when I have phoned to ask for change for example when we felt the carers were coming too early they changed the time to a more suitable one."

A complaints procedure was in place and information had been given to people and their relatives. Relatives said when they had any issues they contacted the office and they had been dealt with. For example, one had contacted to check on a missed call and this had not happened again. They told us, "I have found when phoning the office they are always helpful and accommodating." "The office is really easy to contact and have been fine when I raised the issue of the missed call and holiday arrangements" and, "I have found them very helpful when I have phoned to ask for change for example when we felt the carers were coming too early they changed the time to a more suitable one." We looked at the complaints folder; the procedure was in place and included details of the timeframe for response and other bodies to contact if people and relatives were not satisfied, such as the local authority.

Is the service well-led?

Our findings

People said the agency was "Very well run" and the support provided was what they wanted and needed. One told us, "I think the company is well run. I know who the manager is and she came to set up my plan." They felt included and listened to. Relatives also said it was well led and they had been involved in decisions about the care provided. One told us, "I think it is well led. We changed to Vine House in January and the previous agency who did my husband's care was nowhere near as good as the service we have received so far from Vine House." However, despite the positive comments there were areas that needed to improve.

A quality monitoring system was in place and a number of audits had been completed. However, we found some of the information recorded in the care plan was not clear, which meant staff unfamiliar with a person's individual needs may not know what action to take to provide appropriate support. One person was supported by care staff on a sleeping night. They slept in the room adjacent to the person's bedroom and were available when needed. The records showed that the person sometimes sang during the night, although they did not realise they were doing this. The registered manager said staff should not do anything as the person was not at risk and the singing only meant they were awake; but this information was not included in the care plan. Staff said it would be helpful if it clearly stated that the person should be left so that a new carer didn't disturb them. "They are deaf and would be shocked if someone entered their room and tried to find out if they were ok." The registered manager said they needed to review the care plans and they would take action immediately.

Some audits had been effective, they picked up areas where improvements were needed and appropriate action had been taken. For example, the MAR were handed in monthly and one of the supervisors was responsible for checking these to ensure they were correct and that staff had completed them when medicines had been given out or administered. They said if any gaps were found they discussed this with the staff member concerned. "We know exactly where staff are and who is responsible for the medicines. If we have any concerns staff have to repeat the training and we would not let them give out medicines if we did not feel they were competent."

Vine House Care Ltd registered with CQC in April 2016 and has provided overnight support for people in East Sussex since May 2016. The registered manager registered in June 2016 and had been developing the service since then. Recent changes had included the appointment of two supervisors; to work with the registered manager to provide staff supervision and carry out spot checks, monitoring visits and reviewing the care plans. Staff said the registered manager and supervisors were approachable, supportive and available if they needed advice or support.

The vision and values for the service were clearly recorded in the statement of purpose. 'Vine House Care aims to provide services that safeguard and promote the health, welfare and quality of life for vulnerable people living in their own homes'. Staff told us they were able to provide care and support that met these aims and were supported to do so by the registered manager and supervisors. Staff said they had regular contact with the office, even though they were a night service, they could ring the on call person at any time. One member of staff told us, "The agency is run very well and I am really happy supporting people with

them."

There were regular staff meeting and staff said they were very good. "Gives us the opportunity to meet other colleagues as we don't really see anyone else unless we do the mobile calls." "There is always an agenda and we find out what's been happening." "They are a good chance to chat about anything about everything. They ask for suggestions, very open and listen to our ideas" and, "We find out about different clients. Nobody is afraid to speak and they help people's confidence."

The registered manager told us they had not yet sent out the satisfaction questionnaire to people, their relatives and health professionals as the service had only just been running for a year. Although they had regular feedback and comments from people they supported, their relatives and the local authority that were responsible for setting up the packages of care people received.

The registered manager had informed us of important events that occurred. For example, a notification had been sent in to let us know about a person being admitted to the hospice.