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Vine House Rest Home

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We carried out an unannounced inspection of Vine House Rest Home on 24 & 25 March 2015. Vine House Rest Home is registered to provide accommodation and personal care for 14 older people. The service does not provide nursing care. At the time of the inspection there were 13 people accommodated in the home.

Vine House Rest Home is an older style detached building with surrounding gardens. The home is situated on a main road in Oswaldtwistle. It is close to the town's facilities and the towns of Accrington and Blackburn.

At the previous inspection on 26 October 2013 we found the service was meeting all standards assessed.

There was a registered manager in day to day charge of the home. 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.

Summary of findings

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, relating to medicines management. This corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines. We found processes were in place for the ordering, receipt, storage, administration and disposal of medicines although policies and procedures were not reflective of current practice. This meant staff did not have clear guidance to refer to. Guidance for 'when required' or medicines with a 'variable' dose was not clear to make sure these medicines were offered safely and consistently by staff. Codes were recorded for refusal of medicines although the reasons for the omissions were not recorded. Staff had received training to help them to safely administer people's medicines although regular checks on their practice had not yet been undertaken to ensure they were competent and safe to manage people's medicines. Medicines for disposal and fridge items were not always stored safely. You can see what action we told the provider to take at the back of the full version of the report.

The home was clean and odour free although we noted an offensive odour in one bedroom. The registered manager and the registered provider were aware of the problem and were taking action to resolve the problem. Appropriate protective clothing, such as gloves and aprons, were available and staff had been provided with training in infection control. People living in the home were happy with the cleanliness of the home. One person told us, "It is a very clean place. They work hard to keep it clean."

People told us they did not have any concerns about the way they were cared for and during the inspection we did not observe anything to give us cause for concern about people's wellbeing and safety. Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

We found there were sufficient numbers of suitable staff to attend to people's needs and keep them safe. One person said, "Staff are brilliant." Another said, "Nothing is too much trouble." Our observations confirmed people received care from staff in a timely and unhurried manner. We found a safe and fair recruitment process had been followed and appropriate checks had been completed. Staff were given training and support to help them look after people properly.

We observed staff being kind, friendly and respectful of people's choices and opinions. The atmosphere was relaxed with friendly banter between staff and people living in the home. Staff spoken with had a good knowledge of the people they supported. People told us they were happy with the approach taken by staff. Comments included, "It's a good place and the girls are very good and friendly", "It's home from home; we are all a big family" and "The staff are very good; we can have a laugh with them."

Each person who lived at the home had a care plan that was personal to them. The care plans included good information about the support people needed and arrangements were in place to monitor and respond to people's health and well- being.

The Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure the rights of people who may lack mental capacity to make decisions are protected and receive the care and treatment they need. The registered manager and staff understood their responsibilities in promoting people's choice and decision making. However, people's capacity to make safe decisions and choices about their lives was not always clearly recorded in the care plans; the registered manager told us she would review this.

People were given the support they needed at mealtimes and were offered alternatives to the menu. The meals served looked nutritious and appetising and the portions were ample. People told us they enjoyed their meals. One person told us, "We have a very good cook who knows what we like. We can have a drink and something to eat when we like; it's always good."

People told us about the activities they enjoyed. People told us, "I prefer to stay in my room, I'm not interested in anything like that", "They ask if we want to do anything. We play dominoes or have a game of bingo" and "I've had communion today. Some days we have a good chit chat and a laugh about things".

The home was warm, comfortable and clean. People were satisfied with their bedrooms and living

Summary of findings

arrangements. During a tour of the home we noted some areas in need of improvement. We were shown an improvement plan for the home and noted action was being taken to maintain and improve the home.

People told us their privacy was respected. We found some of the bedrooms did not have an appropriate door lock in place. Door locks were necessary to help ensure people's privacy and dignity was protected. We discussed this with the registered manager and registered provider and were given assurances this would be resolved.

People told us they had no complaints about the service and felt confident they could raise any concerns with the staff or managers. One person said, “I have no complaints but I would tell the staff if I was worried about anything.”

There were systems to assess and monitor the quality of the service which would help identify any improvements needed. There were opportunities for people to express their views about the service with evidence their views had been used to improve the service.

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 safe?

Requires improvement

The service was not consistently safe. Although people living in the home told us they did not have any concerns about the way they were cared for, we found some areas in need of improvement to ensure people's medicines were handled safely.

We found a safe recruitment process had been followed and checks had been completed before staff began working for the service. There were sufficient on staff duty to respond to people's needs.

Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Is the service effective?

Good

The service was effective. The registered manager and staff expressed an understanding of processes relating to MCA and DoLS.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. People said the meals were good and they were appropriately supported with diets.

Staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly.

Is the service caring?

Good

The service was caring. People who lived at the home told us they were happy with the approach taken by staff. We observed staff interacting with people in a kind, good humoured and friendly manner and being respectful of people's choices and opinions.

People were able to make choices and were involved in decisions about their day.

People said their privacy, dignity and independence were respected. We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

Is the service responsive?

Good

The service was responsive. People received personal care and support that was responsive to their needs. Each person had a care plan that had been updated in line with any changing needs and showed people had been consulted and involved in decisions about their care.

People were involved in discussions and decisions about the activities they would prefer each day, which should help make sure activities were tailored to each individual.

Summary of findings

People were supported to maintain their relationships with their friends and family and visiting times were flexible.

Is the service well-led?

Good

The service was well led. People were happy with the management arrangements in the home. Staff were aware of their roles and responsibilities.

There were systems in place to assess and monitor the quality of the service.

People were able to express their views about the service. Their views had been used to improve the service.

Vine House Rest Home

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 was planned to check 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 unannounced inspection of Vine House Rest Home took place on 24 & 25 March 2015. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people living in the home, two care staff, the cook and the registered manager. We also spoke with the providers/owners of the home.

We observed care and support being delivered by staff. We looked at a sample of records including three people's care plans and other associated documentation, recruitment and staff records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We also looked at people's views from the recent relatives and residents satisfaction survey.

Requires improvement

Is the service safe?

Our findings

We spoke with six people living in the home. People living in the home told us they did not have any concerns about the way they were cared for. One person said, "I am happy and content here. I am looked after very well." Another person said, "Staff are very good with us. I feel safe and am well looked after with nothing to complain about." During the inspection we did not observe anything to give us cause for concern about people's wellbeing and safety.

We looked at how the service managed people's medicines. The home had recently introduced a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Staff told us they found the system 'easy' and 'safe' to use. From our discussions and review of records we found staff had received training to help them to safely administer people's medicines although regular checks on their practice had not yet been undertaken to ensure they were competent and safe to manage people's medicines.

We found the policies and procedures were not yet reflective of current practice which meant staff did not have clear guidance to refer to. However, staff were able to describe the processes in place for the ordering, receipt, storage, administration and disposal of medicines. We noted the prescriptions were not seen and checked by the home prior to dispensing which could result in errors and the risk of misuse. We discussed this with the registered manager and registered provider, we were told a meeting had been arranged with the community pharmacist to discuss procedures.

Medication administration records (MAR) were clear with records of medicines carried forward from the previous month. Codes were recorded for refusal of medicines although it was not clear whether staff should use the code 'other' or 'refused' and the reasons for the omissions were not recorded. This meant it was difficult to determine whether medicines had been given properly.

Appropriate arrangements were in place for the management of controlled drugs. These are medicines which may be at risk of misuse and require extra monitoring. Controlled drugs were stored appropriately and recorded in a separate register. We checked one person's controlled drugs and found they corresponded accurately with the register. Care records showed people had consented to their medication being managed by the service on admission. Where medicines were prescribed 'when required' or medicines with a 'variable' dose, guidance was not clearly recorded to make sure these medicines were offered consistently by staff as good practice.

Medication was stored securely in a cabinet in the lounge and in a fridge in the staff office. However the fridge was not locked and was not stored in a locked room which meant people's medicines were not secure. One person was at times having their medicines 'disguised' in food. Records showed this had been appropriately agreed with the person's GP and with the person's family although there were no clear instructions in the care plan to support staff with whether they should use this method or not. Records of medicines for disposal were witnessed to ensure the risk of misuse was reduced. However, we noted some medicines for disposal were stored in an unlocked room. When we spoke with staff about this they were removed immediately.

We saw evidence to demonstrate the medication systems were checked on a regular basis. However in light of what we found, the audits were not sufficiently detailed to identify any shortfalls in safe practice.

We found that this was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding procedures are designed to protect adults at risk from abuse and neglect. However, we found there were also some out of date procedures in the home which could cause confusion for staff. The registered manager assured us they would be removed. From talking to staff and looking at records we found staff had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. There had been no safeguarding alerts raised in the last 12 months.

Requires improvement

Is the service safe?

We found individual risks had been assessed and recorded in people's care plans. Management strategies had been drawn up to guide staff on how to manage these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

We saw there were strategies and guidance in place to support staff to deal with behaviours that may challenge the service. Staff had received training in this area which would help to keep themselves and others safe from harm. During our visit we observed staff responding to people with care and patience.

From looking at records we saw equipment was safe and had been checked and serviced regularly. Training had been provided for all staff to ensure they had the skills to use equipment safely and keep people safe. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation.

From our discussions and observations and from looking at the rota we found there were sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which helped to ensure people were looked after by staff who knew them. People told us they were happy with the staff team and told us there were enough staff to support them when they needed. One person said, "Staff are brilliant." Another said, "Nothing is too much trouble." Our observations confirmed people received care from staff in a timely and unhurried manner.

We looked at the records of two members of staff. We found a safe recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, criminal records check and references from previous employers. Records of the interview had not been maintained to support a fair selection process. However, the registered manager showed us a record that had been developed to be used for future interviews. The registered manager and registered provider gave assurances the recruitment policies and procedures would be reviewed to reflect current practice.

We looked at the arrangements for keeping the service clean and hygienic. The home was clean and odour free although we noted an offensive odour in one bedroom. The registered manager and the registered provider were aware of the problem and advised replacement flooring was being considered. We noted staff hand washing facilities, such as liquid soap and paper towels were available at most sinks but were not available in all bedrooms. Staff hand washing facilities need to be in place to ensure staff were able to wash their hands before and after delivering care to help prevent the spread of infection. The registered manager and registered provider gave us assurances this would be actioned immediately and systems improved to prevent a reoccurrence. Appropriate protective clothing, such as gloves and aprons, were available. There were appropriate domestic staff, cleaning records and audit systems in place to support good practice and to maintain good standards of cleanliness.

Records showed staff had attended training in infection control. The registered manager was the infection control lead person for the service and would monitor staff infection control practice and keep staff up to date with changes in practice. Infection control policies and procedures were available for staff to refer to and were currently under review in line with the Department of Health guidance. People living in the home were happy with the cleanliness of the home. One person told us, "It is a very clean place. They work hard to keep it clean."

Good

Is the service effective?

Our findings

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed their meals. One person told us, "We have a very good cook who knows what we like. We can have a drink and something to eat when we like; it's always good." Another person said, "The food is very good; I have no complaints at all" and "I can have something for my supper."

During our visit we observed breakfast and lunch being served. The dining tables were nicely set and condiments were made available. The meals looked nutritious and appetising and the portions were ample. Fresh fruit was available in the dining room and we saw that hot and cold drinks were regularly served. The menus were varied and nutritionally balanced and staff were aware of people's likes and dislikes. The atmosphere was relaxed with friendly banter throughout the meal between staff and people living in the home.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding, moving and handling, nutrition, infection control, medicines management, fire safety, first aid and health and safety. Most staff had achieved a recognised qualification in care. There was a system in place that ensured training was completed in a timely manner.

Records showed there was an in depth induction programme for new staff which included a review of policies and procedures, initial training to support them with their role and shadowing and support from experienced staff.

Staff told us they were supervised and supported by the management team. One member of staff said, "The manager watches what we do all the time." All staff received an annual appraisal of their work performance although records of regular one to one supervision sessions were not available. Supervision would help identify shortfalls in staff practice and identify the need for any additional training and support. Following a recent check of records the registered provider was aware the system of supervision needed to be formalised and gave assurances this would be acted on.

Staff told us handover meetings were held at the start and end of every shift and a communication diary and handover diary helped keep them up to date about people's changing needs and the support needed. Records showed key information was shared between staff. One member of staff said, "We have a good team; communication is very good."

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of the inspection none of the people using the service were subject to a DoLS. Information about MCA 2005 and DoLS was available in the home although clearer guidance was being developed for staff. Management and staff had an understanding of the principles of these safeguards and had received training on the topics.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make safe decisions and ability to make choices and decisions about their lives. This was not always clearly recorded in the care plans; the registered provider was aware of the minor shortfalls in the care plans and gave assurances this would be reviewed as part of the audit process. This would help make sure people received the help and support they needed.

We looked at how people were supported with their health. People's healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team. Staff told us they had good links with health care professionals to help make sure people received prompt, co-ordinated and effective care.

Good

Is the service effective?

Vine House Rest Home is an older style, two storey, detached building. Access to the first floor was via a stair lift. The gardens to the front and rear of the home were well maintained and had adequate garden furniture. We looked around the home. We found the home was comfortable and warm. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

Bedrooms were on the ground and first floors. People had created a home from home environment with personal effects such as family photographs, pictures and ornaments. All bedrooms were single occupancy other than one room which was shared. People were happy with their bedrooms. Bathrooms and toilets were located within easy access of people's bedrooms and commodes were provided where necessary. We noted there was no lock on the ground floor toilet door. We were told it was removed in an emergency and assured it would be replaced to ensure people's privacy and dignity were protected. During a tour of the home we noted some areas in need of improvement. We discussed this with the registered provider and we were shown an improvement plan for the home. We noted improvements were being made such as repairs to the roof, redecoration of vacant bedrooms and replacement of bedroom floor coverings.

Good

Is the service caring?

Our findings

People living in the home told us they were happy with the approach taken by staff. Comments included, “It’s a good place and the girls are very good and friendly”, “It’s home from home; we are all a big family”, “I am happy and content here” and “The staff are very good; we can have a laugh with them.” A relative had commented in the recent survey, “I feel my mother receives an excellent standard of care.”

During our visit we observed staff interacting with people in a kind, good humoured and friendly manner and being respectful of people's choices and opinions. All the staff spoken with had a good knowledge of the people they supported. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions about how they spent their day, the meals they ate, activities and clothing choices.

We looked at two people’s care plans and found they contained enough information to show how people were to be supported and cared for. People using the service, or their relatives had been involved in ongoing decisions about care and support. This helped ensure people received the care and support they both wanted and needed. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee people’s care and support.

People told us their privacy, dignity and independence were respected. One person said, “Staff talk to me properly.” Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. However, we noted some of the bedrooms did not have an appropriate door lock in place. Door locks were necessary to help ensure people's privacy and dignity was protected. We were told bedroom door locks were provided if people requested one. People spoken with were not concerned that they did not have a door lock in place. One person said, “They always knock if they want to come in.” We discussed this with the registered manager and registered provider and were given assurances this would be resolved. Following the inspection we were told quotes had been obtained to replace all locks.

There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People could also access a guide to Vine House Rest Home which included useful information about the services and facilities available to them.

Good

Is the service responsive?

Our findings

We looked at a completed pre admission assessment and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, family and also from the individual. We were told people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home and consider if the services and facilities on offer met with their needs and expectations.

Each person had a care plan that was personal to them. The care plans included information about people's likes and dislikes as well as the care and support they needed. Processes were in place to monitor and respond to changes in people's health and well-being although the information in the care plans did not always clearly reflect the care being given. The care plans had been updated on a monthly basis in line with any changing needs and showed people had been involved in decisions about their care. Regular checks on people's care plans had been introduced to identify any shortfalls in the record keeping.

People told us there were asked about the activities they would prefer each day. People told us, "I prefer to stay in my room, I'm not interested in anything like that", "They ask if we want to do anything. We play dominoes or have a game of bingo" and "I've had communion today. Some days we have a good chit chat and a laugh about things".

People were supported to maintain their relationships with their friends and family. Visiting arrangements were flexible and people could meet with their visitors in the privacy of their own rooms or in the lounges.

The complaints procedure was given to people at the time of admission and displayed around the home. We noted the procedure did not include the contact information for the local authority or advice when they or the ombudsman should be contacted. The registered manager advised this would be reviewed. People living in the home and their relatives were encouraged to discuss any concerns during day to day discussions with staff and management and also as part of the annual survey. People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers. One person said, "I would speak up if things weren't right." Another person said, "I have no complaints but I would tell the staff if I was worried about anything." There had been one anonymous complaint about staffing levels made to Care Quality Commission (CQC) about this service in the last 12 months which was resolved. There had been no complaints made to the service.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. Staff were aware of their roles and responsibilities. There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Records showed the registered manager was supported by and regularly met with the owners.

People spoken with made positive comments about the management arrangements. Staff told us they were able to approach the registered manager or the owners at any time to discuss their concerns and felt they would be listened to. From our discussions and from a review of records it was clear the registered providers were committed to ongoing improvement of the service.

There were systems in place to assess and monitor the quality of the service. They included regular checks of the medication systems, records, activities, accidents and incidents, care plans, staff training and the environment. There was evidence these systems had identified shortfalls in some areas and that improvements had been made. Accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

There were opportunities for people to express their views about the service during reviews and during day to day discussions with staff and management. Six monthly customer satisfaction surveys had been sent to people using the service and their relatives to determine their views on the service. However, the results from the surveys had not been analysed or shared with them. The registered manager and registered provider assured us this information would be shared.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

During the inspection we found the service was meeting the required legal obligations and conditions of registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 13. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.