Priory Rehabilitation Services Limited

The Vines

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected The Vines on 6 November 2017 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 thirteen people living in the service.

There was no registered manager in post. The post had been vacant for four months. 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. In March 2017 the provider temporarily closed the Vines to undertake essential work on the Environment. People moved back to the Vines in September 2017 once the works were completed. There has been significant changes to the management structure since our last inspection. An acting manager had been in post for a month. We have been informed that her application has been submitted. The area manager confirmed that she is visiting or in contact regularly to provide support and guidance.

At comprehensive inspections in May 2016 and February 2017 the overall rating for this service was Requires Improvement. Four breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. The registered provider had failed to ensure that safe food practices were followed, that people were being supported to be as independent as possible, that meaningful activities were provided and that there were enough suitably skilled staff to meet people's needs.

At this inspection we found that considerable improvements had been made and the provider was now meeting the previous breaches of Regulation. There were still improvements to be made and embedded to ensure improvements were sustained.

There was a quality assurance system in place and this had identified the shortfalls we found. However despite being identified had not yet been taken forward. This was evident from the audits, meeting minutes and discussions with the management team and staff. We had previously identified people's records were not consistently person-centred and did not all include the information staff may require. Improvements had been made but further work was required to ensure this was fully embedded into practice. Improvements were needed to ensure all 'as required' (PRN) medicines were supported by a protocol and monitored for effectiveness.

Whilst work was also on-going to ensure people were able to take part in activities they enjoyed and were meaningful, we were not able to see that this had been fully embedded and sustained for a period of time and therefore is the reason the home is rated as Requires Improvement.

The management and storage of medicines was safe, and people received their medicines as prescribed. Staff were attentive to people who may be in pain or discomfort and were supported to ensure they received their medicines when they needed them.

There was a positive culture at the home. Staff were involved and updated about changes at the home through meetings and at handovers each day. The management team had good oversight of the home and knew where changes and improvements were needed.

Staff knew people really well. They had a good understanding of people's individual needs and choices. They could tell us about people's personal histories including their spiritual and cultural wishes. Each person was treated as an individual and their choices and rights were respected and upheld. There was a range of risk assessments in place and staff had a good understanding of the risks associated with caring for people at the home. Staff ensured people had access to external healthcare professionals when they needed it. Referrals to external healthcare professionals were made in a timely way.

People were supported by staff who were kind and caring. Staff maintained people's privacy and understood the importance of confidentiality. Relatives were able to visit at any time, and were made to feel very welcome.

There were enough staff working to meet people's needs. Staff were deployed to ensure there was a good skill mix in each team. Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff had a good understanding of the Mental Capacity Act 2005 and DoLS and how to involve appropriate people, such as relatives and professionals, in the decision making process. Best interest decisions were made when necessary.

People's nutritional needs were met. People were provided with a choice of food and drink that met their individual needs.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff. They were confident issues raised would be addressed.

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 vines was safe and was meeting all the legal requirements that were previously in breach. However some areas required time and further support to become fully embedded into everyday practice.

Medicines were stored and administered safely however there was a lack of guidance for people who had been prescribed 'as required' (PRN) medicines.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse. Staff recruitment practices were safe.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example, during staff sickness or when people's needs increased.

Is the service effective?

Good

The Vines was effective. Processes were now in place to make sure each person received appropriate person centred care and treatment which was based on an assessment of their needs and preferences.

Training had been identified as required and the training plan confirmed training completed, and training in progress. This meant staff were working with the necessary knowledge and skills to support people effectively.

Mental capacity assessments met with the principles of the Mental Capacity Act 2005.

People received a nutritious and varied diet. People were provided with menu choices and the cook catered for people's dietary needs.

Is the service caring?

Good

The Vines was caring. Staff knew people well and had good relationships with them. People were treated with respect and their dignity promoted.

People and relatives were positive about the care provided by staff.

People were involved in day to day decisions and given support when needed.

Is the service responsive?

Requires Improvement

The Vines was not consistently responsive. Whilst we saw improvements had been made, there were areas that still needed to be improved to ensure that peoples' changing health needs were appropriately responded to.

People were involved in choosing activities and able to spend time doing things they enjoyed.

A complaints process was available, and contained all required information people needed to formally make a complaint. People were asked their views about the service delivered and changes were made where possible.

Is the service well-led?

Requires Improvement

The Vines was not consistently well-led. Whilst improvements had been made, they needed to be embedded in to everyday practice and further developed. There was no registered manager in place.

A new quality assurance system was in place. However, some areas of documentation needed oversight to ensure they were completed properly and information was appropriately recorded.

The acting manager and staff in the service were approachable and supportive.

There had been a number of positive changes made to the day to day running of The Vines and there was a clear programme in place for continual improvement.

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 6 November 2017. 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.
Before the inspection the provider 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 February 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, we spoke with 10 people who lived at the service, one relative, the acting manager, the area 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.

Requires Improvement

Is the service safe?

Our findings

At our inspection in February 2017 we found that people's health safety and welfare was not always safeguarded because the provider had not taken appropriate steps to ensure that safe food practices were followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found there were not sufficient, experienced staff deployed to keep people safe or assist them to receive appropriate care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had submitted and action plan which detailed how they would meet the legal requirements by October 2017.

At this inspection the breach of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were met. Since the last inspection we saw the organisation had put systems in place to ensure kitchen cleaning schedules and food safety checks were consistently completed. The kitchen areas were clean and organised. Any food placed in fridges for consumption had dates clearly identifying their life span. All food that was cooked was probed to ensure that it was off the correct temperature. There was a dedicated full time chef in post who had worked hard to ensure that that the policies and guidance from the Environmental Health Organisation (EHO) were followed.

Staffing levels were sufficient so staff could work at a calm pace to support people to get up and ready for the day. Personal care was completed in the way people wanted. One person told us, "I like to get up and sit in the dining room." Other people had a late breakfast as they liked to sleep in and staff accommodated this. People were supported to go out to local venues as they wished and staff ensured they were supported to get ready when they wanted. Staff sat and spent time with people in communal areas throughout the inspection, which was enjoyed by people and which told us that that staffing levels were appropriate at such times. We also saw staff had the time to take people out for walks and shopping. One staff member said, "Our residents have changed recently for various reasons and are not as dependent so we can spend time with people and not rush. Also we have not had admissions which has meant we can concentrate on the people we have."

At this inspection we found that four of the five care plans had not been updated or reviewed since July 2017. For example one person medicines had been changed by the GP and this was not reflected in the care documentation. At present the care plans and risk assessments for people who had behaviours that challenge lacked depth, and had not explored different management techniques. Whilst Antecedent-Behaviour-Consequence (ABC) Charts were used by staff they were not completed in a way that identified and evaluated possible triggers and recording situational factors. ABC approach is a way of characterising events and resultant behaviours which enables staff to manage behaviours safely and evaluate on what was successful and what didn't. The management team had already identified that care plans needed to be further developed and this was an area that requires improvement.

There were systems in place to ensure people's medicines were well managed. People told us, "Medicines

are brought round by one of the staff so I let them get on with it," and "Medicines come on time." We found medicines were ordered, stored, administered and disposed of safely. Senior care staff administered medicines to people, they received regular training and competency checks to ensure they had the appropriate knowledge and skills. Medicine administration records (MAR) charts showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Medicines were given to people individually and staff signed the MAR after the medicine had been taken. The MAR sheets were well completed and demonstrated people had received their medicines as prescribed.

Where people had been prescribed 'as required' (PRN) medicines there were protocols for their use. People took these medicines only if they needed them, for example if they were experiencing pain. Throughout the inspection we observed people receiving their PRN medicines when they needed them. Where medicines were given to people when needed (PRN), there was guidance in place to support this. For example, the use of analgesia for pain control. However for two people PRN protocols were not in place to support the giving of anti-anxiety, mood calming medicine. This was immediately rectified. One person said, "I can have extra painkillers if I need them." There were regular audits of medicines to ensure safe practice was maintained. Where shortfalls were identified, for example if MAR charts were not signed, then action was taken to address this with the individual staff member.

Apart from the areas mentioned above, we found risks to people's health, safety and well-being had been identified, and a management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. Risk assessments which included the risk of falls, medicines, skin damage, nutritional risks and moving and handling had been completed. The care plans also highlighted people's health risks such as diabetes and behaviours that may challenge.

The home was clean and hygienic. The acting manager undertook weekly visual audits on the home and checks that cleaning schedules were completed and up to date. Any problem areas were reported to the provider for immediate action. People told us that the home was clean and comfortable. Staff received regular infection control and food hygiene training. They were observed to use the appropriate protective equipment such as gloves and aprons when supporting people and providing meals. There were adequate handwashing facilities available throughout the home.

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. Hoists, 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 to 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.

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 deputy 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.

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.

The provider had safe recruitment procedures in place. Staff recruitment records showed all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work until these checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for. Staff confirmed there was a robust interview process in place and that they had been required to provide all the relevant documentation before they started working for the provider.

Good

Is the service effective?

Our findings

Staff knew people well and had the knowledge and skills to look after them. One person told us, "Good staff, know how to look after me." Another person said, "I rely on them and I trust them to look after me." A visitor told us, "The staff seem well trained from what I've come across so far, they call in regularly to check on my relative People told us they enjoyed the food. One person said, "The food is good; there is a choice of two main courses. Fruit is available. Tea and coffee comes round regularly." Another person told us, "Food is good, you can have a drink whenever you want."

At the last inspection it was a recommendation that key roles for staff were developed and this was going forward. There was now a lead staff member for infection control and medicine management.

People were supported to receive effective care because care was delivered in line with current legislation, standards and evidence based-guidance. This included guidance from The National Institute for Health and Care Excellence (NICE) in relation to medicines. Staff told us that they had access to the medicine guidance and adhered to the guidelines set. We saw evidence of this during our inspection when staff administered medicines.

Staff received appropriate training and support to enable them to meet people's needs effectively.. When staff started work at the home they completed a probationary period during which they complete training courses and continuous review of their performance. During this time they also completed a workbook which was signed by the manager to demonstrate their competence to work unsupervised. Staff who were new to care completed the Care Certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff who were new to the service worked as supernumerary with an experienced staff member. During this time competencies were assessed and further learning needs identified and appropriate training put into place.

All staff received training updates each year. These included moving and handling, health and safety, brain injury, behaviours that challenge, dementia and fire training. Care staff told us that in addition to the regular training further training would be provided to help them meet the needs of people who lived at the home. Care staff gave us examples of having received training in relation to catheter care and diabetes. One staff member said, "The training really helps us understand our residents behaviour if their blood sugars aren't right for them, we now recognise triggers and symptoms." Staff told us they received all the support they needed to ensure they had the appropriate knowledge and skills to support people and in line with best practice.

Staff received regular supervision throughout the year or at other times if concerns in relation to performance and training were identified. Staff told us they always had an opportunity to discuss any issues and training needs with the manager. Staff told us they could always talk with any of the management team. Staff worked well as a team with regular updates about people at shift changes and throughout the day.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). They received regular training and told us how they supported people to make their own decisions and choices. The 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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. These decisions were recorded to ensure everybody was aware of how the decision had been made.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff. At the time of the inspection no DoLS were subject to conditions.

Where people were deemed to have capacity they had signed consent forms to show they agreed with the care provided. We viewed a consent form which staff had completed. This stated the person had given their verbal consent however had been unable to sign to demonstrate this due to their health related condition. Throughout the inspection we observed staff asking people's consent before offering care and support.

People's nutritional needs were assessed and met. The chef and staff had a good understanding of people's individual dietary needs, likes and choices. There was information available within the kitchen and in people's care plans. People were provided with a choice of food and drink that suited their individual and cultural needs and choices. Nutritional assessments detailed the type of diet people required, this included pureed and diabetic. Some people had difficulty in swallowing and required thickened fluids. Staff were aware of this and told us how they prepared these drinks. People were weighed regularly and this helped to identify if people were at risk of malnutrition. If people had lost weight or required professional support the dietician or speech and language therapist had been consulted appropriately and their advice followed.

People were provided with a choice of freshly cooked meals each day. If people did not like what was on offer. The chef told us, "There's always something we can cook for people and if we really get stuck we can always go to the supermarket and buy something." A daily menu had been introduced since the last inspection and staff supported people in their choices of meals. Staff engaged people in a conversation about their meal choices and where necessary helped them to choose. Where people were not sure what they wanted alternatives and suggestions were made. At lunchtime we observed one person did not want the meal they were offered and an alternative was provided. One person told us, "You get a choice. If nothing on the menu I like I have a cheese and tomato omelette, drinks are good and snacks are always available."

People were able to eat their meals where they chose. There was a dining room at the home. Meals were nicely presented. Where people required support staff sat with people and engaged with them throughout the meal. People were supported to enjoy meals at their own pace. When people had finished their meal we heard staff asking if they would like any more.

There was a small kitchen which people could independently use discretely supervised by staff. We talked with one person whilst they made themselves a banana sandwich. They had just taken their blood sugars

and knew that they needed food. They told us "It's important I can access food and drinks, so it's great." Tea, coffee and soft drinks were available throughout the day and staff supported people to help themselves.

People were supported to maintain good health and received on-going healthcare support. When there was a change in their health people were referred to see the GP or other appropriate professional. One person said, "The carers call the doctor very quickly, I've seen him recently." Another person said, "There's good communication, they ring the doctor straight away if needed." People told us if they needed to attend hospital appointments they were supported to do so. One person said, "The home organises an ambulance for my hospital appointments and a carer always comes with me." Staff were aware of any changes to people's treatment or healthcare support.

Care staff liaised with health care professionals when required. Healthcare professionals told us referrals made were appropriate and staff worked to ensure people received appropriate support in a timely way. Records and discussion with staff confirmed they regularly liaised with a wide variety of health care professionals. This included the speech and language therapist (SaLT), the falls team and chiropodist. We also saw that people's care plans contained nationally accepted frameworks to monitor people's health such as the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), for obesity. It also included management guidelines which could be used to develop a care plan. People who were at risk of being under or overweight were assessed accordingly and staff members monitored people's weight effectively. One person had received guidance and support to reduce their smoking habit. Due to their brain injury they forget that they had had a cigarette and so would chain smoke. With help from the staff the person had devised a calendar and had agreed to smoke only at specific times and alternate with a vapour cigarette. This meant that the person had taken steps to lead a healthier life.

People's individual needs were met through the design of the premises. The Vines was an old building which had been adapted to suit the people who live there. There were signs to direct people around the home which was being trialled to see if it was effective for people and visitors. People were supported to spend time alone or with others throughout the day. When people had visitors they were supported to spend time with them in private in their bedrooms or remain in the lounge. There was outside seating if people wished to go outdoors.

Good

Is the service caring?

Our findings

At our inspection in February 2017 we found that the failure to support people to be as independent as possible was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection people spoke highly of the care received. One person told us, "The staff are caring." A relative told us, "I'm happy with how care is provided." Staff demonstrated commitment to listening and delivering kind and supportive care to people. Staff were kind, caring and patient in their approach with people and supported people in a kind way.

The provider had submitted and action plan which detailed how they would meet the legal requirements by October 2017.

We found at this inspection the breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met.

At this inspection, as far as possible people were encouraged to maintain and improve their independence with support from staff when needed. One person said, "I shave myself, clean my teeth and the carers support me with a shower." Some people managed their diabetes and proudly told us how they monitored their blood sugars and knew when to eat if their blood sugar was a little low. They were very aware of how to live with their diabetes and told us "Staff support me but let me take charge." This person also made their sandwiches and snacks in the satellite kitchen. There were appropriate risk assessments in place to ensure peoples safety.

People who lived at The Vines had had a brain injury and previous to the brain injury most had lived independent lives with families and jobs. Staff were very aware of this and supported people to contact friends and family independently by assisting to write letters, remembering birthdays and special occasions. One staff member said, "It's important to remember peoples' lives before and the frustration many of them feel by not being able to live with families and be independent, many of them are still young."

People were supported by staff to maintain their personal relationships. This was based on staff 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. Visitors told us they were able to visit their relative whenever they wished. A visitor said, "There is no restriction on visiting times and we are always offered a drink and a biscuit."

People were offered choices and enabled to make safe use of all communal areas of the home. People were encouraged to help themselves to hot and cold drinks in the communal areas. Senior staff shared ideas that they were exploring to encourage people to be independent and make choices of what they did and how they spent their time. Where people had remained in their room they were now offered opportunities of visiting communal areas, joining activities and of visiting the main communal area to meet people. Staff told us, "It's really better now we are moving forward with improving our home."

Some people were less able to communicate verbally and staff told us how they would engage with people. They told us about one person and how they communicated with them. This included the use of cards with specific words important to that person, hand signals and a communication book. One staff member told us they watched the person's body language and used that to assist them in identifying if there was an issue. Staff told us that people were actively involved in decisions about their care and treatment. There were regular reviews with the multi-agency team which included, care staff, phycologist, occupational therapist and the person and their family. The persons contribution was key to the care planning process and the setting of individual goals. For example regaining contact with family members and managing their own medicine.

People's need for privacy was promoted and their privacy respected. For example, staff ensured that people's dignity was protected when assisting them. People were supported to maintain their own personal hygiene and were dressed in clothes of their choice. When prompting people to visit the bathroom staff talked in a quiet manner ensuring that other people did not hear. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity.

Staff demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "I really love working here." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and keep people to be independent. For example, we'll always encourage people to wash themselves or do as much for themselves as possible." Another staff member said, "We have some people that go out daily and it's really good that we can encourage them to be independent." One person told us that they went out every day and staff always supported their decision, "Staff make sure I'm safe, never stop me going out, but we arrange times to come home."

People's dignity was promoted. People's preferences for personal care were recorded and followed. People told us they were asked about whether they would prefer male or female care staff to support them. One person said, "I was asked if I preferred a male or female carer but they are all very nice and discreet." People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given." Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom as necessary. People who were not independently mobile were taken regularly to bathrooms. People told us they were treated with dignity and respect, "Staff are nice, I like them all," "They are all helpful and nice. I have a good laugh with them all. Staff are friendly here," and "They've been kind. They look after me."

People's right to confidentiality was respected. People's care plans were stored in offices to ensure that their privacy was maintained. Where people had expressed a preference about not being supported by a particular member of staff this was respected. People's bedrooms were personalised with their belongings such as personal photographs and mementos. Staff were patient and responsive to people's mood changes and dealt with situations well by using diversional verbal tactics and a kind word.

The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms or the communal lounges. Staff were regularly checking on people, ensuring they were comfortable, had drinks to hand and items of importance. One person told us, "They look after me very well." Throughout the inspection, we saw staff sitting and chatting with people and checking on their well-being.

Relatives told us that they felt welcome at the home at any time. They said: "We are always welcomed with a

smile," "They make us feel welcome and offer drinks" and "We are all welcome, it's an open door here and we come at all times". Relatives described the care as positive and felt staff genuinely cared about the people they supported. A relative told us they thought their family member looked "Well looked after."

Requires Improvement

Is the service responsive?

Our findings

The provider had submitted an action plan detailing how they would be meeting the legal requirement by October 2017. At this inspection we found improvements had been made and the provider is now meeting the regulation.

Since the last inspection we could see input from the psychologist who contributed to the multi-disciplinary team (MDT) meetings and care plans. This meant that people were now receiving a therapeutic approach to their care delivery. People's behaviours and long term aspirations were discussed at regular MDT meetings which had benefitted people who lived at The Vines. There was one psychologist attending The Vines, but it was confirmed that they had recruited two new assistant psychologists who were starting work in the next month. There was also access to the organisations occupational therapist and clinical psychiatrist. The therapeutic service however was not fully embedded in to everyday practice at this time and not reflected in peoples' individual care plans. For example, one person told us that they hoped to be able to live a more independent life and manage to cook for themselves. This was not reflected in their care plan and there was no reflection of how staff could support them to gain this level of independence. This was an area that requires improvement.

People were supported and encouraged to take part in activities inside and outside of the home. A new activity co-ordinator had been employed (in post for a month) and was settling in to their role. Individual care plans and life histories were in place and were being reviewed and added to. The activity co-ordinator said that everyone was very different and so group activities did not always work so was working individually with some people. We saw staff sitting with people and interacting with people on a one to one basis. A staff member was sat doing a quiz book with one person which both were genuinely enjoying. Activities included outings, individual shopping trips, craft sessions and people said they enjoyed the activities. People told us, "I don't get bored, I like to go out, I read and watch television," and "I am content, I like to stay in my room most of the time, but I join in celebrations." People were able to express their views on the lifestyle at The Vines and were happy there. One person said, "It's my home, it's homely and staff are good." Another said, "Always something to do, there are books to read, games and we get trips out." It was acknowledged that further work was needed in the provision of meaningful activities for people who lived at The Vines.

The manager told us they were not dealing with any complaints at the time of our inspection. People and visitors told us they did not have any complaints and did not wish to make any. They told us they knew the staff and provider by name and were confident that, if given cause to complain, it would be resolved quickly. The complaints procedure was displayed for people and visitors and was clear and accessible. There were different formats available for people which included a pictorial guide. People told us that if they had a problem they would talk to staff and get it sorted out immediately. One person said, "It's better to deal with straight away."

Care, treatment and support plans were reflective of peoples' individual needs. One person's care plan had a goal to reduce smoking and set out a plan for staff to manage it so the person was not agitated. There was involvement of families within the care documentation and directions as how to enable and support

communication between the person and their families. The staff had considered the impact of the plan to reduce their smoking and had clear strategies in place to support the person such as diversional therapy, vapour cigarettes and a reward strategy. We saw staff throughout the inspection managing this situation with honesty, gentle reminders of why they had agreed to reduce smoking. The section of the care plan explained how many family members the person had and how they would like to be supported to stay in contact with them. Another person's care plan had a section on communication and set out how the person wanted to communicate with staff. This enabled staff members to communicate effectively with the person. Another person's care plan set out how to offer support with continence as they were immobile. This included details of to ensure the person was prompted before meals.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in February 2017, a recommendation was made that the registered provider sought guidance about providing staff and management support in order to drive improvements in the culture and cohesion of the service.

Since the last inspection a new management team was in place, this included the manger, deputy manager and area manager. Leadership of the service therefore was not firmly established as they had only been in post since July 2017. There had been a reduction in the use of agency and new staff being employed. These meant changes were still occurring and time was needed to embed staff in their new roles to ensure sustainability and consistency could be established.

There was a quality assurance system in place and a series of audits took place. These had identified the shortfalls we found. They acknowledged that the change of the whole of the management structure and the three month change of premises whilst essential maintenance was undertaken on the building had delayed their actions but they were underway. There were maintenance issues which were being undertaken but not yet completed. These were fully discussed and we saw that these were being attended to by means of a rolling plan of maintenance. Medication audits had identified that there were signatory gaps and these had been followed up with the staff members concerned and further support given, which included training. Care plans were in need of review, this had been identified and acknowledged by the management team. Samples of supervision records identified that these needed work to ensure that supervisions were structured and beneficial to staff members. The area manager said that she had noted this and had plans for senior staff to receive support and training. The quality assurance systems and supervision records were areas that requires improvements.

There was no registered manager in post, however the acting manager had submitted their application to be registered as manager with the CQC. The management team were dedicated and enthusiastic about the positive changes taking place. They complimented their staff and were actively building good working relationships with all denominations of staff.

People spoke highly of the service. They told us they were happy living there and felt they were well looked after. We asked people what was good about living at the home. Comments included, "I am looked after really well," and "I'm looked after in every respect." Visitors told us, "Nothing is too much trouble, my relative is comfortable and happy not much could be better." "I think the care is excellent, the main thing is that my relatives happy and I have peace of mind that when I am not here they are happy and well looked after" and "The staff treat everybody as an individual, it's all very good, and the staff are very kind." People and visitors spoke highly of the acting manager. One visitor said, "Although we have not met there has been good communication she rang to say they had moved back and I have spoken to her on the phone since. If we needed any information she has told us what we want to know."

There was a positive culture at the service. The acting manager was working hard to ensure staff continued to work well across the teams. There was evidence from meeting minutes of on-going team development to

ensure all staff were aware of their roles and responsibilities. For example senior care staff had been allocated certain tasks. This had been reviewed to ensure the workload was distributed more evenly. Staff told us they were well supported. They had a clear understanding of whistle-blowing policies and how to raise any concerns. They told us they had always been able to speak to the acting manager and in her absence said they would discuss concerns with one of the senior care staff and new deputy manager. We asked if they were able to make suggestions and changes. They gave us an example of how they had recently discussed the allocation of people to staff each morning. This had been reviewed and changes had been made which helped the workflow each day.

Staff worked well with other health and social care professionals to ensure people received the most appropriate care and support. Following the inspection we received feedback from a visiting health professional who told us, "The staff are really keen and enthusiastic, they know their residents well, they listen and take advice. It seems a really positive place to work now."

Staff felt their suggestions were now listened to, and communication at all levels was improving. Regular weekly resident meetings were held and the feedback from the people was used to inform the weekly staff meeting held the following day. We saw minutes of staff and resident meetings which highlighted the points and of the action to be taken following discussion. Staff said the meetings were really good because they got to meet all staff new and old and this meant team building. Staff also told us they could make suggestions and these were taken seriously. For example, more training for moving and handling. Staff told us the acting manager operated an 'open door' policy. They said they felt able to share any concerns they may have, in confidence with them.

The provider used questionnaires to seek people's views on the quality of services provided. A range of people's views were sought, this included staff and people's relatives. All of the questionnaires we saw responded positively about the service. However there had not been a recent review since the change of management.

Throughout the inspection, the acting manager and staff were open to different ideas when we raised matters. Their responses showed they were keen to develop the service, so they could meet people's needs safely and effectively. The manager was encouraging staff to take ownership of the care they delivered and to document this daily in the daily record. One staff member said, "It made me realise that we do have a responsibility to ensure that documents reflect what we have done, makes me really proud."

Staff told us that they attended regular staff meetings and felt the culture within the home was supportive. Staff told us they felt confident about raising any issues of concern about care practices at the service, including using whistleblowing process if needed.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.