Grapevine Care Limited

The Mount

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 19 and 20 January 2016.

The Mount is a care home for up to six people with a mild to moderate learning disability, autism or sensory impairment. Five people were accommodated when we completed this inspection.

There was a registered manager. 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. There were no legal breaches of legal requirements at the last inspection in June 2014.

People were safeguarded from harm or abuse because staff were aware of their responsibilities to report any concerns. Risk assessments were completed which reduced risk for people helping to keep them safe and independent. Any accidents and incidents were recorded and had sufficient information to ensure preventative measures were identified. Medicines were administered safely and each care plan identified how people liked to take their medicines. Regular checks of medicines were completed to help ensure people had them when required.

The five people accommodated were supported by sufficient staff and were able to access the community with them. There were three staff every morning and two or three in the afternoons, which depended on peoples support for activities. People received care from staff who had the skills and knowledge to carry out their role. Staff told us the training was good. People were protected by thorough recruitment practices and staff induction to the service.

Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest. People made everyday decisions as staff knew how to effectively communicate with them. People told us they liked the food and were able to make choices about what they had to eat. There were healthy food choices and people helped to prepare meals. We observed people and staff enjoyed eating their meals together each day.

Staff responded to people in a calm and compassionate manner consistently demonstrating respect. Staff knew peoples individual communication skills, abilities and preferences. People were supported to choose activities they liked and had a varied and busy timetable in the community. People told us "I like the staff they are kind", "staff are all nice and all kind" and "I do like living here".

People had personalised care plans and staff supported them to be involved in making decisions about their care. Peoples care plans and risk assessments were reviewed regularly and people knew they could talk to staff at any time and make changes. There was a complaints procedure and an easy read version for people. Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Quality checks were completed and examples told us that action plans identified where changes were made to address any shortfalls. People were given the opportunity to answer questions about the service in an appropriate way to make sure they were satisfied. Relatives, supporters and health and social care professionals were asked for their opinion about the service. Regular staff meetings were held for staff to be involved in the running of the home and improvements were identified and acted upon. The registered manager was approachable and supported staff, people and their relatives through effective communication.
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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns.

Risk assessments were completed which reduced risk for people helping to keep them safe and independent.

People's medicines were managed safely.

People were supported by sufficient staff and were able to access the community with them.

People were protected by thorough recruitment practices and staff induction to the service.

Is the service effective?

Good

The service was effective.

People had access to healthcare professionals to promote their health and wellbeing.

People were supported to make decisions about their care. Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest.

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People had a choice of food and helped to prepare their meals.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

Staff respected people's personal wishes and treated them as individuals.

People were involved in making decisions about their care and were supported and encouraged to be independent.

Is the service responsive?

Good

The service was responsive

Staff knew people well and how they liked to be cared for. People were involved in decisions about their care.

Staff supported people to choose and access activities they liked in the community including planned holidays.

Complaints and concerns raised by people were taken seriously and addressed.

Is the service well-led?

Good

The service was well led.

People and their relatives or supporters were involved in improving the quality of the service.

The home was managed well and regular quality checks ensured that improvements were made.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

The Mount

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.'

This inspection took place on 19 and 20 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector. The previous inspection was completed in June 2014 and there were no concerns.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the provider, the provider's nominated individual, the registered manager, seven care staff, five people who used the service and a relative. We looked at four care records, recruitment and training records, the staff duty roster, quality assurance information and maintenance records.

We contacted health and social care professionals.

Good

Is the service safe?

Our findings

Staff had a good understanding of how to keep people safe and their responsibilities for reporting any signs of abuse. There were clear policies and procedures for safeguarding people and 'whistle blowing' for staff to follow. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. There was a guide for staff on the staff notice board called 'Six steps to Whistle Blowing'. Staff told us they had completed safeguarding adults training. People told they felt safe and a relative agreed they were safe. A person told us they felt safe with staff when they went to hospital with a cut finger. Body charts were completed for any mark or bruises found on people and an explanation of what happened was recorded. Any safeguarding incidents were reported to CQC and the local authority safeguarding team.

The five people accommodated were supported by sufficient staff. There were three staff every morning and two or three in the afternoons, which depended on peoples support for activities.
People had regular one to one support for activities and two people told us there were enough staff. The registered manager was supernumerary and did not provide direct care but was always available when additional support was needed in an emergency situation. Staff said there was enough staff to meet people's needs and they were able to support people well. Concerns were raised with us regarding night staff when extra support may be needed. The registered manager told us on occasions additional staff slept in, for example when one person had been recovering from an operation. There was an on call system where staff could ask for additional support. We spoke to a healthcare professional about staff concerns for additional staff support at night when necessary. They agreed to talk to staff about any concerns and how to manage certain situations.

Peoples' medicines were managed and administered safely. Staff reminded GP's to review peoples medicine annually. Medicines given, 'as required' had protocols recorded for staff to follow. There had been some minor errors in medicine administration in the last 12 months where actions for improvement were recorded. None were significant to report to CQC or caused any person harm. There was a medicine sign off sheet staff completed at the end of each shift after they checked all medicines were signed as given and were correct. The actions to improve management of medicines had included one designated staff member to complete administration and a revised protocol for one person. Each care plan identified how people liked to take their medicines. Monthly and annual audits of medicines had been completed. Actions for improvement identified in the audits were recorded and had been completed. Staff completed medicine training every three years but observational competency was checked annually.

The home looked clean and staff had cleaning duties throughout the day. People helped the staff with laundry and preparing meals. There was personal protective equipment for staff and they were trained in infection control. There was space for people to be apart in the communal areas if they wanted to be. The service was well maintained and decorated.

There were robust recruitment procedures where checks to help make sure suitable staff were employed to work with vulnerable people were made. Interviews were recorded. The registered manager told us people living in the home were included in the staff interviews and asked prospective employee's questions but

there was no record of this. New staff were completing the new Care Certificate induction programme.

People involved in accidents and incidents were supported to stay safe. Any accident and incidents were recorded. People's individual risk assessments were completed and reviewed three monthly or sooner when required. There were few accidents and they were mostly when people were out in the community. Incidents included what the trigger may have been between two people and had detailed information to reflect on any preventative measure. Any unexplained bruising was investigated and reported to CQC and Gloucestershire safeguarding team.

The registered manager had completed environmental risk assessments monthly to help ensure people were safe at all times. Maintenance issues identified were recorded with the date completed. Fire risk assessments were completed six monthly and staff completed a weekly fire drill evacuation. Personal evacuation plans were in place for each person and one identified the risk for a person with hearing impairment. There was a business continuity plan in place for staff to know what to do in the event of service interruption.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to carry out their role. Staff told us the training was good and they had individual supervision meetings every three months with the registered manager when additional training was planned. The provider informed us 10 of the 13 staff had a level two or above NVQ or Diploma in Health and Social Care. Two staff were completing 15 standards for the Care Certificate induction and had also completed moving and handling, health and safety, infection control and first aid training. There was a plan to update all staff first aid training with a practical session. A new member of staff told us they shadowed experienced staff for a month and went on activities and a holiday with people when they started. They said the gradual induction helped them to get to know people well and learn how to cook what people liked.

The registered manager had completed positive behaviour management (PBM) training and planned to train all staff in PBM. We saw an example of a staff training record where additional subjects, for example autism and epilepsy training had been completed. A staff member told us they had completed NVQ level 4 in health and social care and had a lot of experience supporting people with a learning disability and mental health needs. Another staff member had completed mental health awareness training and had a NVQ level 3 in health and social care. The registered manager told us all staff training was up to date. Most training was completed on computer and sometimes staff found this difficult when the office was in use. Staff told us their training was up to date and this was always checked at supervision sessions. Supervision records were detailed and included a review of work, training and future targets.

People had access to health and social care professionals who visited them when necessary. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People living with epilepsy were supported by healthcare professionals and had risk assessments to keep them safe and protocols for staff to follow when they had a seizure. People had a health action plan which described the support they needed to stay healthy. The health action plans were updated after any appointments or changes. Annual health checks with GPs were recorded and included a medicine review.

Staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Care plans included mental capacity assessments. People made everyday decisions as staff knew how to effectively communicate with them. Where needed 'best interest' records were completed. 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. An urgent DoLs application had been

made for one person and was waiting authorisation. The record clearly indicated where the person required support in the community with medicines and other areas in their best interest.

People told us they liked the food and were able to make choices about what they had to eat. One person told us there were healthy food choices and they liked the food. We observed a person preparing vegetables for a Carbonara dish. The menus were decided weekly on a Monday with everyone and planned menus were visual to include what people liked to eat. People were able to choose something different to the planned menu. A member of staff told us the food choice was amazing and people looked in the freezer and said, "What have you got" so they could choose. Some people helped to prepare meals. Staff sat down with people and they enjoyed a sociable meal together at tea time. Snacks were prepared during the day as people came in from various activities and they had meals in the community.

Good

Is the service caring?

Our findings

People told us "I like the staff they are kind", "staff are all nice and all kind" and "I do like living here". A relative said, "Staff are kind they are a lovely team, it is very homely here". People showed us their bedrooms and all were personalised and decorated to their taste. One person had certificates displayed for performing arts, swimming and fitness awards they had completed. Another person had a photograph of their girlfriend and staff supported them to go out for meals with them. When we visited the person had invited their girlfriend for lunch and told us they were also planning a Valentine day meal out.

We observed staff show concern for people's wellbeing in a caring way and they responded to their needs quickly. A person had to get ready quickly to keep an appointment and they supported them to choose clothes they would be comfortable in. Another person arrived home from their work placement and requested a peppermint tea which the staff provided.

We observed people were treated with dignity and respect, staff knocked on their bedroom doors and waited for an answer before entering. Staff did not access people's bedrooms without their consent. Staff supported people who wanted reminders of when they were going to see their families. One person had a chart in their bedroom which helped them know when their visit home to see their family was due and this prevented any anxiety. People had chosen their holidays and helped staff to plan them.

People appeared happy and contented. There was a calm atmosphere in the home and people were busy going out on activities with staff and returned to a warm welcome. Staff enquired how they were and were interested in what they had been doing. People sat round with staff in the kitchen chatting and preparing food for the evening meal.

A staff member told us, "People have an amazing life with regular coffee mornings meeting people and making friends". They said people choose to do lots of activities and it would be difficult to fit in anymore. Staff were keyworkers for people and had individual formal meetings with them monthly and listened to them every day and noticed any changes. People knew who their keyworkers were and knew they could ask them anything. The staff were aware of what was likely to cause people anxiety or upset them.

People's records included information about their personal circumstances and how they wished to be supported. There was a pen picture of their life and the people important to them. Staff supported people to keep in contact with family and friends using the telephone, emails, text messages and video calls.

A daily structure of people's preferences helped staff to give personalised support and respect their wishes. Staff were knowledgeable about what people found difficult and how changes in daily routines affected them. An example was one person's need to speak to their relative regularly on the telephone. Care plans and daily records had a lot of detail of how people were supported when they became anxious or upset. Staff were enthusiastic and respected people's choice and supported them to do anything they wanted to do. One person went to watch people having a riding lesson to see if they might like to try it. Weekly activities at a local church included taking part in a religious service if people wished.

Good

Is the service responsive?

Our findings

People had care plans that clearly explained how they would like to receive their care and support. An example we looked at identified what triggered one person's anxiety, there were several issues which all the staff were fully aware of. The detailed information in the care plan and the daily records provided a clear picture of situations to avoid and promote to support the person. Peoples moods, behaviours, family contact, health and goals were some of the areas looked at monthly to record progress or the need for additional support or intervention. Behaviour trigger charts were used when incidents indicated and staff assessed the severity and outcome to ensure that people had professional support when required.

People had risk assessments recorded for daily activities and accessing the community which provided a clear record of how to support them with their independence. There was a 13 step risk assessment plan for one person which clearly outlined the support they needed at times. One person's care plan identified their goals in the December 2015 review which included new dancing activities and a new year's party at the service. The date they were achieved was recorded.

People's needs were reviewed monthly and as required. An example of this was the monthly reducing record where all aspects of peoples care and support were reviewed with their keyworker and summarised. People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. One person told us their keyworker was going with them to see Dick Whittington at the theatre. Annual reviews were completed with people where they set their goals for the year. Staff told us most people achieved the goals they set.

Where necessary health and social care professionals were involved. A healthcare professional told us the service was responsive to people's needs and informed them about any changes in their mental health. They told us they were impressed by staff ability to support people that sometimes challenged them. Risk assessments were reviewed regularly to monitor and increase people's independence and support their developing skills. Two people had seizure monitors for use at night and one person had recently been supported by a healthcare professional regarding their medicine.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. Staff had provided support for a person to visit relatives in London and France. One person took part in voluntary work at a local social enterprise initiative, which included a gardening role. Staff took people on weekly rambling walks and took packed lunches with them. Regular bowling outings and art and craft sessions were organised. The quarterly colourful newsletter provided a picture of what people had achieved. People had been to Butlins, Centre Parcs, Cattle Country, enrolled in cookery and music classes, joined a choir, competed in the Five Valleys walk and a Scrumpy hunt in Gloucester for 22 different 'Scrumpy' statues. One person had taken part in a local Christmas show where they demonstrated their new Salsa dancing skills.

People told us about their activities. One person told us they, "Got enough to do" and told us they liked horse riding. Another person was supported to access a French course at the local college and a member of the staff often spoke to them in French as encouragement. A person told us they liked to watch quiz programmes, cooking meals and going to discos. They also did their own washing.

Handover information between staff at the start of each shift ensured important advice about people was known, acted upon where necessary and recorded to monitor progress. During handovers staff checked people's personal monies were correct and that their medicine had been given. A daily communication book was used to inform all staff about relevant details for example, people's appointments. The service had good links with the local community. One person went on holidays and to a London theatre with the voluntary organisation they were working for.

Staff knew people well and were able to assess when they were unhappy or concerned about anything. There was a complaints procedure and an easy read version for people. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints since our last inspection and these were investigated thoroughly. A relative told us they had no complaints about the service. They told us they talked to the registered manager if they had any worries and they were looked into straight way. They gave an example of when the person had wanted to use a clothes airier on the radiator and this was agreed.

There was a comments book for people to use and there was a good record of concerns raised and dealt with. For example one person wanted to change their keyworker and they chose who they wanted as their new keyworker. The registered manager had handled a recent incident well and made sure all concerned were supported to learn from it. One person had commented, "A lovely dinner".

Good

Is the service well-led?

Our findings

People and those important to them had opportunities to feedback their views about the quality of the service. An annual survey was sent out and families supported some people to complete them. The registered manager told us when people ticked a negative answer she asks them what they meant. For example one person ticked 'staff never help me' but they were independent and didn't need help. People commented, 'I love living at The Mount I would not want to live anywhere else, I am so very happy here', 'I am well looked after', 'I do like it here' and 'I like living at The Mount'.

Families had commented in the survey, 'X is very well looked after at The Mount, excellent environment. Any issues have been dealt with in a professional manner. We think The Mount is the best place for X', 'Y has little choice only my funding his activities', 'Events and activities have to be planned around transport. Mostly excellent' and 'Z is so very happy at The Mount we never have to worry. The staff are the best you can get, we get on well with them'. The registered manager collated the results and completed an action plan. We discussed a relative's comment with regard to activities and the registered manager had spoken with the relative formally with regard to funding activities. The service had a leased vehicle and some staff were insured to use their own transport to take people out. People had concessionary bus passes they used on public transport.

A healthcare professional commented in a survey, 'Always a welcoming environment and staff team, a positive place to visit. Staff have an excellent relationship with service users and a genuine interest in their lives and wellbeing. A positive relationship between manager and staff team'.

Staff told us there was a well established staff team to promote continuity of care for people. Staff told us the registered manager was excellent and always approachable. A staff member told us, "The manager is a good listener and values the staff here, I feel valued".

Staff meetings were held monthly to keep them up dated with recent issues. We looked at a record of a meeting held in November 2015. Staff had discussed medicine management, health and safety, reporting safeguarding and a person's change in behaviour and how to support them.
A member of staff told us, "We had a staff meeting yesterday and you can say anything you like".

The results of a staff survey told us the questions were mostly rated good or excellent by staff.
Staff had commented, 'Made to feel very welcome. The team of staff is really strong and I am happy to be a part of it', and 'Computerised training poor with constant interruptions in the office not conducive to good learning. Plenty of training available'. An action plan recorded stated that staff to have interaction with a direct trainer.

The registered manager told us about the monthly audits completed, for example water temperature checks, vehicle checks, fire systems and accident audits. Annual electrical safety checks were completed. We looked at the record of a formal monthly quality assurance check completed by the provider's representative in November 2015. Various aspects were looked at which included talking to staff and looking

at recruitment and training records. Records were complete and a new member of staff had received two supervisions since they started in August. The actions identified in the quality assurance audit had been completed. An example was the daily recording of the medicine storage.

A visiting healthcare professional told us they had no concerns about the service. They told us the staff were appropriate and professional towards them and the people living there. There was a letter from the voluntary organisation two people were involved with thanking the staff for supporting them to attend classes and holidays with them.

The registered manager attended a monthly managers meeting with the providers representative and a range of topics were discussed to include safeguarding and the latest updates from CQC. The registered manager had attended the National Care Homes Association seminar in the last year and received updates from the Learning Disability forum through the provider's representative.