

Vineyard Care Limited

# Vineyard Care Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 29 December 2014 and was announced. At the previous inspection on 20 November 2013 we found the service to be meeting all the regulations we inspected.

The service provides care and support to people within a small supported living scheme. It specialises in providing care to people who have mental health needs and/or mild learning disabilities. There were three people using the service at the time of our inspection.

There was a registered manager in post. 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.

Staff understood how to identify abuse or neglect and how to respond to keep people safe. Systems were in place for assessing and managing risks to individuals. Accidents and incidents were reviewed to prevent these from happening again. Medicines management was safe and people received their medicines as prescribed.

# Summary of findings

There were enough staff to meet people's needs and recruitment procedures were robust to ensure only suitable staff worked in the service.

Systems were not always in place for acting in accordance with people's consent and to identify the support people required to make choices about their care, according to the requirements of the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report.

People chose the food and drink they ate and advice from external professionals was sought where there were concerns about people's diet. People's day to day health needs were met.

Staff were supported to meet people's needs through induction, training, support and supervision. Staff were kind and treated people with dignity. They understood people's needs and backgrounds and supported people to be as independent as they wanted to be.

There was a complaints system in place which people were aware of.

People were involved in their care planning. They were supported to attend activities they were interested in to reduce social isolation.

The registered manager communicated effectively with relatives and professionals.

# 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?

The service was safe. Staff understood how to identify and respond to abuse and neglect to protect people. Risks to people were assessed and monitored. Medicines were managed safely. There were enough staff to meet people's needs, with recruitment procedures being robust so only suitable staff worked with people using the service.

Good



### Is the service effective?

The service was not always effective. Systems to act in accordance with people's consent and to make decisions in line with the Mental Capacity Act 2005 were not always in place.

Staff were supported to meet people's needs through induction, supervision and training. Staff understood people's needs and backgrounds. People were able to choose their own food and were supported to meet their healthcare needs.

Requires Improvement



### Is the service caring?

The service was caring. Staff understood people's needs and backgrounds and treated people with respect. People were supported to be as independent as they wanted to be.

Good



### Is the service responsive?

The service was responsive. People were involved in planning their care and activities to reduce the risk of social isolation. There was a complaints system in place which people were aware of.

Good



### Is the service well-led?

The service was well-led. There was a registered manager in post. Effective systems to involve people in the running of the service as well as for communicating with relatives and professionals.

Good



# Vineyard Care Limited

## 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 29 December 2014 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of a single inspector.

Before our inspection, we reviewed the information we held about the service. We also spoke with a social worker in the local authority transitions team.

During our inspection we spoke with three people who lived at the supported living scheme where the service provided care and spent time observing how care and support was provided to them. We also spoke with the registered manager and one member of staff. We looked at records, which included three people's care plans and risk assessments and records relating to the management of the service.

After this inspection we spoke with a community psychiatric nurse (CPN) and a relative.

# Is the service safe?

## Our findings

One person told us, “I feel safe here, the other [people using the service] look after me.” Staff received training in safeguarding adults at risk and had a good understanding of how to recognise and respond to abuse to protect people. Staff were aware of the safeguarding adult’s policy and procedure. People using the service knew they could raise any concerns with the registered manager or outside professionals who worked closely with them.

Each person had individual risk assessments which contained information on risks specific to them. For example, where people behaved in a way which challenged the service and put themselves and others at risk, care plans showed how staff should support them. Risk assessments had also been completed for people’s needs such as self-neglect. Staff had access to up-to-date information to keep people safe as risk assessments and care plans were regularly reviewed.

Accidents and incidents, including incidents of behaviour which challenged the service, were recorded in a way which enabled analysis to improve service delivery. Where a person displayed behaviour which challenged the service the registered manager had recently started to record a clear log of incidents. These were to be shared with the local mental health team so patterns could be established which could help them determine a course of action.

Medicines management was safe. One person told us, “I get my medicines on time” and they understood what they

were for. Where a person had been self-administering medicines for several years staff supported them to do this safely. Staff reviewed their Medicines Administration Record (MAR) and carried out an audit of medicines stocks with them each week to check they had taken their medicines as prescribed.

We checked stocks for nine medicines for people who received medicines from staff. We were able to confirm they were given as indicated on the Medicines Administration Records (MAR). Each time staff administered medicines to people ‘as required’ they made a record of the date, time and reasons for this to ensure an accurate record of administration. Records of medicines received and returned to the pharmacist were in place. The pharmacist had recently carried out an audit of medicines management in the service. They found this to be satisfactory overall, and suggestions they made had been actioned.

One person told us, “I think there are enough staff here.” Staff also told us, and we observed, there were enough staff to meet people’s needs. The registered manager varied the staffing levels according to the needs of the people living at the scheme and when new people moved into the scheme or others left. We looked at the recruitment records for two staff members and saw the necessary checks had been completed before staff worked unsupervised at the service. This meant that staff had been assessed as suitable to work with people living in this scheme.

# Is the service effective?

## Our findings

The provider did not always ensure that people consent was taken into account when decisions were made in relation to their care. One person told us they did not like staff keeping their cigarettes and they did not want to limit their smoking. Two people's risk assessments stated their smoking should be limited due to health risks and staff kept their cigarettes for them. However, there was no record of people's views or consent in relation to this. Staff told us they had previously agreed to this, although there was no record of this. When we notified the registered manager of this, the registered manager discussed this with them and they agreed staff would no longer keep their cigarettes. The registered manager told us they would review the risk assessment process in light of this to ensure that people's views were fully considered and recorded.

Where there were concerns a person lacked capacity to manage their finances the registered manager was managing the person's personal money but they had not carried out a mental capacity assessment in relation to this. They were also not able to demonstrate that they had involved the person's relatives or significant others in decisions to manage the person's finances so that the decisions were made in the person's best interests.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People received food in sufficient quantities. One person told us, "I do my own cooking and I choose my own food." People chose and cooked their meals individually and were able to eat at times they wished. During our inspection people chose to eat outside the home so we were unable to observe a mealtime. Where there were concerns a person was not eating a healthy diet through choice the registered manager was receiving advice from their community psychiatric nurse (CPN) about how to support the person with their nutrition.

People were supported by staff who had appropriate skills. New staff completed the 'Skills for Care' common induction standards which meant they received training which met nationally recognised standards for staff working in care. Staff completed regular training on a range of topics to increase their knowledge as to how to meet people's needs. Regular training topics included safeguarding, health and safety and food hygiene and staff told us the training was sufficient for them to fulfil their role. Staff were supported to do more in-depth training such as the diploma in health and social care. Records showed staff received regular supervision with the registered manager where they were able to discuss relating to people's care and welfare and receive feedback on their own performance.

Where people might behave in a way which challenged the service, staff understood the triggers for this and guidelines were in place for staff to follow. Where there were concerns about a person's behaviour the registered manager was liaising with the local mental health team to make sure they were supporting them in the best way possible.

People had a good understanding of their health needs and staff supported them to access services in relation to their physical and mental health needs when necessary. However, people with learning disabilities did not have health action plans in place. People told us they could see a doctor and other healthcare professionals, such as an optician, when necessary. One person told us about an operation they were due to have and records showed they had been supported to attend numerous appointments in relation to this. Each person received specialist support from a care co-ordinator within the local mental health team in monitoring and managing their mental health needs.

# Is the service caring?

## Our findings

One person told us, “[The registered manager and staff] are very nice people. They take me shopping and help me.” Another person said, “The staff are kind.” A third person said, “I like it here, I like [the other people using the service] and [the registered manager] looks after me.” We observed staff treating people with kindness and staff made people feel they mattered and had built up good relationships, engaging them in conversations and listening to them with interest. One person proudly showed us a photo album of their life since they had been at the service, which staff had supported them to create. One staff member told us, “We’ve built up a rapport and trust [with people using the service], we talk all the time.” Staff spoke to people in a way they could understand, repeating where necessary.

Staff understood people’s needs and backgrounds. One person said, “I’ve told [the staff] about my background.” Another person told us how staff knew the things they liked, such as a bath instead of a shower and what activities they enjoyed doing. People told us they were involved in planning their own care.

Staff supported people to access a local independent disability empowerment and support service. This service supported people specifically to ensure they were receiving the welfare benefits they were entitled to.

People told us their relatives could visit without restriction unless there was an agreed reason for them not to. A relative told us the registered manager encouraged their visits and always made them feel welcome.

People told us staff treated them with dignity and respect and our observations were in line with this. The registered manager made sure staff understood how to respect people’s privacy and dignity through training. People also told us they had the privacy they needed.

People were encouraged to be as independent as they wanted to be. People cooked their own meals and some did shopping independently. They were also involved in everyday tasks such as laundry and cleaning. One person told us, “I do some cleaning, mopping and I Hoover my bedroom.” People were able to spend time in the different rooms of the house as they saw fit, and all had their own keys to the front door. People told us they could come and go as they pleased and one person said, “I have a key and I go out whenever I want to.”

# Is the service responsive?

## Our findings

People were positive about the service and the way in which the care they received met their needs. One person said, “I’ve changed for the better since I’ve been here, it’s perfect [here] and it’s like living in Buckingham Palace [as it’s so clean].”

People told us how they were supported to do activities they enjoyed and build relationships to reduce social isolation. One person told us, “I like to sit outside and go to the day centre. I like to dance, sing and listen to music and I can do all that here.” Another person said, “[Most days] I go to the day centre and I like to stay in, in the evenings.” People told us they had made friends within the service and at the day centre they regularly attended. People were encouraged and supported to keep in contact with people important to them. One person told us, “I speak to my friend on the phone and meet them [in a local place], I’m happy with that.”

People told us how staff ensured that significant events such as birthdays and Christmas were celebrated. Recently people had been taken to see the Christmas lights in central London.

People were supported to meet their religious needs and several people were supported to attend church each week. One person told us, “I go to church every Sunday, sometimes [other people using the service] go with me, [staff] drop us off.”

People were asked about their preferences and what was important to them before they came to live at the service and this was recorded. When one person wanted to be involved in their care plan this had been created in an easy-read format which they told us they had read and agreed with. This included information about the areas they wanted staff to help them with, such as personal care, and the tasks they could do by themselves. Records showed people’s care plans were regularly reviewed.

People knew how to complain. One person told us, “I’d tell the manager or care co-ordinator.” There was a complaints policy which was accessible to people. People were made aware of the complaints policy when they came to stay at the service and it was in an information pack about the service, a “service-user guide” they received.



# Is the service well-led?

## Our findings

A health professional told us the registered manager and staff understood their roles as well as people's needs. The registered manager was responsible for the running of the home and also took an active role in all areas of service provision, being directly involved in care and support. They were supported by a small team of one permanent support worker and several bank staff. The registered manager and staff understood their responsibilities, with the shared goal of enabling people to build and retain their independent living skills.

Due to the small size of the service the registered manager completed most documentation themselves, checking it was at the right standard on an informal basis. However, this system had not ensured people's care plans reflected their views and valid consent.

People were encouraged to play an active part in their local community as the service had developed links with the local community. Staff supported people to attend a local day centre for people with mental health needs. People were also supported to attend a church and to go shopping in the local community.

The registered manager encouraged open communication with people who used the service, relatives, health and social care professionals and staff. People using the service told us the registered manager was approachable and they had developed good relationships with them, and the staff team, through working closely together. We observed people were comfortable approaching the registered manager and staff and did so readily throughout the day. House meetings were held and people told us they were able to speak freely in these meetings. Meeting minutes reflected this, with discussions of topics of importance to people, such as cleaning and activities.

A relative told us, when they visited, the registered manager would spend time speaking with them and they could call any time. A healthcare professional told us the registered manager called and updated them when things changed for people and they went through the management plans together. They commented that the registered manager relayed information as needed. The registered manager communicated openly with staff when working closely with them on a day to day basis and in regular supervision.

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
Personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place for establishing, and acting in accordance with consent and also the best interests of people using the service when they lacked the mental capacity to consent. Regulation 18(1)(2).</p>