Grapevine Care Limited

Grapevine Domiciliary Care

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 inspection took place on the 28 June and 4 July and was announced.

Grapevine Care Limited is a domiciliary care agency providing care and support for two people in their own homes. The service had a new provider but the name of the company remained the same.

There was no registered manager in post but the registered manager from the new provider's DCA service in Cheltenham had started their registration with CQC with the intention of managing both small agencies. 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.

Risks to people's safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed. There were thorough recruitment procedures. Checks to help ensure suitable staff were employed to care and support people had been completed.

People were supported to maintain good health and be involved in decisions about their health. Healthcare professionals monitored their health. People were protected by staff having regard to the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's
capacity to make certain decisions and record a best interest decision with professional and their supporter's

People were provided with individualised care and support. Staff had the knowledge and skills to carry out their roles and their training was updated. Staff knew people well and treated them with dignity and respect. One person told us the staff were like friends and they said the staff were wonderful.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service. Regular quality checks helped to ensure the service was safe.

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. All accidents and incidents were recorded and preventative measures identified.

People's medicines were managed safely in their home and in the community.

People were supported by sufficient staff who had thorough recruitment checks and an induction to the service.

Is the service effective?

Good

The service was effective.

People's health needs were well supported through access to healthcare professionals.

People's rights were protected by the correct use of the Mental Capacity Act (2005).

People were supported by staff that had the knowledge and skills to carry out their roles.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness. They knew staff well and had good relationships with them. Staff spoke respectfully about the people they looked after.

People were looked after in the way they wanted and were encouraged to make decisions about things that affected their daily lives.

People's privacy and dignity was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support and were involved in decisions about their care. Staff supported people to choose activities they liked and planned holidays with them.

There were arrangements in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

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

The provider's representative was accessible and supported staff, people and their relatives through effective communication.

Grapevine Domiciliary Care

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 28 June and 4 July 2017 and was announced. The provider was given notice because the location provides a small domiciliary care service for two and staff were often out during the day, we needed to be sure that someone would be in.

We reviewed the information sent to us in the provider information return (PIR). The PIR 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. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was carried out by one inspector. We spoke with the two people using the service, the provider's representative acting as manager and two support staff. Following the inspection we spoke on the telephone to one member of support staff and one relative of a person using the service. We reviewed records for the two people who received personal care and checked records relating to staff recruitment, support and training and the management of the service. We also contacted health and social care professionals involved with the service.

Good

Is the service safe?

Our findings

People were kept safe by staff trained to recognise signs of potential abuse and who knew what actions to take to safeguard people. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. Staff had a list of senior staff they could call for assistance should they need help or advice. All incidents had been recorded and reported as required. One person told us, "I feel safe and supported". One staff member told us they had completed training to safeguard people and how they would report any abuse to the manager. All staff completed annual safeguarding adults training.

People were supported by sufficient staff to meet their needs. The electronic call monitoring system operated by the commissioners helped to ensure there was always the correct number of staff to complete people's individual activities for one person living in a group supported living home One team leader told us there was enough staff to ensure people had flexible support with their personal care and to complete individual community activities. One person had been assessed for additional care hours to improve their activities. Another person living in their own home with a family member told us the staff always had the time to support them with all their needs.

People had individual risk assessments in place which were reviewed three monthly. The risk assessments recorded for two people we visited were individual and clear actions had been identified to minimise risk. One person was at risk because they said "Yes" to everything and staff were advised to speak slowly. Other risk assessments included risks from falls, security of a person at their home and infection control.

Medicines were safely managed. People were supported to take their medicines and one person had emergency medicine for seizures which was taken out with them in the community. There was a protocol for when to administer the emergency medicine and staff had been trained to administer it. The medicine records we looked at were complete and medicine was stored safely. When staff had applied cream and instilled eye drops for one person this was recorded. Staff administering medicines had an annual competency check.

There were thorough recruitment procedures where checks to help make sure suitable staff were employed to care for and support people had been completed. Staff had completed an induction programme when they started.

Accidents and incidents were recorded to include reflective practice and preventative measures. The accident records we looked at were minor and a body chart had recorded any bruising which was monitored. All accidents and incidents were audited monthly to identify any trends and further preventative measures. Staff were trained in infection control and personal protective equipment was available and used by staff to prevent cross infection where necessary.

There was a business continuity plan for staff to know what to do in the event of service interruption for example; adverse weather conditions, power failure and IT interruption. A contact list for various landlords

was available for staff. Environmental risk assessments were completed annually and reviewed during monthly registered manager visits to ensure people and staff were safe.

Good

Is the service effective?

Our findings

People were supported to maintain good health and be involved in decisions about their health. People were well supported to maintain or improve their health and were referred to healthcare professionals when required. Each person had a health action plan which was updated after any appointments or changes. One person told us the care workers always informed the member of their family, who was at work, if they were feeling unwell. The daily records informed told us the staff had taken urine samples to the person's GP surgery when they were unwell.

One person living with epilepsy was supported by healthcare professionals and had risk assessments to keep them safe and protocols for staff to follow when they had a seizure. Healthcare professionals from the Community Learning Disability Team (CLDT) looked at the person's seizure records monthly to assess the pattern of their seizures. Staff were trained to give them emergency medicine when indicated by the protocol.

People were supported to attend GP annual health checks, medicine reviews, dentists and opticians. Hospital assessment records provided information about people should they need to be admitted in an emergency. They included what the person liked, what was most important to them, any risks for them or behaviour patterns, and a medicine chart and how their tablets worked for them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the guidance of the MCA. Where necessary people's capacity to consent to receive care and support, for example, personal care, taking their medicines and managing finances had been assessed.

One person had been assessed as not having mental capacity to manage their holidays, medicine, benefits and finances. Arrangements had been put in place with the Court of Protection for the person finances to be managed by Gloucestershire County Council. The person had a best interest record for help and support and staff show them pictures to choose activities and there was a record of what staff knew they liked. Another person we spoke with had capacity to make all their own decisions. Staff had received training in the MCA and knew about mental capacity assessments and the need for best interest meetings which usually included the CLDT.

People were supported with their meals to meet their individual needs. A person at risk from choking had a risk assessment to minimise the risk and guidance from a speech and language therapist for staff to follow. One person we spoke with was supported to go shopping for their food. Staff helped prepare the meals people chose. All staff had received training in food hygiene.

Staff had regular training updates to ensure they had sufficient knowledge to carry out their roles. Staff had

completed all mandatory training the provider required which included moving and handling, first aid, fire safety, health and safety, safeguarding and person centred values. The training record for all staff was updated to show when staff training was due. The Provider Information Return (PIR) told us there was a network of training providers to access the Qualifications and Credits Framework (QCF) and distance learning courses for staff. The record showed most training was completed or planned. All staff had recently completed dignity and Respect training. The provider's representative told us most staff had completed NVQ level two or three in health and social care or equivalent. One staff member told us the training was "amazing and very detailed. The staff we spoke with were satisfied they had sufficient training to support people effectively. Some staff were waiting to complete positive behaviour support training.

Staff were also supported through individual meetings and annual appraisals completed by the providers representative and staff team leaders. The record of the meetings were detailed and looked at staff training needs and the development and progress in their role. One staff member told us they had an individual meeting every six months and also attended staff meetings. They said the meetings were beneficial and provided positive feedback and helped them develop their role.

Good

Is the service caring?

Our findings

Staff knew people well and were concerned for their wellbeing. One person told us about the staff that supported them and said, "The staff are like friends, they are lovely." People were seen to be relaxed with staff and staff treated people with dignity and respect. One person had chosen to have all female staff for their personal care and this was respected.

People were supported to express their views and plan their own care and support. People had a 'keyworker' a keyworker is a member of staff who was allocated to work with a person to ensure they received care in response to their needs. Keyworkers talked to people monthly to review their care support plans and risk assessments but people knew they could talk to all staff at anytime. They also made sure people attended health appointments. The keyworker for one person told us about the things they liked to do, for example going shopping and visiting a local church club where they played bingo. The keyworker also told us the person's relative was involved in discussions about their health and in particular an occupational therapy assessment. The keyworker had completed a monthly review and in May 2017 they recorded the person had been on lots of shopping trips and had tried new foods which they had enjoyed.

Staff knew people well and provided personalised support. A new daily support record had been completed for one person who wanted all staff to have detailed information about their support. The person told us this was working well and helped them to relax when all the staff knew what to do each time they visited. One person had an advocate who supported them when they were assessed for additional support hours, for example an independent mental capacity advocate (IMCA). Staff had communicated with relatives to help them record one person's end of life preferences. Relatives had made positive comments about the service in the completed surveys we looked at and staff made sure people had contact with their families. One family member had requested an update by email about the person's activities and the provider's representative was addressing this.

Staff knew, understood and responded to each person's diverse needs in a caring and compassionate way. The staff we spoke with were positive about the people they supported and wanted to make a difference for them and improve their life. One person told us the staff never talked about other people they supported but liked to share information about their own families with them. They said, "The care really is wonderful" and "They have taken the time to learn everything about me."

The staff team were supportive to each other and spoke to each other with respect. One staff member told us they were well supported by a "Lovely staff team." One person they supported in their own home told them they were happy with the care they gave. Staff survey comments centred on the people they supported. One comment said, "We all work as a team for the best possible care of the residents."

Good

Is the service responsive?

Our findings

The service provided care and support which was personalised and responsive to people's needs. Staff knew people well and noticed when they may need support with any pain or anxiety. When one person experienced additional pain and increased their medicine the staff communicated this to a relative to ensure they were aware when they returned home. Another person who required additional exercise to increase their stability was assisted by staff daily to walk to the bottom of the drive. One staff member told us the person's walking was improving and they were trying to arrange a holiday where two staff could accompany them.

Personalised care plans identified the support people needed and an action plan for staff to follow. One person's care plan described how to communicate effectively with them. The plan was written in the first person as though they were telling staff what to do. For example "When I ask the same question again I need reassurance. Make sure I understand" and "Encourage me to point to where the pain is." One person had recently had incontinence support with using aids during the day. At their next review the keyworker had recorded that the continence adviser was pleased with the person's progress which had been due to the diligence and support of the staff. The aim to return to continence during the day was progressing.

Care plans were focussed on the person's life including their goals, skills and strengths. The care plans included people's personal history, their preferences and interests. People were given information using their preferred method of communication. An example was using pictures for one person. Monthly care plan reviews were detailed and addressed all aspects of people's support and any current concerns. One review we looked at summarised the person seemed happier and enjoyed their usual activities of shopping, using notepads, bubble solutions and some walks. One person told us about the staff, "They have been wonderful and stopped me doing things" which helped to ensure their health was stable without increased pain. The person told us the provider's representative was incredibly responsive and there was good communication by phone and regular visits.

People received staff support to engage in activities of their choice. One relative told us they had ideas to improve the variety of activities for the person if they could have additional staff support which had been applied for. People knew about their care plans and planned their activities and holidays with staff. One person with decreased mobility enjoyed reading and staff taking them shopping when they felt able to go out.

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. One person told us they would speak to the provider's representative if they had any concerns. We looked at one complaint from a relative and the issue was investigated, responded to and resolved to the complainant's satisfaction. A concern from a relative about communication had also been responded to satisfactorily. The local authority was investigating another complaint which had not been completed but the service was cooperating fully to ensure people's wellbeing was safeguarded. There was an action plan the local authority quality team had asked the provider to complete with timescales for completion in July and August 2017.

Good

Is the service well-led?

Our findings

The provider's representative was temporarily acting as the manager and had regular contact with people and monitored the service they received. They also provided support and personal care to one person in their own home. The person praised the communication and support they received from the provider's representative which had given them confidence with the service new to them. The Provider Information Record (PIR) told us feedback was actively encouraged from people during regular meetings and care plan reviews. Staff group meetings and staff individual meetings helped to ensure staff were kept informed and were developing in their role to benefit people they supported.

A new manager had recently been working part time with the provider's representative and had applied to register with CQC. They were an experienced registered manager for another service and planned to manage both small services. The PIR also told us how the providers' representative had regularly checked the CQC website for updates and attended the local authority provider forum to find out about new initiatives in the county. The service received medical alerts and informed the senior staff team when relevant to the service.

The provider's representative knew the people receiving personal care well and regularly visited them. To ensure continuity of the service there was an on call system where staff could always contact a senior member of staff for advice and support. The provider's representative had daily contact with the multiple occupancy houses and was made aware of any concerns there. One relative emailed the provider on behalf of the person and one person preferred to use their telephone. The provider's representative visited people who lived in their own home monthly to ask them about the quality of the service.

Quality assurance procedures were used to improve the service for people and include them in developing their care and support. There was a monthly group meeting in the multiple occupancy houses where people told staff what they liked to do and any changes they wanted. However people could speak to the staff at any time to make changes to their care and support plan. Annual quality assurance surveys were sent to people, staff, families and health and social care professionals. We saw a timetable of when surveys should be sent out. Eleven people and four families responded in 2016. All comments were positive and the two actions identified had been completed. Staff had commented, "We all pull together when needed" and "We all work as a team." One concern raised by a social worker in May 2017 had been addressed.

Monthly quality audits completed included care plans, people's healthcare support, risk assessments, finance records and medicines. We looked at examples of the medicine audits and actions were identified and checked at the next audit. Single occupancy audits were completed monthly and we looked at the March, April and May 2017 checks for one person. The home was clean and organised and staff had recorded mileage when they took the person out. Their care plan had been updated and they and their relative were happy with the care provided.

The provider's monthly visits to audit one multiple occupancy home were detailed and covered all aspects of the service including staff and people's comments. We looked at June 2017 visit record where staff had

said they felt well supported by the home leader and could talk to them about anything. One person who had fallen had a body chart recorded and an accident form was completed. All personal finances were checked as correct. All staff annual appraisals had been noted as completed in June 2017 and the proposed new manager for the DCA had visited the house to meet people. They had spoken with one person who had expressed a desire to move home and they were fine at present. One relative had told us all was fine regarding the persons care and the provider's representative was helpful and supportive. The PIR informed us about the positive feedback from professionals and family about the care and support provided to people.

Grapevine Care Limited had provided two staff trained by them in positive behaviour support and management to train staff for the local authority in other services. The staff had trained staff how to respond to behaviours that challenge them and were part of a team of four in Gloucestershire that helped to provide five courses annually, each taking three days.