Vineyard Care Ltd

Vineyard Care Limited

Inspection report

DLC House
Upper Mulgrave Road
Cheam
Surrey
SM2 7AJ

Tel: 02084087177

Date of inspection visit:
21 July 2017

Date of publication:
05 September 2017

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

Vineyard Care Limited provides personal care and support to adults with mental health needs and learning disabilities who live at a supported living service. This means people receive a set number of support hours based on their needs. The service is able to provide care and support for up to four people and there were three people using the service at the time of our inspection.

At the last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good.

Staff were familiar with how to safeguard people from abuse. This was also reflected in people's individual risk management plans. Each person had detailed risk assessments so staff knew how to care for them safely without unnecessarily restricting their freedom. Medicines were managed safely and people were supported to manage their own medicines where this could be done safely.

There were enough appropriately qualified staff to keep people safe. The manager carried out checks to help ensure staff were suitable. Staff received supervision, appraisals and training at a suitable frequency and the registered manager sought advice and support from reputable sources to help them keep up with current research and best practice in social care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff obtained people's consent before providing them with care and support.

People received the support they needed to maintain a healthy diet and to have enough to eat and drink. Staff supported people to make and attend appointments with healthcare services to support their physical and mental health.

Staff knew people well and had good relationships with them. People received the support they needed to make choices about their care on a daily basis. Staff promoted people's privacy and dignity. People received support that helped them retain and develop their independence and to work towards achieving their goals.

People had care plans that were reviewed regularly to keep up to date with their needs and preferences. These were detailed to support staff in delivering care that met people's needs and took into account their desires, preferences, cultural and religious needs and choices. There was a formal complaints policy and people also had opportunities to express concerns more informally.

People had very regular contact with the registered manager, who provided care to people directly and was able to monitor the quality of the service in this way. They discussed the service daily with staff and gave people regular opportunities to give feedback and suggest any improvements they wanted to be made.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 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.

This was a comprehensive inspection. It took place on 21 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people living at a different location and we needed to be sure that someone would be at the office. One inspector carried out this inspection.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports, questionnaires we had asked people who used the service to complete and a provider information return. 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.

During the inspection, we spoke with one person who used the service, the registered manager and the other permanent member of staff. Because we were only able to speak with one person, which means they could potentially be identified by this report, we asked for and gained the person's consent to use quotes from them. We looked at the care plans of all three people who used the service, two staff files and documentation such as records of house meetings and staff rotas.

Good

Is the service safe?

Our findings

People were protected from abuse and ill-treatment. Staff received training in safeguarding people from abuse and the service had a policy and procedure on safeguarding, which staff were familiar with. Staff were also familiar with people's histories including any abuse they had suffered in the past. This was taken into account when considering how to protect them from abuse and harm in the present. This included risk management plans where people had a history of behaviour that could harm others they lived with, or of making false allegations of abuse.

Staff knew how to keep people safe from avoidable harm. The person we spoke with told us they felt safe using the service and also said, "I have an alarm system in case I fall. I can call [registered manager] or [member of staff] if I need help. They are easy to contact and are very nice people."
People had individual risk assessments, which set out what specific risks were associated with each person, what might cause these things to arise and what signs staff should monitor, what could happen as a result and how staff should support people to stay as safe as possible. The risk assessments were designed to avoid any unnecessary restrictions on people's freedom. Where risks involving one individual were likely to impact on other people who used the service, staff briefed them on how to remain safe. This included maintaining appropriate boundaries when responding to behaviour that challenged the service.

Staff regularly reminded people of fire safety and evacuation procedures. This included making sure people were aware of the smoking policy and that they should not smoke indoors. This helped protect people from the risk of fire in their home.

There were enough staff to care for people safely. Because the service was small and the people who used it did not require 24 hour care, the registered manager was able to provide care directly alongside one other permanent member of staff. They told us if one or both of them were unavailable due to holidays or sickness they used a staffing agency to cover. We saw evidence of this on rotas, which demonstrated that people received the amount of support hours they were assessed as needing. The registered manager took steps to ensure staff were suitable to care for people safely, including carrying out criminal record checks and assessing fitness to work. As the provider had not recruited any new staff since we checked this at our last inspection, we did not look at recruitment procedures in depth during this inspection.

People received support to manage their medicines safely. Staff had annual refresher training to help ensure they were competent to handle medicines safely. The provider told us a local pharmacist provided any additional advice and support needed in this area and also carried out a medicines management audit at the service every two years, which we saw evidence of. There were appropriate measures in place to support people to be as independent as possible with their medicines whilst remaining safe, such as supplying a person with one week's worth of medicines which they kept in their own locked cupboard. The person told us, "I manage my own medicines. [Staff] give me the box but if I'm stuck they help." We checked medicines records and found that medicines were recorded appropriately, indicating that people received their medicines as prescribed. Where they did not take their prescribed medicines, records clearly indicated the reasons for this and what action staff had taken.

Good

Is the service effective?

Our findings

People received care based on current best practice and research related to social care and people's specific needs. For example, the registered manager had a good relationship with the community psychiatric nurse who attended to people who used the service and were able to contact them for advice when needed. They also attended a local forum where managers of social care services were able to share good practice ideas and support one another with any problems, and gave us examples of online resources they used to further their knowledge.

People were supported by staff who were appropriately qualified and supported to deliver effective care. Staff received one to one supervision and appraisals to support them in their roles. The registered manager, who was also a registered nurse, was working towards an additional leadership qualification. Staff received training included medicines management, first aid, person centred care and dignity and respect. However, we noted that staff did not have training in mental health awareness, which would be relevant to the needs of all three people currently using the service. We discussed this with the registered manager, who agreed this would be beneficial and said they would arrange for staff to have suitable training.

We saw evidence that staff gained people's consent before providing care. They showed a good understanding of the Mental Capacity Act (2005), including the principle that if a person has capacity to make their own decisions, these must be supported even if the decision is deemed to be unwise. Examples included people smoking and a person spending all their money as soon as they received it. We saw evidence that the provider had arranged for mental capacity assessments to be carried out to ensure people did have the capacity to make such decisions. People signed their care plans to indicate they agreed with the care to be provided.

Staff were aware of people's preferences and needs when it came to food and nutrition. They supported people with meal planning and encouraged them to buy and cook their own food. This helped provide people with the guidance they needed to maintain a varied, nutritious diet. People were weighed monthly to help ensure they maintained their nutritional health.

Staff were aware of people's health needs and supported them to access the healthcare services they needed to use. We saw evidence to show this included specialist services such as mental health services as well as doctors, dentists and other commonly used services. People with long-term health conditions received support to attend regular health checks. Where doctors and other healthcare professionals had given people advice about how to maintain their health, we saw evidence that staff supported people to follow the advice, to help them remain in good physical and mental health.

Good

Is the service caring?

Our findings

People benefited from having positive caring relationships with staff who supported them. The person we spoke with told us, "I like it there. I like [names of staff]." It was clear from speaking with staff that they knew people well and had taken the time to build rapport with them. Staff were able to describe people's likes and dislikes, preferences, interests and backgrounds.

People received support to make their own decisions about how they lived their lives. We saw evidence in care plans that staff had discussions with people about how best to support them in making decisions about their care. The care plans included information about what decisions people could make independently, how to provide them with information to enable this and what they needed more help with, such as complex financial decisions. All of the people who used the service were able to make decisions such as what to wear and eat on a daily basis without staff support, although staff offered advice when needed to facilitate this such as healthy eating advice.

Staff understood and promoted people's privacy, dignity and independence. The person we spoke with told us staff helped them do things for themselves. We saw and heard about several examples of how the service worked with people to build on existing skills and increase their independence. They encouraged people to be as independent as possible. Care plans contained information about what tasks people were able to complete without support, with minimal support and what they needed more help with. There was a high level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves, thus promoting and maintaining their independence and quality of life. Staff told us, "[People] would tell us off if we gave them too much help!"

Staff told us they never went into people's bedrooms without their explicit permission. The person we spoke with confirmed this was the case and said staff respected everyone's privacy and dignity.

Good

Is the service responsive?

Our findings

People received care and support that met their needs and supported their preferences. The person we spoke with told us, "I get good support. They help me. It's very good." Each person had a care plan, which staff told us people had taken the lead in creating and that most of the information came from what people told them. For one person it was very clear that this was the case because their care plan was based on their opinions, likes and dislikes, interests and ambitions as well as their basic care needs. Other people's care plans were less personalised, but the registered manager explained that this was because both people had declined to participate in care planning. The manager told us they revisited this at regular intervals and updated the care plans whenever people expressed a preference for how they were cared for, if this was not already recorded.

We saw that care plans were also reviewed regularly with people's input to ensure they remained up to date. People's goals were also reviewed, for example staff monitored the progress of one person who was working towards becoming more independent with using public transport and completing household tasks such as laundry and ironing. We saw other examples of how the provider supported people to identify and achieve their goals.

There was a high level of detail in all care plans about what support people needed on a day to day basis, such as personal care and household tasks. This helped to ensure people received the support they needed that corresponded with their preferences and needs. For example, one person enjoyed cooking but was unable to stand for long periods so needed assistance with this task.

People received support to access their local community. Some people attended a local day centre and the person we spoke with confirmed this, saying, "I go to the day centre, I play bingo and I like to go for a Chinese [meal]." Care plans contained details of leisure activities people enjoyed, such as watching sports and visiting the theatre. Staff also supported people to meet their cultural and religious needs, including going to church, attending Christmas carol services and a Remembrance Day lunch.

Staff supported people to go on trips and holidays. We saw photographs showing people on a cruise holiday, which staff told us was people's own idea. The person we spoke with confirmed that and also told us, "I go to shows sometimes." We saw other evidence that people received support to go to shows, meals out, seaside trips and other activities.

The service worked with people to meet their social needs and maintain their relationships. Staff told us about a friend one person had made while on holiday. We saw in a person's care plan details of who their friends were and how to support the person to contact them. Another person had struggled to maintain their social life following a loss of confidence and staff had supported them to rebuild their social skills and start attending social activities again.

People were able to express their concerns and staff listened to them. Although the service had a complaints policy and people were aware of this, they had not received any complaints at the time of our inspection.

Staff offered each person a weekly support session where they could discuss any concerns or worries they had.

Good

Is the service well-led?

Our findings

The service had 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.

There were systems to help ensure people received high quality care. The person we spoke with told us they felt the service was well-led. They said, "There is nothing I'm not happy with. No problems at all. It's nice." Because the service was so small, the registered manager was able to provide hands-on care for people who used the service in addition to their management duties. The manager told us this meant they did not always need to use formal methods of assessing the quality of the service as they were at the supported living service daily to address any issues as they arose, which they recorded in a book. They told us they and the other member of staff observed each other providing care daily and fed back at their informal meetings about quality and what they had learned. The registered manager also regularly obtained feedback from social workers and healthcare providers who worked with people using the service.

People received consistent care because staff communicated well. There were no formal staff meetings, but because the permanent staff consisted of the registered manager and one member of staff they were able to have daily 'catch up' meetings where they discussed the service and any issues. They told us that because they were a husband and wife team they knew each other very well, worked well together and were able to be very open and honest with each other about any problems.

People had opportunities to feed back and have input into how the service was run. There were regular residents' meetings at which people took the lead in deciding what they wanted to discuss. Staff told us people were always happy to voice their concerns and that the meetings were useful as they were able to talk people through any problems they experienced as part of sharing their home. We looked at minutes of these meetings, which showed they occurred regularly and that everyone had the opportunity to feed back about the service and bring up any issues they wanted addressed. All the recorded feedback we saw about the service was positive. The person we spoke with told us that when they did bring up anything they wanted to change, staff supported them to make improvements as a result. Meetings were also used to find out about any plans people wanted support with making, such as preparing for Christmas or planning a holiday.