Mr Andrew Kevin Hill

Vine House Older Persons Residence

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

Summary of findings

Overall summary

The inspection site visit took place on 27 July 2018 and was unannounced.

Vine House Older Persons Residence is registered to provide accommodation for persons who require nursing or personal care, for a maximum of 17 people. At the time of the inspection 13 people were living at Vine House Older Persons Residence, some of whom were living with dementia. Accommodation is over two floors, accessed by a lift, and includes two shared lounges and a dining room. There is a large garden to the rear, side and front of the home.

Vine House Older Peoples Residence is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post at the time of the inspection. 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.

At the last inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good. At this inspection, we found that improvements had been made and the regulation was being met. The governance framework supported the registered manager to identify and correct areas of the service provision as required and these quality checks were happening regularly.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible, however, the policies and systems in the service do not support this practice.

We have made a recommendation that the provider update their knowledge and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People told us they felt safe. Systems to manage safeguarding, accidents and incidents were robust, and helped to prevent further occurrences. Medicines were ordered, received, stored and administered safely.

There were sufficient staff available to meet people's needs and plans in place in case of emergency. Recruitment procedures were in place to assess the suitability of prospective staff.
The home was clean, tidy and well maintained. Risks around the spread of infection were well managed.

People's needs were assessed and supported holistically. They and their relatives were involved as

appropriate. Areas of risk for people were identified and assessed,

People told us they enjoyed the food, and were able to choose what they ate. There were a variety of activities for people to take part in, and staff encouraged them to do so.
The service worked well with other organisation to promote people's health and wellbeing. The provider sought, and responded to, the views of people, their relatives, staff and other professionals.

People were treated with kindness, respect and compassion with their independence promoted. Staff knew people and their interests well and had developed good relationships. People told us that they felt their privacy was respected.

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 told us they felt safe. Systems and processes were in place to safeguard people.

There were sufficient staff available to meet people's needs. Recruitment procedures were in place to assess the suitability of prospective staff.

Medicines were ordered, received, stored and administered safely.

Risks for people were identified and assessed.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people make have lacked capacity, assessments were not always made in line with the Mental Capacity Act.

People had regular access to healthcare support and other professionals.

People told us they enjoyed the food.

People's needs were considered with the adaptation and decoration of the home.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff knew people well and had good relationships with people.

Visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People received personalised care, responsive to their needs.

A variety of activities were available, according to people's interests.

People told us they know how to raise any concerns they had.

Is the service well-led?

Good

The service was well-led.

Staff felt supported by the registered manager.

People, their relatives and staff were consulted about the service.

The governance framework allowed the identification of areas needing improvement.

Vine House Older Persons Residence

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 27 July 2018 and was unannounced.

The inspection team included an inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with seven people, two relatives, a visitor, four care staff, the deputy manager and the registered manager. We also observed a mealtime. We spent time looking at records, including three people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. Following the inspection, we contacted two health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I have felt safe and secure here." The provider had safeguarding procedures in place. Staff had received training and had a clear knowledge and understanding of safeguarding and how to report concerns.

Sufficient staff were available to meet people's needs. People were encouraged to use technology such as call bells to attract staff attention when needed. One person told us, "When I call, they respond quickly." We saw that the staff team were responsive to the needs of people. Some people told us that the staff numbers at weekends were variable. We discussed this with the registered manager who explained they had experienced sickness over the weekends, but always ensured that staff cover was provided in these instances. We saw that the rotas planned for sufficient staffing during the weekends.

Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. A Disclosure and Barring System (DBS) check had also been completed, which identifies if they had a criminal record or were barred from working with children or adults. This meant that the provider had assessed the suitability of the staff they employed.

Medicines were ordered, received, stored and administered safely. Staff received training about medicines and their competency to administer medicines was regularly assessed. Staff told us that some medicines were time sensitive and had to be given before food and how they managed this. Staff told us that although no one was self-administering their medicines currently, this would be supported if a person wanted to. People's medicines were stored in their bedrooms, which staff told us worked well. A fridge was available to store medicines that needed to be kept within a certain temperature range and the temperature of this and the cupboards where medicines were stored were checked regularly. People that needed to take medicine only when required (such as pain relief) had clear guidance in place to provide staff with information about when the medicine was to be given. A relative told us, "They seem to be thorough with the medication, it's always supervised."

People were assessed using recognised tools for nutrition and other specific risks and appropriate action taken. For example, people at risk were supported to reduce the risk of damage to their skin by using pressure relieving equipment, such as suitable cushions and mattress. The home sought the advice of health professionals and followed this to reduce the risk of deterioration for people.

Accidents and incidents had been investigated, allowing preventative measures to be identified and implemented. Staff were clear on how to respond in the event of an accident or incident.

The home was clean and tidy. We saw cleaning going on throughout the day. Risks around the spread of infection were well managed. Personal protective equipment (PPE), such as aprons, were available and we saw staff use these and other infection control measures such as hand sanitiser. One person told us, "The home is kept very clean and they do bedrooms and toilets after people use them."

There were plans in place in case of emergency. People had personal emergency evacuation plans detailing the support they would need in the event of evacuation. Staff had been trained on what to do in the event of a fire. There were regular checks of fire alarms, firefighting equipment and emergency lighting.

Requires Improvement

Is the service effective?

Our findings

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us, and we saw, that they asked for people's consent when providing care and support. Where people were not able to express their wishes, staff told us they used their knowledge of the person's likes and dislikes to inform their actions, whilst talking to the person about what was happening. However, the supporting documentation did not demonstrate a clear understanding of how the MCA principles should be applied in practice. The questions asked in the assessments of a person's capacity were not specific and did not evidence the involvement of either the person or others important to them, such as relatives. Where best interest decisions had been made, there was no evidence that the least restrictive options had been considered. Due to staff knowing people well, considering and demonstrating the importance of consent in their practice, we felt the impact of the documentation on people was low.

We recommend that provider update their knowledge and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's needs were identified and assessed and people and their relatives involved in this process, as appropriate. People were involved in their care and their views sought and respected. One person told us, "I know I have a care plan and they keep it up to date." The person was considered holistically; their physical and emotional needs and wishes were recorded. People's religious and spiritual beliefs were considered. Documentation guided staff to areas where people needed staff support.

People were supported to access healthcare and live healthier lives. People told us that their GP visited and that the home worked well with the surgery. A relative told us, "The relationship with the local GP is good and I'm confident he is getting the medical care he needs."

The home worked with health professionals to ensure people received the right support to enable them to live healthier lives. For example, one person was having difficulty sleeping. The home had tried various options to support them and were working with a health professional to improve this person's sleep.

People's specific dietary requirements were accommodated. Where people required food to be of a different consistency, for example pureed, we saw that they received their food in the correct format. People that required a specific diet due to choice, or health needs were offered food in line with these needs.

Staff were mindful of people's fluid intake and we saw them encourage people to drink throughout the day. People told us, "We are definitely getting enough liquid at the moment." Most people ate lunch in the dining room, with the remainder choosing to eat in their rooms. The menu was displayed and choices ordered by people in the morning. People told us they enjoyed their meal. One person said, "The food is very nice, like home made."

Staff received training to meet people's needs. Staff told us they were supported an induction to the service when they first started work. This induction included shadowing other staff, receiving training and familiarising themselves with the people and paperwork. Staff told us they were being offered more in-depth training courses. Although staff did not have regular supervision, they told us they could speak to the management team at any time.

People's needs were considered with the adaptation and decoration of the home. For example, equipment was available within the home to make the facilities accessible to people, such as hand rails. The garden to the rear included raised beds where people were growing fruit and vegetables. The registered manager told us the garden fencing had been designed to slide out so that people could watch the miniature railway next door. There were pictures of people enjoying outings and celebrations displayed around the home. People's bedrooms were personalised with their belongings.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. People told us, "Staff do recognise our dignity." Another person told us, "Staff are very polite and always ask before coming into my room." Staff had a good understanding of dignity and respecting people's privacy. For example, when one person was supported to move from one place to another, staff were mindful of this person's dignity and ensured they were properly covered throughout the manoeuvre. Staff had a good understanding of confidentiality and records were kept securely.

People were treated with kindness, respect and compassion. People told us, "Staff are wonderful, they speak to us all so kindly." Another person told us, "The staff are lovely all so kind." We saw that staff were responsive to people's needs. People told us, "Even the maintenance man is very helpful, he will do anything we need, like bookshelves."

We saw that staff took time with people to provide support in a personal way. For example, with one person who was not able to verbally communicate they used the person's facial expression and vocal noises to understand them.

Staff used people's preferred names and clearly knew people well. A social care professional who visits the home regularly told us, "Staff all know all the residents, refer to them by name and know their likes and dislikes."

People's relatives told us the staff communicated well with them about their relative's well-being and health. One relative said, "The home would definitely phone us immediately to tell us of a problem." A priest visited the home monthly to provide communion for those that wish to attend.

We saw the people had visitors throughout the day who told us they were welcome to visit without restriction. One relative told us, "Mostly staff are extremely positive towards residents, some of them are outstanding."

People's independence was respected, and staff encouraged people to keep their independence in areas. For example, staff told us that some people preferred to shop for their toiletries and sundry items themselves, rather than requesting staff purchase the items.

Staff told us they would be happy to have a family member move into the home and that it was, "A home from home." A health professional told us, "It feels very family oriented."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's social history had been considered within their care planning. A person's relative told us, "They understood his needs and have been very helpful. They have been very flexible with him." Care plans considered people's needs and evidenced their involvement and agreement, where possible. Information on how best to communicate with people was included. For example, one person preferred speaking one to one with staff.

A variety of activities were available and people were encouraged to take part. Specific guidelines were in place to encourage those who spent time in their rooms to take part. We heard people singing and being encouraged to do hand actions to the songs. The local school had visited the home, and sent a card. One person had previously worked at a local post office and the home arranged for this person to visit again, to reminisce about their previous work life.

One person told us, "We do have quite a bit to do like: reminiscence, little parties with cakes, quizzes, exercises, cold drinks ore ice-creams in the garden, singsongs and storytelling and the relatives can attend." Another person told us, "There is plenty going on."

The home had a 'wish tree' on which people could put anything they hoped to do. Staff told us that they had supported people to meet these. For example, one person wanted to eat duck, which was arranged for them.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People's communication methods were considered within their care planning. The home had a computer station available in the dining room and had considered people's sight when installing this, ensuring there was a large screen. Books and information were available in large print.

Information on how to report a concern or complaint was available. No complaints had been made recently. People and relatives told us they would raise any issues with the staff or management team. One person said, "No reason to complain about anything and I would say something if needed to the management." A relative told us they had, "Absolutely no complaints."

People's wishes were respected at the end of their lives. Staff told us about a person who they supported at the end of their life. They had worked with the community nurses and the person's family so that the person could end their life at the home, according to their wishes.

Good

Is the service well-led?

Our findings

At the previous inspection, on 5 and 7 July 2016, we found that the lack of an accurate and complete record in relation to each person and the failure to effectively audit all aspects of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that people's care plans were complete and there were a number of quality assurance systems in place to effectively audit the service provided.

There was a registered manager in post. Staff told us they felt supported by the registered manager and could share their ideas and thoughts in the home. Staff told us that the registered manager, who was new in post since the last inspection, had made a difference to the service. One person told us, "It seems well run and staff seem happy." A relative told us, "The manager is very friendly and listens and deals with problems." Another relative told us, "Since his arrival, he has turned things around." and, "It has changed for the better in the two years since the last inspection." People told us, "There is a happy atmosphere here."

People and relatives felt the home was well-led. One person said, "The whole package here is good and yes, I do feel happy here." Another person told us, "Overall, it is excellent here, a very happy place to be."

The registered manager met with the staff team regularly to discuss the home, what was working well and ideas for improvement. For example, the home had recently purchased uniforms for staff to wear, at their request. Staff told us that they had support through an on-call system out of hours, ensuring they had access to management support at all times, in the event of an emergency. Staff told us they could speak to the registered manager as they needed to and were clear on whistle-blowing procedures.

People, their relatives and staff were consulted about the service. The views of people and those involved with the home were sought through questionnaires. This feedback was used to improve the service provided. The registered manager met with each person living in the home monthly to discuss their experience of the service. People told us that meetings for them and their relatives were held. Health professionals told us the home worked with them to support people, following advice as needed.

The registered manager understood their duties in relation to duty of candour, this is where providers have a duty to notify relevant people when something goes wrong. We found that where incidents or concerns, the registered manager notified the relevant people.

There were a number of quality assurance checks in place, including checks on the call system and activities happening at the home. This governance framework allowed the identification of areas needing improvement, as required.