Grapevine Care Limited

The Tynings

Inspection report

Main Road
Walmore Hill
Minsterworth
Gloucestershire
GL2 8LA

Tel: 01452751037

Date of inspection visit:
21 August 2018

Date of publication:
13 September 2018

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

The Tynings is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Tynings can accommodate up to six people with a learning disability. People have their own rooms with en suite facilities. They share a lounge, dining room and conservatory. Grounds around the property are accessible.

The Tynings has been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People's care was individualised reflecting their backgrounds, likes and dislikes and aspirations. They were involved in the planning of their care and had the opportunity to talk with staff about their care and support. Their diversity was recognised and their human rights were respected. They were provided with accessible information which used pictures and photographs to illustrate the text. Staff promoted communication through a range of strategies and resources to enable people to express their views and feelings. People occasionally became unsettled or anxious. Staff supported them to cope with these emotions effectively following their care records. Staff knew people well and recognised the importance of good communication to ensure continuity of care and support.

People were kept safe from harm. Risks were minimised whilst encouraging people to be as independent as possible. People were supported to learn the skills to live more independently and helped out around their home. They had access to a wide range of activities both at home and in the community. They had individual support when needed to participate in activities such as the cinema or concerts. People were supported to stay healthy and well. They had access to health care professionals and were supported to attend appointments. The registered manager was working closely with health care professionals to ensure all people had access to the support they needed. People's medicines were safely administered and people were helped to manage their own medicines if they wished. People's dietary needs were considered and special diets provided.

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. People whose

liberty was restricted had the necessary safeguards in place. People made choices about their day to day lives. Best interest meetings were held when people were unable to make decisions about aspects of their care.

People were supported by staff who had access to training to equip them with the skills to meet their needs. A satisfactory recruitment process was in place to make sure staff had the right character and skills. Staff were confident raising concerns and found the registered manager to be open and accessible. Staff levels reflected the needs of people and were reviewed as people's needs changed.

People's views and those of their relatives and staff were sought as part of the quality assurance process. A range of audits and checks were completed to monitor the quality of service provided and make sure a safe environment was maintained. The provider and their representatives visited the home and carried out their own quality assurance audits. The registered manager felt supported and kept up to date with changes in legislation and best practice.

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**

The Tynings

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 was a comprehensive inspection, carried out by one inspector. The inspection took place on 21 August 2018 and was unannounced.

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 the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. The commissioners of the service had provided us with reports about the care provided to people.

During our inspection we observed the care provided to four people. We spoke with the registered manager and four members of staff. We spoke with one relative and contacted health care professionals for feedback. We looked at the care records for three people, including their medicines records. We looked at the recruitment records for two new members of staff, training records and quality assurance systems. We have referred to feedback from relatives, staff and health care professionals given to the provider as part of their quality assurance systems.

Good

Is the service safe?

Our findings

People's rights were upheld. A relative told us, "I believe she is safe. I don't worry." People had been supported to access a course about abuse and staff spoke with them after incidents about their rights and also their responsibilities. Staff kept their knowledge and understanding of safeguarding up to date with refresher training and activities based around safeguarding at staff meetings. They had access to updated policies and procedures guiding them about what they should do if they suspected abuse. Staff were confident the appropriate action would be taken in response to any concerns they raised. Safeguarding alerts had been raised appropriately with the local safeguarding team, the police and the Care Quality Commission (CQC). Robust records had been kept and there was evidence actions had been taken to prevent these reoccurring. People were guided about appropriate behaviour between each other, encouraging them to treat others with respect.

People were kept as safe as possible from the risk of harm. Any hazards had been identified with people and discussed with them. Strategies had been developed to prevent the risk of injury or harm. For example, a person with declining mobility had been provided with a walking frame and a sensor mat in their bedroom to alert staff when they moved around. The registered manager spoke about a positive risk taking philosophy which supported people to be as independent as possible, whilst considering possible hazards and minimising risks. For example, supporting a person to participate in activities outside of the home for the first time in years. Staff made sure they took with them a bag containing additional clothing, medicines and snacks in case of any difficulties arising.

People occasionally became unsettled or anxious. Staff understood what might cause or increase anxieties and how to help people manage these emotions. Staff had completed training in positive behaviour management (PBM). The registered manager said they rarely used medicines, prescribed to be taken when needed, in response to people's anxieties or moods. Staff were observed effectively using distraction and diversion when people became upset. For example, providing space, offering a drink or talking quietly with people. Physical intervention was not used. Incident records were kept and were analysed to assess for any emerging trends. People and staff talked with the registered manager and the PBM trainer after incidents to assess whether anything could be done differently. The registered manager commented, "We think outside of the box and will try new things."

People's accommodation was checked to provide a safe environment. Staff made sure fire systems were in working order carrying out checks at the appropriate intervals. Each person had a personal evacuation plan in place describing how they would leave their home in an emergency. Health and safety checks were completed, for example, to make sure water systems, portable appliances and equipment were in working order. Day to day maintenance issues had been raised and there was evidence when action had been taken to address these.

People were supported by enough staff to meet their needs. They benefited from a core group of staff who had worked with them for a long time providing consistency and continuity of care. Staff said they could meet people's individual needs. A member of staff worked mid shift to provide additional support and the

registered manager also worked as part of the team when needed. Recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. New staff completed an induction which included health and safety training.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. One person was being supported to manage their own medicines. They had secure facilities in their room in which to keep them. Staff checked to make sure medicines had been taken as prescribed.

People were protected against the risks of infection. Staff had completed infection control training and safe practice was followed. Monthly and annual infection control audits were completed. A cleaning schedule was in place. The registered manager said an annual report for 2017/2018, in line with the requirements of the code of practice on the prevention and control of infections, would be produced. Staff had completed food hygiene training and followed correct procedures in the maintenance of records and storing of food. An inspection by the food standards agency in 2017 rated the home as Good. Actions suggested by them had been implemented.

People's care and support had been reviewed in response to lessons learnt from accidents, incidents or near misses. The registered manager and staff described how they reflected after accidents and incidents about what had happened and their responses. People's care records clearly showed any changes and the response made by staff. Staff recognised the strengths of the knowledge staff had about people and making sure this was shared with new staff. They also said, "We work on the same page" and "We learn from accidents and incidents. There is no judgement in debriefs (post incident talks). Everyone works towards the same goal."

Good

Is the service effective?

Our findings

People's needs were assessed to make sure the care and support they required could be provided. Their physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their requirements. National assessment tools were used, which had been produced by other expert professional bodies, to monitor people's "language of distress". These helped staff to understand how people communicated their emotions. Input from other healthcare professionals was also requested when needed. The registered manager was reassessing the needs of one person by closely monitoring the support they needed overnight. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities. People and staff had access to technology to maintain their records and information electronically.

People were supported by staff who had access to training and support to develop the skills they needed. A training spread sheet was kept to monitor when training had been completed and when refresher training was needed. Individual records confirmed staff had completed training such as first aid, food hygiene, equality and diversity and fire safety. New staff had completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviour expected of staff working in adult social care. Staff had access to training specific to the needs of the people they supported such as autism awareness, epilepsy, food and nutrition and diabetes awareness. Staff had individual support meetings to discuss their training needs and the care being provided. Staff meetings were also held every two months. Staff said, "Communication is good" and "Communication is key." A health care professional told the provider, "Staff are very engaging" and "Have an enabling approach."

People were supported to eat and drink safely and healthily. People at risk of choking had care plans and risk assessments which clearly described recommendations made by the speech and language therapist. People were provided with specialist equipment, such as a plate guard, and given a soft or bite sized diet. Staff supervised people whilst eating and made sure their posture was correct. The registered manager said a specific chair had been placed in each room used by one person so they could sit in a safe position when drinking. People were observed having access to drinks and snacks. They planned their meals each month and alternatives were offered. People helped to prepare and cook meals. People living with diabetes and an eating disorder were advised about healthy snacks and alternatives to sugar. Staff had guidance about what action they should take if a person living with diabetes became unwell. They had access to an emergency bag providing drinks and sugary snacks which they took with them when out of the home. They were guided about when to call emergency services.

People were supported to manage their health and wellbeing. They had a health action plan and a summary of their healthcare needs to take to hospital in an emergency. They had annual health checks in line with national campaigns to ensure people with a learning disability had access to healthcare services. People attended dentist and optician appointments. When needed, staff had worked closely with the GP, other health care professionals and family to enable people to access health care services. The registered manager confirmed this work was on going. Staff worked closely with social and healthcare professionals to

share information to ensure they received coordinated and timely services when needed. For example, making prompt referrals to the occupational therapist and speech and language therapist.

People lived in a house in the countryside. They had neighbours locally and used local facilities. People's bedrooms reflected their individual likes and lifestyle choices. They had chosen the colour scheme for their rooms. Two people had lounges enabling them to have their own space when they needed it. Long term maintenance plans had been identified such as replacing carpets and redecorating the dining room and bedrooms. People had access to the garden and there was a paddock where they kept livestock.

People made choices about their day to day lives. They were observed choosing where to spend their time, what to eat and drink and when to go out. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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. Decisions had been made in people's best interests, for example for medicines and finances. Records confirmed those involved in making this decision such as their relatives and health care professionals.

People deprived of their liberty had been granted the appropriate authorisations in line with the Mental Capacity Act (MCA) 2005. 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). There was evidence the least restrictive option had been considered, such as access to the kitchen which was kept locked. One person had their own key and other people had supervised access to the kitchen. The registered manager confirmed DoLS were reviewed when needed and there had been no conditions attached to them.

Good

Is the service caring?

Our findings

People were treated with kindness and care. They were observed having light-hearted moments with staff. A relative told us, "She is happy" and "She is always happy to go back." Staff understood people's likes, dislikes and lifestyle choices. They were aware of their backgrounds and personal histories. A relative confirmed, "They know her so well." Staff described people's routines and how they respected these. They were observed anticipating people's anxieties and worries, enabling them to manage their emotions. Health care professionals told the provider, "A welcoming and friendly atmosphere" and "Service users are being well cared for."

People's equality and diversity were recognised in line with their protected characteristics under the Equality Act. People's rights with respect to their spirituality, disability, age, sexuality and ethnicity were respected. People were encouraged to participate in age appropriate activities. Each day people were shown photographs of the staff on duty and picked the staff they wished to help them with personal care or individual activities. People's cultural and spiritual needs were identified in their care records. People liked to celebrate religious festivals of their chosen faith. People were supported to look after pets and had livestock which they cared for.

People talked with staff about their care and support. Each month they formally met with staff to talk about their activities and the support they received. This included reflecting on anything they might like to change. An easy to read record, which used pictures and symbols, was kept of these meetings. The Provider Information Record stated, "We ensure that the service users are included, wherever appropriate in the process of writing their care plans and risk assessments." Staff were observed spending time with people, listening to them and giving them an appropriate response.

People had access to advocacy. They were informed about the services of lay advocates. An advocate is an independent person who can represent people using social care services. People had been supported by Independent Mental Capacity Advocates, who are statutory advocates, when they were being assessed for deprivation of liberty safeguards.

People were observed having the support of staff whilst other staff were involved in fire training. This ensured staff had the time to the training they needed whilst people continued to receive the care and support from other staff and to carry on their scheduled activities.

People kept in touch with those important to them. They met with friends socially at clubs. A relative said they visited the home and always felt welcome. The registered manager said they supported people to visit their relatives in their homes.

People's privacy and dignity was respected. People had sufficient space in their home to spend time alone if they wished to. Staff respected this. Screens had been placed in front of people's doorways when they wished to leave their doors open during the day whilst still having some privacy. People were encouraged to be as independent as possible. One person was being helped to learn the skills to live more independently.

They had been supported to look at alternative styles of accommodation and were being guided through this transition. Staff said, "It's amazing to see how far a particular individual has come" and "Staff are very supportive, kind and caring."

Good

Is the service responsive?

Our findings

People's care was highly individualised focussing on their strengths, levels of independence and changing needs. People were encouraged to participate in the planning of their care and support. There was evidence of the involvement of relatives when appropriate and they said they were kept informed of issues relating to people's care. Staff respected these enabling people to make decisions and choices about the type of support they wished to receive. For example, some people needed close supervision and others liked to have their own space. People were observed seeking out staff when they needed help or support. Health care professionals told the provider, "There is good, clear documentary evidence" and "Service users are included in the decision-making process about their care."

People were supported to participate in activities which encouraged them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). Staff said they offered people a variety of activities to try and if one did not work they looked for an alternative. Staff were really proud to have supported one person, who had chosen not to participate in activities outside of the home for many years, to go out for drives and try out new activities. People were supported to go to the cinema, concerts, a disco and to the pub. They went out for day trips, walks and drives. They also visited garden centres and cafes. One person wished to go horse riding and staff were looking into this.

People had a communication care plan identifying their individual communication needs. People's care records guided staff about how to interpret their behaviour and body language as an expression of how they were feeling and how staff should respond. For instance, giving space, talking slowly and clearly. Staff used scripts whereby they would use a prepared statement to ensure the person always had the same consistent response. One person had been given an electronic device to help them to express themselves. This had a programme which used photographs and pictures which they could point to, for instance indicating their mood. Staff were adding more personalised photographs which the person would recognise. People were provided with a 'social story' for individual events or activities. This contained step by step details using pictures of what would happen during the event. One person had a 'Now and Next' book. They were shown a picture of what was happening in the present and once they had completed this task they would be shown a picture of what was happening next.

People had access to information they could understand. There was evidence the Accessible Information Standard had been applied. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. When required information was provided in an easy to read format using pictures and photographs to illustrate the text. For example, monthly reviews of care plans, health action plans, menus, activity plans and complaints information. Photographs and pictures were also used on large notice boards in people's bedrooms to illustrate which staff were working with them and their activities for the day.

People had access to a complaints procedure. They were observed talking with staff, who listened to them and responded, checking that they had understood the response. People were supported to talk about issues as they arose. They also had individual meetings each month with a named member of staff (their key

worker). During these, they were prompted about any issues or worries they might have. There was evidence the complaints form had been used by people. Two complaints had been received in 2018 and comprehensive records were kept of the investigation, outcome and any action taken in response. Complainants were given feedback.

People's end of life wishes were discussed with them. These were recorded in an end of life book detailing their choices about end of life support and funeral wishes. These plans were reviewed with people and their relatives to make sure they were still relevant.

Good

Is the service well-led?

Our findings

People experienced person centred care which promoted positive outcomes for them. A relative told the provider, "I am impressed with the care." The registered manager worked alongside staff and was able to observe the quality of care provided first hand. The Provider Information Record (PIR) stated, "This gives me a good opportunity to observe how they care and interact with service users." The registered manager talked about the importance of using "praise" as well as "support" to keep staff "happy and motivated." They had introduced an employee of the month award nominated by people and staff. Staff commented, "It's a brilliant home, the best place I have worked" and "The home has so much potential."

The registered manager was aware of their responsibilities in line with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.) Staff said the registered manager was open and transparent. They said they valued the time to have a debrief (post incident talk) and did not feel "awkward" but found the meetings "supportive and helpful." A relative told us, "I know if they have any problems they will let me know and they will deal with it brilliantly."

The registered manager had been in post since 2014. 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 said they felt able to raise concerns and were confident these would be followed up promptly. Staff told us, "[Name] is very supportive, in every way, of staff and service users", "I couldn't ask for a better manager" and "She is pretty amazing." The registered manager and staff said the provider and their representatives frequently visited the home to monitor the quality of care. They spent time talking with people and staff.

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely. Other policies, procedures and guidance was up to date and available to staff. The registered manager maintained their professional development through attending external courses and liaising with other managers working for the provider. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures. Staff said, "The manager is brilliant, doing really well" and "The team are working better together, there is much more transparency." The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

The registered manager and senior staff completed a range of quality assurance checks. These showed areas such as health and safety, fire systems, food hygiene and medicines were managed effectively. The registered manager audited these monthly and ensured any actions were followed up. For example,

purchasing a screen for a kitchen window. The provider monitored people's experience of their care and support through monthly visits to the service. Copies of these reports were sent to us after the inspection.

People, their relatives and staff were asked for their opinions of the service. Questionnaires had been sent out and were being analysed to produce a report identifying any actions resulting from this feedback. For example, initial feedback had indicated concerns about the environment and action had already been identified to replace some carpets and decorate rooms. People met with staff each month as well as raising any issues on a daily basis. Staff said, "We are able to challenge set ways of working" and "Issues get dealt with quickly."

People benefited from staff who had learnt from incidents and feedback from people. Staff reflected about their responses to incidents and whether any changes should be made to the support they provided. The PIR stated, "Staff escalate any concerns or incidents" and "Staff respond to the changing nature of service users." Staff stressed the importance of good communication and said they "ensure consistent working" and "share knowledge to keep service users safe".

The registered manager confirmed there were links with local agencies and organisations including local health care professionals, commissioning and safeguarding teams and a local care providers' forum. Records confirmed information was shared with other agencies and organisations when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in a home in a local community where they were able to forge links and relationships.