Grapevine Care Limited

Grapevine Care Domiciliary Care

Inspection report

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Date of inspection visit: 30 September and 1 October 2015
Date of publication: 14/12/2015

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

Overall summary

This announced inspection took place on 30 September and 1 October 2015.

Grapevine Care Domiciliary Care provides personal care and support to people with a mild to moderate learning disability, autism or sensory impairment in their own home. The service provides support to 12 people in their own home or shared accommodation. People are supported with individual personal care and activities of their choice in their home and the community.

There is a registered manager who is on long term leave. 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. The service is temporarily managed by a registered manager from another Grapevine service who is supported by the provider's operations manager.

Summary of findings

Staff were knowledgeable about safeguarding people and what action to take to protect people from abuse. Staff had completed safeguarding adults training. There were thorough recruitment procedures. Checks to help ensure suitable staff were employed to care and support people had been completed. Individual risks were identified and minimised to maintain people's freedom and independence. The level of support people needed with their medicines was identified in their care plan. People chose how staff supported them to take their medicines and the management of medicines was safe and clear.

People were supported to maintain good health and be involved in decisions about their health.They visited healthcare professionals who monitored their health. Hospital assessment records provided information about people should they need to be admitted in an emergency.

Staff had regular training updates to ensure they had sufficient knowledge to carry out their roles effectively. Staff had completed qualifications in health and social care and were regularly supervised to maintain and improve their practice. 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. Staff had completed training on the MCA.

People planned and shopped for their meals and were supported by staff to prepare them. Professional support was provided with regard to nutrition and wellbeing.

Staff treated people with dignity and respect in a cheerful and positive atmosphere. They were supported in employment and to find college courses. Staff treated people as equals and helped them to keep in touch with family and friends. People received the care and support they wanted as staff knew their personalised care plans and helped them achieve their goals. People were encouraged to tell staff about concerns and any changes they wanted. Their views were acknowledged by staff and acted upon.

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. Accidents and incidents were well recorded and reviewed to prevent reoccurrence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns.

People's medicines were managed safely.

People were supported by sufficient staff and were able to access the community with them.

People were protected by thorough recruitment practices and staff induction to the service.

Good

Is the service effective?
The service was effective.

People had access to healthcare professionals to promote their health and wellbeing.

People made decisions about their care. They were supported when they did not have the capacity to make decisions with regard to the Mental Capacity Act 2005.

The staff were well trained, knew people's individual care needs and supported them with the activities they chose.

People planned and shopped for their meals and were supported by staff to prepare them.

Good

Is the service caring?
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.

Good

Is the service responsive?
The service was responsive

People chose how they liked to be cared for and supported and were involved in decisions about their care.

People took part in activities in the community. Staff supported people to choose activities they liked and planned holidays with them.

Good

Is the service well-led?
The service was well led.

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

The manager was accessible and supported staff, people and their relatives through effective communication.

Good

Grapevine Care 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 30 September and I October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people who are often out during the day; we needed to be sure that someone would be in.

The last inspection of Grapevine Care Domiciliary Care was completed in October 2013. At that time there were no breaches in regulations. Since then the location has new premises in Gloucester. This inspection was undertaken by one inspector as the service is a small domiciliary care service.

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 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) during and after the inspection. The provider had received an acknowledgement that the PIR had been submitted however this had not appeared in our pre-inspection information. The PIR is information given to us by the provider. 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.

During the inspection we spoke with four people who used the service in a shared house. We spent time with the acting registered manager at the agency office and spoke to a team leader and three support staff at the shared house.

We looked at four people's care records, two staff recruitment and training records. We looked at some policies and procedures including, safeguarding, whistleblowing, complaints and the safe management of medicines.

After the inspection we contacted a social care professional who had close contact with a person they supported.

Good

Is the service safe?

Our findings

People were kept safe by staff trained to recognise signs of potential abuse and they knew what to do 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. People told us, "I feel safe here. I spend a lot of time in my room", "It's nice living here I feel safe. Sometimes we argue and make up" and "I feel safe but I don't like the kitchen door left open". A medical condition people had made them sometimes feel anxious near food. Staff completed safeguarding adults training every three years and explained how they kept people safe and their role in reporting any concerns. People had their own information about safeguarding them. Safeguarding incidents were correctly reported to CQC and the local authority safeguarding team and the service records were complete.

People were supported by sufficient staff to flexibly meet their needs. People knew how much individual time they had with staff for planed activities. They said, "I have a really good time staff chat and laugh" and "Staff do what I like to do". Sufficient staff supported people and ensured they all had individual activities at home and in the community. Most people were supported 24 hours every day. 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. Team leaders told us there was enough staff to ensure people had flexible support with their personal care and to support individual community activities. There was a small team of bank staff to fill in for staff absences.

People chose how staff supported them to take their medicines. People wanted staff to give them their medicines and had signed a consent form for this. People told us, "I am happy for staff to give me my meds [medicine]", "Staff give me my medicines on time" and "Staff give me my medicines". The management of medicines was safe and clear. Medicines were held centrally in the shared house we visited, except for one person. There were plans to provide individual safe storage in people's bedrooms for their medicines. We observed staff administering medicines correctly. The medicine administration records were complete and were audited monthly to ensure errors were noted and improvements were made. Staff told us daily unrecorded checks were also completed. Staff administering medicines had an annual competency check. When people took medicines out with them staff ensured they were stored safely, recorded and available when needed.

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

Individual risks were identified and minimised to maintain people's freedom and independence. People's individual risk assessments were completed and reviewed three monthly or sooner when required. Staff signed to say they have read these following any changes to the risk assessments. We saw a clear risk assessment for staff lone working when a person may challenge them. This ensured the person and staff were safe.

Accidents and incidents were recorded to include reflective practice and preventative measures. Safeguarding incidents were recorded in detail with action taken to reduce any risks. Should people have repeated trips or slips a referral was made to an occupational therapist. Most accidents were minor and did not require notification to CQC. All accidents and incidents were audited monthly to include an action plan. 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 we spoke with knew about the medicines they took and their individual healthcare needs. People told us, "I go to the doctor monthly and take my medicines", "The best thing is the staff are really nice and look after me well", "The staff go to the doctor and dentist with me" and "They [staff] look after my special menu". People with health problems were well supported to maintain or improve their health. Each person had a health action plan which was updated after any appointments or changes. A 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 persons records monthly. 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, a medicine chart and how their tablets worked for them.

When people lack mental capacity to make a decision staff recorded a 'best interest decision' in line with legislation. The four people we spoke with made their own decisions. We looked at mental capacity assessments for two other people. One person had a mental capacity assessment and best interest record for support in all areas of their life to maintain their safety. Their family, the consultant psychiatrist and commissioners were involved in the best interest decisions. Another person had a mental capacity assessment and best interest record completed with professionals for moving to a more suitable home when one becomes available. An independent mental health advocate (IMHA) had supported the person with regard to planning a move. Staff had a good understanding of consent issues and had completed Mental Capacity Act 2005 (MCA) training. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions.

People were supported to have a balanced diet that met their individual needs. A person told us, "Staff help me cook meals and take me shopping on my own". They showed us their weight chart where they had lost weight as planned. Another person told us a relative prepares their meals for them to prevent them becoming anxious about food which was a symptom of a medical condition. A person at risk from choking had a risk assessment to minimise the risk and guidance from the speech and language therapist for staff to follow. The same person had a record of food they ate to ensure they had sufficient every day. People were supported to go shopping for their own food and plan their meals. Staff helped prepare the meals people chose.

Staff had regular training updates to ensure they had sufficient knowledge to carry out their roles. The acting manager told us new staff had completed Common Induction Standards training in their first 12 weeks and from April 2015 new staff would complete the new Care Certificate induction. Staff had completed all mandatory training the provider required which included moving and handling, food hygiene, first aid, fire safety, health and safety, safeguarding and person centred values. Staff had either completed NVQ level two or three in health and social care or were progressing through them. Two staff had completed a registered manager award. The staff we spoke with were satisfied they had sufficient training to support people effectively which included positive behaviour support training. Staff told us they had completed an induction and shadowed experience staff when they started.

A registered manager within Grapevine Care Ltd was planning to complete training to enable them to train all staff in the organisation in positive behaviour management. This would ensure staff had annual updates and be more knowledgeable about how to support people that challenged them.

Staff said they had regular supervision and annual appraisals. Staff supervision records had identified and planned staff training requests. Senior staff supervision had examples where support staff had respected them and they were recognised as good leaders. The staff training record indicated staff had training updated when required.

Good

Is the service caring?

Our findings

Staff knew people well and were concerned for their wellbeing and responded to them in a caring way. People told us, "The staff are nice and people are nice too", "I have special days out with staff, I like going out with them walking. I went to see the Severn bore", "I have a really good time, we chat and laugh", "It's nice living here I like being independent and the staff are kind" and "Staff are kind they listen to you".

People were seen to be relaxed with staff while eating their lunch with them. Staff treated people with dignity and respect and there was a cheerful and positive atmosphere. People were welcomed back when they returned home and given time to tell people what they had been doing or just relax and eat their meals where and when they wanted to. People had chosen their preferred member of support staff for some activities and were able to have male or female support.

People were supported to express their views and plan their own care and support. Each person we spoke with had a 'keyworker', a keyworker is a member of staff who made sure people had all the things they needed. Keyworkers talked to people monthly to review their care support plans and risk assessments but people knew they could talk to them anytime. They also made sure people attended health appointments. Staff knew people well and provided personalised support. One person was supported to work as a receptionist for a local charity and was appointed to the board of directors. People and staff had written the daily records which included a lot of detail about their day and what they achieved.

One person had an advocate who was a member of their church and supported them when necessary. Some people had the support of an independent mental capacity advocate (IMCA) to help them make important decisions, for example, when moving home. Relatives and friends had made positive comments in surveys completed, for example, "They [staff] are very patient with X, they are very happy and get on well with staff".

A team leader was trying to find a beauty course for one person and had researched local colleges for suitable course content the person would enjoy and benefit from. People were supported to look after two pet guinea pigs that everyone enjoyed.

People could lock their bedrooms and staff respected their privacy. One person showed us their bedroom. They had access to a computer and their own mobile telephone. They send emails and text messages to their family to keep in touch. Staff supported people to keep in touch with friends and family and have personal relationships.

The staff team were supportive to each other and spoke to each other with respect and friendliness. The staff told us. "It's lovely working here", "No changes needed here" and "I love working here". All staff we spoke with were positive about the people they supported and wanted to make a difference for them and improve their life. People knew about their care plans and planned their activities and holidays with staff.

The acting manager contacted some people fortnightly by telephone and visited them monthly to make sure their activities had been completed and they were happy with the care staff. Staff were aware that one person's accommodation isolated them from the local community and steps had been taken to support the person to choose alternative accommodation.

Good

Is the service responsive?

Our findings

Care plans were focussed on the person's life including their goals, skills and strengths. Personalised care plans identified the support they needed and an action plan for staff to follow. Staff signed when they had read the latest care plan and when changes were made following a review. Care plans were reviewed every three months or sooner if required. 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 when a person went on holiday they had a countdown chart until they came home. The chart was completed with colours and pictures the person had chosen, this enabled them to count the number of sleeps they would be away from their home. There was specific guidance for staff when a person wanted them to leave and they had 24 hour support. The staff returned within one hour but always gave the person a card with their telephone number on to call them if they changed their mind. This prevented any behaviour triggers that may challenge the person and staff.

The new call monitoring system introduced this year by Gloucestershire County Council had rated the service as 90% successful. The acting registered manager told us staff sometimes forgot to call in when they arrived but this was improving.

A person at risk from self-harm had risk assessments to minimise harm and had agreed the arrangements with the care staff. Another person had recorded their own behaviour indicators with staff. They had described what triggered their anxiety and agreed the action plan with staff. This included staff ensuring they were back to their own baseline normal behaviour before they went out on activities with staff.

People were encouraged to meet with their keyworker as often as they liked to discuss their activities and any changes they would like in order to become more independent. People were encouraged and supported to develop and maintain relationships with friends and relatives that mattered to them and avoid social isolation. One person told us they went swimming with a family member another person joined in with a local Zumba exercise class.

People told us about their personalised activities with staff. They said, "I go bike riding, we take the quiet paths to quiet roads", "I like going shopping staff take me", "I go to a disco, I go blackberry picking, do cooking and puzzle games in my four one to one hours each week" and, "I have 14 one to one hours with staff we go food shopping, walking and to car boot sales". One person told us they had been on holiday to a Butlins holiday park.

One person told us about the job staff supported them with and their future plans to work more independently. They liked to go to the gym and do their own washing and cleaning. A team leader explained how the staff rotas were flexible as people sometimes changed their mind about when they wanted to complete an activity. Staff had responded when a person wished to go on holiday abroad and helped them check their finances. A holiday was planned in England first with their keyworker. Staff had helped people to start organising their Christmas cards and presents.

People were routinely listened too and encouraged to share their concerns with the staff. One person told us they would go to staff if they had a problem and their keyworker would help them. Another person said they would let the manager know of any concerns and call CQC.

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. We looked at two complaint records and these had been investigated thoroughly and people had been provided with a written response.

A social care professional told us they had no concerns with the service. One aspect of staff training, positive behaviour management could be improved. The agency staff had kept the professional well informed and they were included in a 'best interest' decision record for more suitable accommodation. The person emailed the social care professional regularly to keep in touch.

Good

Is the service well-led?

Our findings

There was an inclusive culture where the acting manager had regular contact with people and monitored staff values and behaviours. The Provider Information Record (PIR) told us the provider held regular managers meetings where situations were discussed and reflected on to ensure people were well supported and safe. The acting manager told us they were well supported by a representative of the provider while they managed the service to cover leave for the services registered manager. They had completed a level five diploma in the leadership and management of health and social care.

The acting manager had kept up to date with their training and new information from the Social Care Institute for Excellence (SCIE). They had recently attended a local authority training course regarding how to start the Care Certificate training for new staff. They praised the acting manager and the provider's representative for providing them with good support.

The provider's representative knew all the people receiving a service well and regularly visited them. To ensure continuity of the service the provider's representative and the acting manager were never away at the same time. Team leaders also made sure they took annual leave at different times. There was an on call system where staff could always contact a senior member of staff for advice and support. The acting manager told us they had daily contact with the multiple occupancy houses and were made aware of any concerns there. Some people liked to email the manager information so there was a record. They visited people who lived alone monthly to ask them about the quality of the service.

Leadership was visible at all levels and staff communicated openly. Staff told us they were well supported and were able to make comments and influence changes. Monthly staff meeting were held. In records of the most recent, in July 2015, we saw there had been discussions regarding people they supported and their planned holidays. Two staff told us, "The company [provider] was good to work for and they had no concerns to raise".

Quality assurance procedures were used to improve the service for people and include them in developing their care and support. People told us there was a group meeting in the house once a month where they 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. Two people told they had filled in a quality survey about the service. The survey results in July 2015 from people were all positive about the service. People said staff treated them as equals and they felt safe. There were a variety of actions recorded from the surveys. A person told us, "I had a booklet about here before I came and I chose here. The staff are nice".

Nine staff had completed a staff survey in June 2015 which was positive in most aspects and the action plan addressed points they had made for improvements. Five family and friends had completed a questionnaire and gave either 'good' or 'excellent' to all the questions asked. Relatives commented, "X is happy they get on well with the staff" and "If X is bothered about anything the staff always ask, which is reassuring". The acting manager had helped people to understand their tenancy agreement when anything was damaged. People discussed the cost of replacements and agreed to buy what they wanted, for example a new microwave.

The manager completed monthly quality audits which included care plans, peoples healthcare support, risk assessments, finance records, discussions and observations with people and staff training. The quality check for August 2015 had been completed and included many comments and actions required for improvement. The actions required had been completed and the manager had dated them. The acting manager told us about their plan to complete observational staff supervisions. This would include monitoring staff engagement with people.