

P & P Community Services Ltd

The Vine House

Inspection report

9 North Drift Way
Farley Hill
Luton
Bedfordshire
LU1 5JF

Tel: 01582485744

Date of inspection visit:
23 May 2016

Date of publication:
15 June 2016

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 inspection was unannounced and took place on 23 May 2016.

The Vine House is registered to provide accommodation and support for two people with a learning disability. It is situated in Luton, close to local amenities. On the day of our visit, there were two people living in the service.

There was 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.

Robust safeguarding procedures were in place and understood by staff. Where required, action was taken to keep people safe, minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent. Risk assessments were in place and reviewed regularly, these enabled staff to minimise the potential for risks to occur.

There were adequate numbers of staff on duty to support people safely and ensure that they had opportunities to take part in activities and undertake their preferred daily routines. The provider had a robust recruitment process in place. Staff were not offered employment until appropriate checks had been satisfactorily completed.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who lived at the service.

Staff were well supported through a system of induction and training based on the needs of the people who lived at the service, supervision, appraisal and on-going professional development.

People's consent was gained before care and support was delivered. Staff understood the processes in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS).

People had a choice of meals and access to snacks and fluids throughout the day. Staff supported them to participate in food preparation when appropriate. People had access to health care professionals to make sure they received care and treatment to meet their individual healthcare needs. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were relaxed, comfortable and happy with the staff that supported them. Positive relationships had been developed between people and staff who treated them with kindness and compassion. Staff were

knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. Staff's approach to people was to help maintain their skills and develop their independence.

Staff understood how to promote and protect people's rights and maintain their privacy and dignity. Relationships with family members were considered important and staff supported people to maintain these.

Regular reviews of care enabled people's care to be person centred and individual along with being monitored to ensure that it remained reflective of people's current needs. People were able to take part in a varied range of activities which reflected their individual hobbies and interests.

People knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints. People were happy with the service provided and how staff provided their support.

There was good leadership within the service, staff were positive in their desire to provide good quality care for people and ensured that effective quality monitoring processes were used to drive future improvement. There was a positive culture within the service which was demonstrated by the attitudes of staff.

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 ●

This service was safe.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

People received support to meet their needs because the staff rotas were arranged to ensure safe delivery of care. There were sufficient numbers of staff to meet people's needs.

Recruitment systems were in place to ensure staff were suitable to work with people.

The systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely.

Is the service effective?

Good ●

This service was effective.

Staff were well supported through a system of regular supervision and training. People were cared for by staff with up to date information and current knowledge.

There were systems in place to assess people's decision making abilities and staff appropriately made decisions in people's best interests when this was required.

People were provided with a choice of food and drink and were given support to eat and drink when this was needed.

People had access to health and social care professionals to make sure they received effective care and treatment.

Is the service caring?

Good ●

This service was caring.

There was a calm and friendly atmosphere within the service and people's decisions were respected, with their dignity being

protected.

People were able to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

Staff's approach to people was to help maintain their skills and develop their independence.

Is the service responsive?

Good ●

This service was responsive.

Care plans were personalised and reflective of people's individual needs. This enabled staff to know how people wanted to be supported.

People were supported to take part in a range of activities which forged links within the local community, and which were organised in accordance with people's preferences.

Systems were in place so that people could raise concerns or issues about the service.

Is the service well-led?

Good ●

This service was well led.

There was an open and positive culture within the home. Staff told us that managers were approachable if they had any concerns or suggestions.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to people and helped the service to continually improve and develop.

People and their relatives were able to comment on the service provided to influence service delivery.

The Vine House

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 23 May 2016, and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to the inspection, we reviewed information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with the two people who used the service during individual tasks and activities. We also spoke with the two people who used the service to gauge their views of the care they received in the service. We also spoke with the registered manager, and one member of care staff.

We looked at two people's care records to see if they were accurate and reflected their needs. We reviewed three staff recruitment and training files and staff duty rotas to ensure that staff were appropriately trained and that they were sufficient in numbers to ensure people's needs were met. We also checked two medicines administration records and reviewed how complaints were managed. Records relating to the management of the service, including quality audits and health and safety checks, were reviewed to ensure the service had robust systems in place to monitor quality assurance and to drive future improvement.

Is the service safe?

Our findings

People told us that were helped to stay safe. One person said, "I do feel safe here, very safe." Another person told us, "Yes, I am safe with the staff who look after me." We observed that people were relaxed in the presence of each other and the staff that supported them. The service was secure and visitors were asked to sign in as they entered the building so that people and staff knew who was present in the service.

Staff had a good understanding of the different types of abuse and how to report it, so the risks of abuse to people who used the service were minimised. We spoke with staff, about safeguarding; they told us what they would do if they suspected abuse was taking place, and confirmed how they would make referrals should they be required. They said they had received training about how to recognise and report abuse and records confirmed this. Staff were confident that any concerns reported to the registered manager would be effectively dealt with to make sure people were safe. People were protected from harm and abuse by staff who understood the principles of safeguarding.

People had risk assessments that identified specific and individual risks and which guided staff on how to keep them safe. These included risks associated with using the kitchen and accessing the local community for activities. People were going swimming on the day of our inspection. Staff told us that this had been carefully risk assessed, so that people could remain independent and have some freedom but had balanced this against possible risk factors. Where actions were needed to keep people safe, we saw that these had been taken.

Accidents and incidents were recorded and analysed for trends to see if care plans needed to be adjusted in order to keep the person safe and meet their needs more effectively. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe.

The registered manager told us, and records confirmed that each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to determine how to keep people safe should an emergency occur. We also found a current business continuity plan in place that showed how the service would continue to operate in the event of an emergency.

People told us that there was enough staff on duty at all times. One person said, "We have the help we need and get to go out." People felt they were supported to engage in activities of their choice because there were sufficient numbers of staff on duty. Staff also considered that there were enough of them on duty to support people appropriately. The registered manager told us that if there were any changes within people's needs then the staffing numbers would be adjusted accordingly. As a result they were flexible so as to maintain people's safety. We observed that people received care and support in a timely manner and staff were not rushed. On the day of our inspection there was one staff member on duty, with the registered manager also being within the service. We found that the numbers of staff on duty were based upon the level of people's needs.

Safe recruitment practices had been followed. A new member of staff told us, "Yes, they made sure my references were back and that I had been checked before I started working here." The registered manager confirmed that staff were not allowed to commence work until two references and their Disclosure and Barring System (DBS) check had been received. We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application forms, a minimum of two references, a DBS check and an up to date photograph

People told us they received their medication when they needed it. Staff told us they considered the administration of medicines an important part of people's care. Staff were only allowed to administer medicines if they had completed training and had undergone competency checks to do so. We observed that people received their medication when they needed it. We reviewed two people's Medication Administration Record (MAR). All the MAR sheets were accurately completed. Medication administration records were recorded when medication was received and when administered or refused. This ensured there was a clear audit trail and enabled staff to be able to reconcile the medication that was held within the service. Medicines were stored correctly in suitable lockable storage facilities.

Some people were prescribed medicines on an 'as required' basis. There were individual protocols in place for the use of these medicines, and records showed, that these medicines were only used in the circumstances set out in people's care records. This showed that staff followed the protocols in place.

Is the service effective?

Our findings

People thought staff were well trained and knew how to meet their needs appropriately. One person said, "Yes, I think they do a good job." From our observations we found that people received care from staff that had been provided with the appropriate training and understood their needs.

Staff confirmed they received training, including induction, to enable them to carry out their roles and responsibilities appropriately. One staff member told us, "I thought the induction was very good, it helped me to know people and spend time with other staff, to get to know what I needed to do. It helped my confidence." The registered manager told us that all new staff underwent a period of induction when they commenced employment. The induction process was designed to give new staff sufficient time to read people's care plans, review policies and procedures and also spend time shadowing more experienced staff. This provided staff with the confidence they needed to deliver care independently. Where new staff required additional time during the induction process then this was provided. Records showed that all new staff were expected to complete a robust induction programme.

Staff completed training that ensured they were able to carry out their roles and responsibilities appropriately. One staff member said, "We have all the training we need." The registered manager confirmed that staff received regular training to keep their skills up-to-date. They said, "As we are a small team it is easy to make sure it is kept up to date." We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, infection control and medication. Staff received the necessary training to meet people's needs.

Staff displayed a good knowledge of the people they supported and had the necessary skills to meet their individual needs. They were able to give us relevant information about people's needs and their preferences. For example, about the monitoring of seizures for one person. We reviewed this person's records and found that the information the staff member had given us, was detailed within this person's care records. It was evident that staff knew the correct care and support required to meet people's needs.

Staff received regular supervision and annual appraisals. One staff member said, "We have supervisions but we don't need to wait until we have them to discuss things, we are a small team and can talk about things between us and with the manager." We were told that supervisions covered training and development needs, concerns regarding individuals using the service and ideas for improving the service. It was evident that staff felt supervisions were useful for their personal development as well as ensuring they were up to date with current working practices.

People told us that staff always asked them before providing care and we observed this in practice, with staff asking people if they wanted help or support. For example, staff asked one person if they were ready to leave the service to go out. Consent to support was observed, including if people wanted to speak with the inspectors. Where people had consented to their care and support, staff told us that they documented this in people's records. Where people were unable to consent, appropriate family involvement was sought. Staff told us that they always asked people what they wanted to do and strived to give them a choice.

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.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The registered manager and staff told us, that they had received training on the requirements of the MCA. They explained they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. They were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made under DoLS for people, as staff in conjunction with other healthcare professionals, considered that their liberty may have been restricted. These actions showed that staff understood their responsibilities under DoLS arrangements.

People were supported to eat and drink a variety of foods. They told us that they enjoyed the food they had and always had a choice. One person told us that meals were discussed at meetings and that if they did not like something they could always have another choice. Another person told us they liked it when they had chicken soup. Staff told us that people discussed the menu choices for the week so everyone had a say. There were prompts to aid people to pick meals and fresh fruit was available; so people could access snacks and drinks throughout the day. Menus were planned in advance. Staff monitored people's weight on a regular basis and compiled care plans in respect of nutritional needs if this was required.

Staff told us that they supported people to attend required appointments when needed. They also told us that they made referrals to relevant healthcare professionals should the need arise. We saw that people had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the dietician, chiropodist and GP. People received on-going support from healthcare professionals in line with their needs.

Is the service caring?

Our findings

People told us they enjoyed living at the service and were happy with the staff that supported them. One person said, "I like all the staff." Another person told us staff were friendly and helped them to deal with any issues they had. They spoke with fondness about the relationship they had with their key worker. We observed that people were relaxed with the staff that supported them and smiled and chatted with staff when they were near them. People often sought out staff to talk, and staff always responded with a smile and gave them the time they needed to discuss things.

Staff, and the registered manager, demonstrated that they knew people's needs and preferences well. We observed staff chatting with people about things of interest to them. Staff were able to tell us about individuals and the contents of their care plan, and we observed that the information they provided us with was reflected in their care plans. Our observations confirmed that staff had positive relationships with the people they supported. They spoke with people appropriately, using their preferred names. Many of the staff had worked at the service for some time, which enabled them to build meaningful relationships with people.

Staff were aware of people's likes and dislikes and ensured their preferences for support were respected. People's care records included information for staff about their preferences, and life histories. We found that this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people's personal histories and things that were important to each person they supported.

People told us that their privacy and dignity was respected. They had the ability to choose whether to be in communal areas or have time alone in their room and these decisions were respected by staff. We saw there was a room available if people wanted private conversations or time alone with visitors in an area other than their bedroom.

Advocacy services were available to people should these be needed. The registered manager told us there was access to an advocacy service if required. Both people in the service had the support of relatives but systems were in place to access formal support, should this be required.

The registered manager told us visitors were able to visit at any time and that people went to visit family and friends when they wanted. We saw within care plans we reviewed that visitors had been to the service and that staff supported people to maintain important family relationships.

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences. The registered manager told us that pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. The information gained from the pre-admission assessments had been used to start to formulate care plans and risk assessments for when the person moved in. Care plans we reviewed, showed this had taken place.

People told us they were involved in the development of their care plan and spent time with their key workers, discussing their goals and aspirations. Staff told us it was important that people were involved so that they received the right care to meet their needs. They told us that people were able to discuss their support plans with their key workers. In the care files we looked at there was evidence that regular reviews took place and that people were given the opportunity to amend their support plans if they wished.

We looked at care plans which were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

People were able to make choices about all aspects of their day to day lives. From our conversations with people, we saw that the care and support was based upon their needs and was person centred. People had lived at the service for some years but records confirmed that they or their relatives had been asked for their views about how they wanted their support to be provided. From the individual content of the care records we found that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

There were regular meetings for people who lived at the home. We saw copies of the minutes and saw that these were as meaningful as staff could make them in so that people felt involved in their care. For example, they were based upon aspects of daily living that were of importance to people, safeguarding, complaints, menu choices and activities.

People had an individual plan of activities for each day which had been developed with their key worker, and showed a variety of activities. One person said, "I am going swimming this morning and to the cinema later." They went on to tell us about other things they did through the week including a disco, a trip to the pub and a visit to see their girlfriend. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops and restaurants. The service ensured that people were supported to undertake activities of their preference.

Records also showed that people were supported to keep their rooms clean and to retain skills that would empower them, and enable them to develop skills in the event that they would move on to a supported living environment.

People were provided with information if they needed to make a complaint. One person told us they would speak to a member of staff if they had any concerns at all. The registered manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. They also told us they used complaints received to drive future improvements at the service. We saw there was an effective complaints system in place that enabled improvements to be made. The complaints log showed complaints were responded to appropriately and in accordance with the provider's processes. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

The service had sought people's feedback and took action to address issues raised by conducting annual surveys with people, relatives, staff and other professionals. We saw that results had been analysed and actions taken. We saw from a recent satisfaction questionnaire that people who used the service had expressed their satisfaction with the support provided.

Is the service well-led?

Our findings

There was a registered manager in post. During our inspection we observed them chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between them and the staff was open and respectful. They had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

Staff told us that there was an open culture within the service and that they could speak with the registered manager about anything. They told us they felt valued and would be listened to in all circumstances. They said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes that might take place and knew who the senior management in the organisation was, feeling able to contact them if required.

Information held by us showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which discussed a variety of issues, including safeguarding, training and development and ideas in respect of improving service delivery. Meetings were an opportunity to raise ideas and staff told us their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said that communication was good and they could influence the running of the service.

We found there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. Staff had no issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

The registered manager told us there were processes in place to monitor the quality of the service and enhance daily practice and drive future improvement. We found that frequent audits had been completed and records confirmed that audits had been completed in areas, such as care records and medicines administration and fire safety. Where action was required to be taken, it was so as to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.