

Grapevine Care Limited

The Mount

Inspection report

Main Road
Whiteshill
Stroud
Gloucestershire
GL6 6JS

Tel: 01453753000

Date of inspection visit:
01 October 2018

Date of publication:
05 November 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 Mount is a residential care home providing care, support and accommodation for up to seven adults with learning disabilities. At the time of our inspection there were six people living there.

The care service had been developed and designed in line with the values that underpin the Registering 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.

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.

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 ongoing 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 told us they felt safe. Staff understood their responsibilities to keep people safe from harm.

Risk assessments were in place and these promoted people's independence when at the service and when accessing the community. Medicines were managed safely. Incidents and accidents were reported and lessons learned were shared with staff. Safe recruitment practise was followed and there was enough staff on duty to meet people's needs.

Staff were trained and supported to carry out their roles. People were supported to have enough to eat and drink. People's consent for support was sought in line with legislation and guidance.

People using the service said staff were kind and caring and that staff respected their privacy and dignity. We saw and heard positive interactions between staff and people.

Care and support plans were person centred and detailed people's personal goals. Staff knew people well and understood their needs. People confirmed that staff supported them as they wanted. Complaints were reported, investigated and resolved. Feedback from people and their relatives was sought.

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.

There were robust quality assurance processes in place. Staff spoke highly of the registered manager. The provider's values were embedded in the day to day support of people.

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 Safe.	Good ●
Is the service effective? The service remains Effective.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well-led.	Good ●

The Mount

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. The inspection took place on 1 October 2018 and was unannounced. The inspection was carried out by one inspector. On the day of the inspection, the registered manager was returning from a holiday with three people who use the service and so was only available for the last few hours of the inspection. For the remainder of the inspection we were given support from the team leader on duty.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people living at the service, four members of staff, including the team leader and the registered manager. We reviewed two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After the inspection we received feedback from three people's relatives and one social care professional who had worked with the service.

Is the service safe?

Our findings

The service remained safe. People told us they felt safe. One person said, "I feel very safe living here" and "If I was worried about anything I'd speak to my keyworker." Another person answered, "Yes" when we asked if they felt safe. One person's relative told us, "We feel that [person's name] is very safe."

Staff had been trained to keep people safe. Staff demonstrated they knew how to identify and report any concerns about harm or abuse. One member of staff said, "Any bruises for example, I would document it on a body map, tell [registered manager] and then it gets reported to the safeguarding team." Another staff member said, "[Registered manager] is very hot on us reporting things. We always document it and tell [them]." Staff were also familiar with the term whistleblowing and knew how to report any concerns about poor care. One member of staff said, "I'm very outspoken. If I don't feel someone has provided care at the right standard I will speak up. I'm not afraid."

Care plans contained risk assessments for keeping people safe whilst also maximising their independence when at the premises and when accessing the local community. We looked at the care plan for one person who was partially sighted. The plan guided staff to support the person to walk safely when out in the community and in unfamiliar places. Staff had documented the person could not see things on one side of their body and tended not to look down so wouldn't see any obstructions. For example, the plan informed staff to, "Remember to tell [person's name] when people or dogs are approaching."

Staff told us about another person who sometimes became anxious when out in the community. They said that the person had previously run off when feeling this way. Staff had listed in the person's care plan things they had recognised that could trigger the person's anxiety and actions staff should take to prevent this. For example, the person was always supported by two members of staff when out, wore a high visibility jacket so that staff could easily see them if they did run off and staff supported the person to avoid busy times of day so as to reduce the risk.

Staff supported people to take positive risks. For example, one member of staff said, "[Person's name] gets very anxious and nervous doing something new. So, we provide lots of reassurance and tell [them] what we will do to keep [them] safe. We went to the pub the other evening and [they] were anxious about walking home in the dark, so we talked about using a torch, streetlights etcetera."

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. People were involved in staff recruitment. Records showed that people had spoken with applicants during the interview process.

During the inspection there was enough staff on duty to meet people's needs. Three members of staff had

taken three people on holiday; three other people were at the service with two members of staff. Staff told us that staffing levels were based on people's support needs when they carried out activities. All of the staff we spoke with said there was always enough of them on duty. Comments included, "I've never known it to be short staffed" and, "Yes, there's always enough of us."

Medicines were managed safely. Medicines were stored in a locked cupboard in a locked room. The temperature of the cupboard was monitored and records showed the temperature was maintained within safe levels. All of the medicine administration records (MARs) had been completed in full which indicated people had received their medicines as prescribed. Some people were prescribed additional medicines on a PRN (as required) basis. In these instances PRN protocols were personalised and detailed when and why people might require them. Only staff that had completed medicines training were able to administer medicines and staff competencies were regularly checked. None of the people living at the service were self-administering their medicines. Staff told us about one person who would go to the office to collect their medicines from staff. They said, "[Person's name] comes into the office. We write a cross on the back of the blister pack so that [they] know which one is due and they then pop the tablets out with us watching. It helps [them] to gain more independence." Regular medicine audits were carried out. People had regular medicine reviews. The provider worked with other health professionals to stop overmedication of people with learning disabilities in line with NHS England guidance (STOMP).

The building was visibly clean. Quarterly infection control audits were carried out. Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Incidents and accidents were reported. Incidents were analysed and action taken to prevent a recurrence. Lessons from incidents were shared with staff. For example, one person had refused to wait for a bus and had tried to walk off instead. Staff had been informed to offer the person the option of being collected in the provider's minibus in future if the wait for a bus was considered too long. The registered manager said, "We are an open and honest team. We all make mistakes, but it's about learning from them."

Is the service effective?

Our findings

The service remained effective. People's needs and choices were assessed and regularly reviewed.

Staff had the skills and knowledge to support people. There was a training plan in place which showed that staff had been trained and had regular updates. One member of staff told us, "We do all of our mandatory training, some on-line and some with external trainers. We did safeguarding externally and positive behaviour support too." They also said, "If there is something else we're interested in learning about, [registered manager] will get us on a course." Another member of staff said, "The positive behaviour training was very good. I learnt some good techniques to support people." Records showed staff had completed training in a variety of topics including, fire safety, infection control, epilepsy and equality and diversity. The registered manager told us "I am a positive behaviour management trainer too so I provide training to other care providers. It's a good way of sharing best practise. We also have input from the community learning disabilities team and we share that knowledge through staff meetings."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff said, "We have supervisions every six weeks or so, but [registered manager] always says we can go to [them] in between if we need to. If I have any worries, I don't wait for supervision; I'll speak up." Another member of staff said, "We have supervisions every month or so. We're encouraged to speak up in between though. It's very relaxed, you can talk about anything."

People were supported to have enough to eat and drink. People's preferences for what they liked to eat and drink had been documented and they were involved in menu planning. We saw the menu was on display in the kitchen and that people had a choice of meals each day. One person was being supported by staff to lose weight. They told us, "Staff help me plan my menu and go shopping. I help prepare the food." Another person said, "The food is nice. I get a choice and if I don't like it I can have something else. I help with the cooking." We saw that people were encouraged to participate in meal preparation. We heard a member of staff say to one person, "Do you want to get the salad out for me?" Another member of staff said, "I will always get people to do as much as possible for themselves. It might be something small, like spreading the butter, but if they can do it, I'll get them to do it." After meals, people were encouraged to help clean the kitchen and do the washing up. There was a washing up rota and one member of staff said, "Everyone takes their turn, although [person's name] loves to wash up." This person laughed and agreed with the staff's comment that they were a "champion washer upper."

People had access to ongoing healthcare. Records showed people had access to the learning disabilities team, GP, dentist, and optician. One person's relative said, "Staff are very proactive at responding to any health needs. They take [person's name] to appointments and have been assisting with a new therapy." There were hospital passports in place. These are documents which provide information to hospital staff which includes information about people's communication needs, and their preferences.

The environment was light, bright and clean. People had decorated their rooms with staff support so that they were personalised. One person said, "I can decorate my room how I want it. I've got my own furniture." The kitchen was large and homely and one member of staff described it as the "heart of the home." There were also two large, welcoming communal areas where people could sit if they chose. There was a large garden with a trampoline. Staff said people used the garden a lot during the warmer weather.

We saw staff involving people in decisions. One staff member was going to the supermarket and asked people if they wanted to join them. On another occasion we saw a member of staff ask another person if they wanted help to make a drink. The person replied they could manage alone and the member of staff respected that.

Consent to care and treatment was sought in line with legislation and guidance. People were assessed for their capacity to consent and when people lacked capacity best interest decisions had been made. These were documented and showed that less restrictive options had been considered. Input from other health professionals and advocates had been sought. Staff remained knowledgeable about the Mental Capacity Act and were able to explain how they applied it when supporting people to make decisions. One member of staff said, "People living here are given a million choices every day. If they don't want to do something or go somewhere, that's fine."

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting the requirements.

Is the service caring?

Our findings

The service remained caring. People were treated with kindness. One person told us, "The staff are very nice, very kind. Some are very funny and make me laugh. I find them very compassionate" and "If I'm upset, they talk to me, cuddle me and make me feel better." Another person said, "I'm very happy here" and "The staff are nice to me." One person said, "The staff make me happy."

Staff spoke passionately about their roles. One member of staff said, "My job is to help support adults with learning disabilities to maximise their independence and give them a better quality of life." Another told us, "My job is a passion. I'm very dedicated. I do it well and spend a lot of time talking to the people I support. I'm very proud to do my job." One member of staff said, "We all go above and beyond. For example, the maintenance man will come in day and night if there's a problem. One member of staff took someone's trousers home to taken them up. It's the small things that make a big difference." The registered manager said, "I'm so proud of the team here. They really go the extra mile. When one person was in hospital they took it in turns to go and visit."

Staff clearly knew people well. They talked in detail with us about people's choices and preferences and the level of support people wanted in order to achieve their goals. One member of staff said, "[Person's name] never used to talk much, but with encouragement they come and say good morning to everyone now." Another member of staff said, "I read about a model railway that was on display when I was on a day off. I suggested it as a trip out for [person's name] as I thought they'd enjoy it. [Staff member's name] took [them], and [they] were ecstatic; really loved it and that gave me a real buzz."

Throughout the inspection the atmosphere was calm, friendly and welcoming. Some people were on holiday and the remaining people spent time either in their bedrooms or in communal areas. People were relaxed around staff; they were smiling and interacting. When the other people returned from their holiday, people appeared genuinely pleased to be back home. We saw one person go up to a member of staff and say, "Hello. We're back" and they hugged the member of staff. Later we saw two members of staff watching a video of the holiday with two people. One social care professional told us, "I have always found there to be a happy, busy atmosphere in the home."

One person's relative told us, "[The service] is outstanding in terms of how people are supported to be happy, healthy and to do things they want to do." They also said, "The staff are welcoming and supportive of us as relatives. They always offer you a drink and if you're having a bad day, they will listen to you, and give you a hug. They're wonderful."

People's privacy and dignity was respected by staff. One member of staff said, "I always ask permission before going into someone's bedroom. I always knock and wait for them to invite me in." We heard one member of staff say to one person, "Would you like to go and change your trousers?" The person had had an accident, and the member of staff suggested the change of clothing in a discreet way. Another member of staff said, "I would always discreetly support someone to change their clothes. It would be between me and them; there's no need for them to feel embarrassed."

People's views were sought. Monthly 'service user' meetings took place which enabled people to feedback about the activities they took part in, the food, the staff and the household jobs. When people were unable to participate in the meetings due to communication difficulties, staff had adapted the questions to meet people's communication needs by writing the questions for them in a different way. Annual surveys of people, their families, friends and advocates had also been undertaken. We saw the latest survey results from August and September 2018. Feedback was overwhelmingly positive, with comments such as, "Very pleased, well looked after and where all staff know [them]" and, "I remain very impressed. The staff team are always warm and welcoming and eager to provide the best care. I rate this service very highly." One person using the service had indicated they didn't feel that staff always listened to them. As a result, staff had written more questions for the person to answer in order to understand why they felt this way. This had resulted in the person's communication plan being updated and a new method of communication being utilised by staff.

Is the service responsive?

Our findings

People continued to receive care and support that was in line with their choices and preferences. Care plans were detailed and person centred. For example, people's life histories were included and one page profiles included information on what was important to the person and described the support they wanted from staff.

People's preferred routines had been documented. Personal hygiene plans detailed information such as whether people preferred a bath or a shower and how staff should promote people's independence. For example, one person was able to wash and dress themselves but needed staff support when cleaning their teeth. People were encouraged to participate in doing their own laundry and other housekeeping chores. One person told us they did their own washing, changed their own bed and kept their bedroom tidy.

Communication plans were very detailed. Not all people had a full vocabulary and in these instances the plans provided information for staff on how to make sure people could be heard. For example, in one person's plan there was a 'communication dictionary'. This detailed what the person did or said, what staff thought that meant and how they should respond. Communication cards were being used by the person and staff told us this was working well. One member of staff said, "The cards have really helped with [their] communication. It's got much better." In another person's plan there was information for staff on how to keep the person engaged in conversation, such as, "Tactfully remind me to let others speak." The registered manager said, "Some of the staff here are particularly creative and use this to communicate with people. They take the time to draw maps and diagrams to help people understand what is happening."

People's care plans detailed triggers that might cause people to feel anxious. Additionally the guidance for staff on how to support people during episodes of anxiety was clear. Plans detailed the steps staff should take to reduce people's anxiety which were personalised to reflect their individual needs. For example, in one person's plan it was documented, "If told a time for something, must stick to it." Staff used creative ways to help reduce people's anxieties. For example the registered manager said they had used a wipe board with one person who had difficulty understanding the concept of time when [they] were planning to visit their family. They told us, "When the date is set we do a countdown chart in [their] bedroom, with the number of 'sleeps' left to go. [Person's name] can then understand visually how long until the visit."

People had a wide and varied social life and their preferences for how they liked to spend their time were included within their care plans. This included eating out, swimming, bowling, cinema trips, horse-riding and going to museums. The local area had lots of walking trails and staff said people regularly went rambling. One person's relative said, "The area is beautiful for walks. [Registered manager] recognises the benefits of walking and people are encouraged to get out and get exercise and fresh air." One person told us, "I never get bored." On the day of the inspection one person was being supported to attend an exercise class. The member of staff said, "I take part too. We do it together." People were supported to maintain contact with friends and families. The registered manager said, "Families come regularly. Some stay for meals too."

Care plans were regularly reviewed and people and their relatives were invited to take part in these. One person said, "I have a review of my plan every month." Another person's relative said, "The service communicates well with us on any significant events, appointments and decisions to be made regarding [their] care. We are always invited to review meetings."

There was a complaints procedure in place and this was available in an easy read format for people. There was a 'suggestions' box next to the signing in book for people's concerns, complaints, compliments and comments. One person's relative said, "We've used the complaints process and without exception we were listened to and the issue was well managed and resolved to our satisfaction."

Advanced plans were not in place. Having this information in place enables people and their families to inform staff of any special wishes around how they want to be cared for at the end of their lives. This includes information such as whether people wish to be admitted to hospital and if they have any spiritual preferences. The registered manager told us they had started to have discussions with people and their families in order to understand people's choices and this was a work in progress.

Is the service well-led?

Our findings

The service remained well-led. 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.

The provider's mission statement was on display. This was, "To grow an environment where people in our care have every opportunity to get the very best out of life and become contributing members of society." One member of staff said, "No one is complacent here. It's a lush place to work. People have a good life here because staff do genuinely care about their well-being." Another member of staff said, "The mission statement exactly sums up what we do here."

There were robust quality assurance processes in place. Regular audits of the service were undertaken to monitor and drive improvement. These included audits of medication, infection control, health and safety, maintenance and the environment. Actions arising from audits were addressed. For example, following a medication audit double checking of MARs at the end of shifts had been implemented.

Regular feedback was sought from people, their families and staff. We saw the results of the latest surveys which included comments such as, "We're very pleased. [Person's name] is well looked after where all staff know [them]" and, "The manager is very approachable and friendly but also very professional."

The registered manager explained how the service was always looking for ways to be better. They said, "We're always trying to improve what we do and promote people's independence even more. For example, we've just come back from holiday at an activity centre and people were doing things they'd never done before, like using flint to start a fire. People have been on zip wires, abseiling and canoeing." They also said, "We have great residents and a really good team of staff who enjoy working here. Everyone brings something different to the team which works with such a diverse group of people. People living here are happy and get to do the things they want to do. I'm very proud."

The service had good links with the local community. The registered manager said, "We use the local leisure centre, and everyone here is known by name in the village shop. One of our ex residents used to volunteer there. People also attend the local church which has runs a learning disability service."

People, their relatives and staff all spoke highly of the registered manager. One person's relative said, "[Registered manager] is absolutely fabulous. Whenever we have any concerns, [they] listen and put things right" and "[They] support the staff really well. [They] really are excellent." Another person's relative said, "[Registered manager] is very approachable and will always be available to talk through any concerns or change in [person's name] care. Any emails are quickly responded to." One member of staff said, "[Registered manager] is empathetic, motivated and spends a lot of time with the people living here. [Their] heart is in the right place. [They] are the best boss I've ever had." Another staff member said, "[Registered manager] is really good. [They] are approachable and always listen to what we say."

Staff said communication within the service and from the provider was "really good." Regular staff meetings took place and staff said they were encouraged to speak up during these. The registered manager said the provider was approachable and supportive. They said, "This is a good company to work for and I feel valued as a manager of this service." One person's relative said, "The owner has been very proactive regarding our concerns about the service post [political event]."