

The Vine Residential Services (TVRS) LTD

Schankin House

Inspection report

47 Waverley Gardens
Barking
IG11 0BH

Tel: 02085915766
Website: www.tvrs-cares.com

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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

About the service

Schankin House is a residential care home providing personal and nursing care to up to three people. The service provides support to people with learning disabilities and/or a variety of associated health and support needs. At the time of our inspection there were three people using the service. Care was provided in one adapted building.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to show how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

Staff supported people to take part in activities of their choice at the home and in the community. Relatives were positive about the support people received. Care plans were regularly reviewed to ensure people received the right support that met their needs. Staff communicated with people effectively and knew how to respond to their needs. The service was located in a residential area and people had access to community-based facilities. People received care and support in a clean, well-maintained and equipped setting.

Right Care

Staff were caring, kind and compassionate. They were trained, experienced and knew people well. A relative told us, "The staff are very much caring. Care is person-centred." Care plans detailed how people wanted staff to support them including those areas they required no or minimum support with. Staff understood how it was important to empower people by promoting independence. Risk assessments were in place to ensure that people that possible risks were identified and managed so that people received right care. Staff understood how to protect people from abuse and neglect. The service worked with relatives and professionals and ensured that people received right care.

Right culture

Staff worked as a team and there was a good system of communication between staff. Relatives also confirmed that staff kept them up to date with information about people's care.

There was a key working system in place. This ensured that people's support needs were monitored and reviewed on a regularly basis. People and relatives were involved in assessments of needs and planning of

their care. The service sought feedback from relatives and staff had meetings where they shared their knowledge and experience.

People were supported by staff who had undergone robust recruitment processes and received training. Staff were happy with the management and working at the service.

There was an open and transparent management culture. Staff and relatives told us the registered manager was approachable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 December 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Schankin House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Schankin House 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time observing how staff supported people and communicated with them. Although people who used the service did not communicate verbally, one person communicated with us using methods such as Makaton, pictures, objects and their body language. We spoke by telephone with one relative. We also spoke with two care staff, a team leader and the registered manager.

We reviewed two people's care files, three staff files in relation to recruitment and supervision, the staff rota, menus, and a variety of records relating to the management of the service. We reviewed staff training records, the provider's quality assurance systems written feedback received from professionals who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had an adult safeguarding policy and procedure in place. This outlined the actions needed to be taken by staff to ensure that people were protected from avoidable harm and abuse.
- Relatives told us people were safe. One relative said, "[Person] is absolutely safe. If I felt [person] was unsafe, [the person] wouldn't be there."
- Staff had training on adult safeguarding and knew how to recognise and report allegations and incidents of abuse. A member of staff told us, "I will report any incidents of abuse to my manager. If I feel my manager is not doing anything about it, I will report it to the social services or the CQC."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Each person had a risk assessment which outlined how staff should manage risks and keep people safe. The risk assessments were monitored, reviewed and updated to ensure they were relevant to changes in people's needs.
- Staff knew people well, which meant they understood people's needs and how they wanted to be supported. A member of staff explained how they supported one person with their needs and helped them reduce particular incidents they had been involved in. We observed people were relaxed when they interacted with staff.
- Staff ensured the service was safe for people to live in. Regular safety checks of the environment were completed, and action taken to ensure people were safe. These included fire safety checks, window restrictors and the completion of Personal Emergency Evacuation Plans (PEEPs) for each person with a consideration of their individual needs in case of a fire emergency.
- The provider drew lessons from incidents and accidents. The registered manager told us they recorded and reviewed incidents and accidents regularly. They said they shared information with staff and other professionals such as psychotherapists and put an action plan to ensure incidents and accidents did not recur. The registered manager told us an example of a lesson they learnt about an incident that one person whilst out in the community. They said this incident had totally stopped since they drew a lesson and reviewed how they person was supported when accessing community amenities.

Staffing and recruitment

- The provider had robust staff recruitment systems in place. This included requiring staff to complete application forms, attend interviews and provide evidence such as written references, personal identification documents and undergoing criminal record checks.
- The service had enough staff. A relative told us, "There are enough staff to support [person]." We saw staff were available to support people in the care home and in the community when they went out for their planned activities.

- The registered manager had effective plans for maintaining the staffing levels during the COVID-19 pandemic. They told us existing staff volunteered to cover extra shifts when a colleague was unable to work. They said they had used their own bank staff and other staff from a specific agency to ensure continued and consistency of care provided by the service.

Using medicines safely

- Staff managed medicines safely. Documents were kept of the medicines people took at different times and all medicines were kept in locked cabinets.
- We reviewed two people's medicines and medicine records and noted both the medicines and records were correct. The registered manager told us, and records showed that staff audited medicines. This helped the service identify any errors in medicine management and administration and take appropriate action to ensure people were safe.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff had received training in medicine administration. The registered manager told us, and training records confirmed this.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The provider had good arrangements to keep premises clean and hygienic.
- The provider tested for infection in people using the service and staff. They also demonstrated a commitment to supporting people to receive the COVID-19 vaccine. One relative told us how the service had supported their loved one, "Over the years, trying to get an injection in them was horrendous but somehow they've managed it, even the flu jab too, that is amazing".
- The service had a system to monitor the vaccination status of staff and check the status of visitors.
- The service had measures in place to prevent visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- Pre-assessment of needs were completed before people started receiving care. This ensured that people's admission to the service was based on its suitability to their needs. The registered manager explained the pre-assessment process which also included people's compatibility with each other. We noted people moved to this service from the provider's children's service.
- The assessment of needs were person-centred and comprehensive detailing the person's needs, what they could do independently and areas they required support with including communication. For example, one person's assessment stated, "My level of understanding is that I am nonverbal, I do understand Picture Exchange Communication Systems known as PECs."
- Staff knew people's support needs. We observed staff communicating well with people and responding to their needs. A member of staff explained the likes and dislikes of one person and how they supported them, for example, with activities.
- People's assessments of needs were reviewed regularly. The service had a key working system in place which meant staff reviewed assessments and care plans regularly. A member of staff said, "I am a keyworker for [person]. I have one-to-one with [person] to review needs and update their care plans." This ensured people received care and support that was relevant to their present needs.
- Staff supported people to access health care needs. Staff told us and records confirmed that people had access to annual medical check-ups and were supported to make and attend appointments with health professionals such as opticians and dentists.

Staff support: induction, training, skills and experience

- Staff had experience of working with people with a learning disability and had received support and training to provide effective care and support. A relative told us, "Staff at the service are of high standard; they are trained, experienced and the quality of the staff is high." During our observation of their interaction with people and during the interview with them, we noted that confident and had skills and knowledge to support people effectively. We noted from the provider's training records and staff files that staff had attended various training programmes relate to their roles.
- New staff received induction when they started work at the service. This introduced them to the policies, procedures and ethos of the service. One member of staff told us, "I attended an induction programme at the head office. It was good, there was a checklist which I had complete."
- Staff had regular supervision and annual appraisal. One member of staff said, "I get supervision every month. We discuss work, training and anything I want to talk. I am happy, I can discuss personal, work and

training needs." Staff files confirmed staff had supervision and annual appraisal. We also saw that staff had opportunities to attend staff meetings where they shared information about people's support needs and discussed the service's policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to maintain a balanced diet. People's dietary needs were recorded in their care plans and staff knew people's preferences of food. One person's care plan stated, "My diet is healthy, staff support on this I have three meals a day." Another person's care file stated that they were on a low carbohydrate diet and staff should follow this. A member of staff told us that they knew each person's dietary needs and gave us an example of one person who 'liked' a food, which the service provided for them.
- A relative commented positively about the food. They said, "Staff provide [person] with cultural food. [Person] likes the food."
- People were involved in shopping and preparation of food. Staff told us they developed shopping list and did shopping with people.

Adapting service, design, decoration to meet people's needs

- At the time of our visit work was ongoing on a building next door to the service. We noted that part of the back garden was affected by this work and it was not safe for people to access it. We discussed the impact of this with the registered manager who stated that they would address this and ensure that the garden was safe for people.
- People had rooms which reflected their preferences of design and decoration. People also personalised their rooms with pictures, photos and personal items.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and were aware of their responsibilities. A member of staff told us, "People have right to make their own decisions if they have capacity. We encourage and support them to make decisions if they lack capacity."
- Where people had conditions on the authorisation of their DoLS, the provider ensured that these were reviewed. This ensured people who were subject to DoLS were supported by least restrictive measures which were considered in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood equality and diversity and ensured that people were treated without discrimination. One member of staff said, "We treat everyone equally; we do not to discriminate because of their differences such as race, gender, religion, age or sexuality." Another staff member told us, "We promote diversity; for example, we have culture days where we cook cultural food and enjoy together."
- People received kind and compassionate care. A relative said, "Staff are very much caring." We observed staff showed kindness and caring when interacting with and caring for them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views using their preferred ways of communication. we noted staff knew people's communication needs and paid attention to them.
- People made their own choices in various aspects of their care. For example, people made choices of when and where to have their meals. This was respected by staff who understood people's rights to make choices.
- Relatives, and others important to people, were involved in making decision about people's care.

Respecting and promoting people's privacy, dignity and independence

- The service promoted independence. For example, one person's care plan stated, "I can go to toilet independently and will wash my hand without prompting." A member of staff told us, "I encourage [people] to take basket to the laundry; they eat and wash their plate. We are there to encourage and help them do things by themselves."
- Staff knew how to ensure people's privacy and confidentiality. A member of staff told us, "When they have shower, you do not just go in, you knock on the door." Staff also knew management guidance on confidentiality of people's personal information.
- Care plans focused on what people could do by themselves and gave guidance for staff how to promote independence. This enabled people to gain certain independent living skills such as cleaning and taking dirty clothing to the laundry.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person-centred care. People's needs and how they wanted to be supported were detailed in care plans. This ensured care was tailored to each person's needs. Staff told us and records showed that people received support according to their needs, for example, getting up at different times, having meals of choice and being involved in activities of personal interest.
- The service was not providing end of life care at the time. However, the registered manager explained should the need arise, they would ensure that staff had the training and skills to provide effective end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with each person. We observed, for example, how staff communicated effectively with a person using body language, pictures and objects.
- Plans of daily activities and weekly menus were available in pictures in the lounge. These helped people understand their programmes of activities and menus for the week.

People's communication needs were assessed and included in their care plans. For example, one person's care plan stated, "I can also use gesture, pointing, objects of reference, pictures, Makaton, spoken language." This showed that people's communication needs were considered in the provision of service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to participate in their chosen social and leisure interests on a regular basis. Some people attended local places of education on full-time basis to gain knowledge and skills in their areas of interest. Others had planned activities built into their care plans. During our inspection we noted people were out at different times attending their activities at colleges or in the community.
- People were supported to maintain contact and spend time with their families. A relative told us, "We visit [person] at the home. [Person] also stays at home with us on weekends."

Improving care quality in response to complaints or concerns

- There were systems in place for people and relatives to raise concerns. A relative said, "Yes, I do know how

to complain. But there was no need for me to make a complaint." We noted no complaints had been received by the service since it was registered. However, we saw that there were compliments received from relatives and social care professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The principles of right support, right culture and right care were imbedded in the service. People and their relatives were involved in the planning and provision of the service. A relative told us, "Everything [person] needed was considered starting from the time [they] moved to the service. We were involved. Staff are open." Observations and discussions with staff showed that people were empowered to make decisions and carryout certain tasks by themselves.
- The service had a clear management structure. The registered manager was supported by team leaders and an independent consultant who visited one day a week to help with management related duties including auditing of various aspects of the service.
- Staff were happy with management of the service. One member of staff said, "The registered manager is supportive, open and is somebody you can approach easily."
- There were systems in place for staff meetings. These allowed care staff to be aware of and involved in how the service was managed. One member of staff told us, "I attend team meetings. They help us to share information about care, policies and experience. They are useful."
- Staff were encouraged to develop their skills and knowledge through development plans which included continuous learning. There were structured training programmes for staff and the staff morale was high. A member of staff told us, "I am very happy working here. I learn a lot here and I enjoy supporting people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to carry out their role. They had been in management for a number of years and had a clear understanding how to develop and improve the service further. They told us they regularly reviewed their policies and sought support from an independent social care professionals.
- Staff knew their roles. Each shift was led by a team leader whose job included oversight of the service and management of staff. A member of staff said, "We know our roles on the shift. We also work as a team."
- The provider understood their legal responsibilities to be open and transparent about when things went wrong.
- The registered manager sent the Care Quality Commission notifications about significant events that happened at the service. They referred allegations of abuse to the local authority and kept relatives informed of incidents and accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place for seeking the views of people who used the service and others. 'Coffee Meetings' were held with relatives where they were asked of their views of how the service could be improved and what activities they wanted to be provided. There was regular communication with relatives of people, both informing them of what was happening at the service and seeking their feedback.
- Relatives told us the registered manager was responsive to their queries whenever they contacted them. One relative said, "The service is excellent. I can contact the manager, no problems."
- The provider worked in partnership with other health and social care professionals to ensure people received care and support that met their needs.