

BrownFox Quality Care Limited

Vinegar House

Inspection report

17 Longford Street
Derby
Derby
Derbyshire
DE22 1GJ

Date of inspection visit:
18 October 2016
19 October 2016

Date of publication:
28 November 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 took place on 18 and 19 October 2016. The visit was unannounced.

Vinegar House is a residential home which provides care to people with mental health needs. It is registered to provide care for up to 13 people. At the time of our inspection there were eight people living at the home.

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 and associated Regulations about how the service is run.

People using the service we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People's risk assessments had not comprehensively provided staff with information of how to support people safely.

People using the service told us they thought medicines were given safely and on time.

Staff had not always subject to robust character checks to ensure they were appropriate to work with the people who used the service.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they liked the food provided.

People's health care needs had been protected by referral to health care professionals when necessary.

People told us they liked the staff and got on very well with them, and we saw many examples of staff working with people in a friendly, supportive and caring way.

People and their representatives were involved in making decisions about care, treatment and support.

Care plans were individual to the people using the service and usually covered their health and social care needs, though more detail was needed to ensure specific health advice was discussed with people and included in care plans.

There were sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were in place to provide stimulation for people and people took part in activities in their chosen community activities.

People and their relatives told us they would tell staff if they had any concerns and were confident that proper action would be taken.

People and staff were satisfied with how the home was run by the registered manager and the management team.

Management carried out audits to check that the home was running properly to meet people's needs, though not all essential systems had been audited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Not all risk assessments contained enough detail to protect people's safety. The whistleblowing procedure did not contain details of relevant agencies for staff to contact. Medicine had been supplied to people as prescribed, though when to supply as needed medicines had not been authorised by medical personnel. Staff recruitment checks were in place to protect people from unsuitable staff, though this process was not fully robust. Staff knew how to report any suspected abuse to their management, and staff knew how to contact safeguarding agencies if abuse occurred. People told us said that they were safe living in the service.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained and supported to enable them to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had plenty to eat and drink and told us they liked the food served. There was positive collaboration with and referral to health services.

Good ●

Is the service caring?

The service was caring.

People told us that staff were friendly and caring. We observed this to be the case in all the interactions we saw. Staff protected people's rights to dignity, choice and privacy. People had been involved in planning and deciding what care they needed.

Good ●

Is the service responsive?

The service was responsive.

Care plans contained information for staff on how to respond to people's needs, though some plans needed more detail to ensure staff were able to comprehensively meet their needs.

Good ●

Activities based on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns, and we saw evidence of this.

Is the service well-led?

The service was well led.

People told us that management listened to and acted on their comments and concerns. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Some systems had been audited in order to provide a quality service, though audits had not been carried out for all essential services.

Good ●

Vinegar 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 18 and 19 October 2016. The inspection was unannounced. The inspection team consisted of one inspector and one expert by experience speaking with people to give their views about the service they received. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of people with mental health needs.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Vinegar House. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home. We spoke with commissioning staff from the local authority who told us that for the last a quality monitoring visit they had carried out, they found the provider was operating effectively.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make. We took that information into account when judging whether the service met people's needs.

During the inspection we spoke with six people who used the service, one relative, the registered manager, two assistant managers and two care workers.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home. One person said, "It is safe here, you can go to the staff if you need help." Another person told us, "Yes, I do feel safe. People help you here."

We saw that people's care and support had been planned and delivered in a way that had, in the main, ensured their safety and welfare. Care records identified risks to the person. However, detailed risk assessments did not provide enough information for staff to manage the risk.

For example, one person was assessed as having behaviour that challenged the service. The risk assessment included general information about how to manage the behaviour. However, there were no specific guidelines for staff on what to do to manage such situations, although staff were aware of dealing with these situations in a calm manner, to deescalate the incident and keep people safe. The registered manager stated this guidance would be put into place.

Staff told us how they would keep people safe. For example, a person encouraged another vulnerable person to lend them money. Staff had intervened to explain that this practice was not acceptable and monitored this situation to try to prevent this happening again. This meant staff took action to ensure people were not taken advantage of.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Emergency procedures regarding essential services such as electricity, gas and water were in place for staff to refer to. Fire records showed that regular fire drills had taken place. A fire risk assessment was in place. Fire equipment had been serviced. Not all systems had been regularly checked, such as emergency lighting and fire bells. The assistant manager then tested these systems immediately after the inspection and sent us confirmation that this had taken place. There was a statement that these systems would be regularly tested in the future.

Staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start, checks had usually been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, we found a staff member with a reference from a current assistant manager, who was formerly the person's line manager in the past. This was a potential conflict of interest, as the reference supplied was not completely independent. The registered manager acknowledged this and said this would not occur again.

Staff told us they believed there were sufficient staff on duty to ensure that people were safe. People also told us that staffing levels were sufficient to keep them safe.

One person said, "Whenever you need staff, they are there." We were informed by staff that staffing levels were adjusted to take into account what activities people were involved in in the community, so there were always sufficient staff on duty to meet people's needs.

A procedure was in place which indicated that when a safeguarding incident occurred, staff were aware of the need to report this to the management of the service. The procedure directed staff to report this to CQC, as legally required, but did not state this needed to be reported to the safeguarding authority. The registered manager stated this procedure would be amended accordingly.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I know I would report it to social services if no action was taken." The provider's safeguarding (protecting people from abuse) policy set out the roles of the local authority in safeguarding investigations. However, the whistleblowing procedure did not set out detailed information for staff to follow if they did not feel confident that the management of the service would take the matter further. It did not set out how to contact relevant agencies directly such as the local authority, police or CQC. The registered manager said this procedure would be amended to include this information.

A person told us how they received their medicine, "I get my tablets from staff regularly." Another person said, "I take my medication but sometimes I forget so staff remind me and they have got me into a good routine."

A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by staff trained and assessed as being able to do this safely.

We looked at the medication administration records for people using the service. These showed that medicines had been given and staff had signed to confirm this. Medicines held were checked and it was found that this had been supplied to people.

Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them.

Where a person was prescribed PRN (as needed) medicines, a protocol was in place which guided staff as to when people should be offered these medicines. However, this record had not been signed by the prescriber, who would be the GP or consultant. The registered manager said this would be followed up. This will then ensure that medicines are always supplied safely to people.

Is the service effective?

Our findings

The people we spoke with said they received the care and support they needed. A person said, "Staff know what they are doing." Another person told us, "All the staff seem to be trained well."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We have had lots of training. If I think I need any more training I just go to the office or mention it in supervision and they listen to you about what you need."

The staff training matrix showed that staff had training in essential issues such as medicines administration, health and safety and providing care. There was evidence in place that training had been planned to ensure staff were aware of mental health conditions. There was also information available to staff on health conditions people had such as continence and diabetes.

The registered manager and assistant manager said that they were looking into introducing care certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training.

All the staff we spoke with told us there were always opportunities to discuss their training needs with a senior person to make sure they provided effective support to people.

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. 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with explained their responsibilities in relation to the MCA. We found evidence of mental capacity information for people but no formal assessments for people as there was no form in place for assessing people's mental capacity. The registered manager said she would follow up this issue and make sure that all the people had been formally assessed.

We asked staff about how they provided care to people. They said that they talked with people, put them at ease and asked for their consent before supplying personal care. This showed us that staff were seeking people's permission before they supplied personal care to people.

All the people we spoke with said they liked the food they were offered. We saw a person eagerly awaiting the lunchtime meal. Staff noticed this and supplied the person with fruit to eat, which they enjoyed. We saw

a healthy lunchtime meal being prepared and there was a relaxed atmosphere at lunchtime.

People told us that food was always available between meals if they felt hungry. They said that they were encouraged to eat a healthy diet. For example, they had been provided with a talk on reducing sugar in their diet. There were bowls of fruit available in the main lounge. Staff told us that deserts of fresh fruit and yoghurt were provided instead of sugary desserts.

There was evidence on the displayed menu that if people did not want the food offered, another choice was made available to them. People confirmed to us that this was the case. We saw in a care plan of a person assessed as needing a healthy diet had not contained specific information and an agreement with the person as to what types of food needed to eat to maintain their health. The registered manager and assistant manager said this would be followed up.

Everyone said that drinks were available at any time. People told us that they could go into the kitchen at any time and make themselves a drink. We saw people doing this, which prevented people suffering from dehydration.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

People felt that their health needs were met. One person told us that there was always staff support if they needed to go to see any health professional. The person said, "The staff helped me go to the doctors. They tell me when my appointment is and make sure I go. They go with me. It is very important."

There was also evidence that staff had quickly referred people to healthcare professionals if they had an injury following an accident. This showed that staff had acted quickly to ensure people received effective healthcare.

Records confirmed people were supported to access health services, such as hospital appointments, GPs, dentists, opticians and chiropodists, although we saw evidence in one plan we saw where a person had not had an optical test for over two years. The registered manager said this would be followed up. We saw in a person's care plan that they had attended a screening test carried out due to possible diabetes. This enabled people to receive effective care for them to maintain their health and wellbeing.

These issues showed people were, in the main, provided with an effective service to meet their health needs.

Is the service caring?

Our findings

People using the service that we spoke with were very positive about staff and how caring they were. Everyone we spoke with said that staff treated them with respect. A person told us, "They're friendly and take the time to speak with you. They are a bit like family." Another person told us, "Staff could not be better. They care about us." We saw information in residents' surveys that confirmed that staff treated people and their visitors with dignity and respect. Surveys from relatives also confirmed this.

Throughout our inspection we noted that staff demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We saw that staff were genuinely interested in what people said to them. We saw many positive interactions as staff provided support to people and having ordinary everyday conversations and joking with people.

The care at the home was set out in the information provided by the service. This emphasised respect for people, encouraging independence and respecting privacy. This guided staff to provide a caring service to people.

People told us they had been involved in setting up their care plans. We found evidence in plans that they had signed and agreed to the assessed support to meet their needs and what they wanted to do with their lives. This meant people were involved in setting up and agreeing to the care and support that met their needs.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their bedroom. We saw evidence of this when one staff member knocked on a person door and did not enter without the permission of the person. One staff member told us, "We try to make sure that people are treated as adults. They are all individuals and who all have different needs."

Staff said that people were able to choose their own lifestyle such as when to get up and went to go to bed, choosing their own clothes, whether they want to take part in activities and being able to go out when they wanted. People confirmed this to us. We saw evidence of this when a person went out shopping. Another person went out cycling with a staff member. When we arrived at the inspection, we found only one person had got up. Other people got up when they chose. People confirmed it was their choice as to the time they got up and when they went to bed. This indicated that staff respected people's rights to choose their lifestyle.

People had a kitchenette in the main lounge where they make themselves drinks. People confirmed to us that they cooked meals for themselves and others, thereby giving the opportunity to be independent. Care plans we saw emphasised that people would be supported to develop living skills such as cooking and doing their own laundry. It was emphasised in the information from the provider that this was the main goal of the service. The information from the provider that we saw noted that a high percentage of people had gone on to live in their own independent accommodation. This told us that the aim of the service was promoting people's independence. Staff also told us how they promoted people's independence by

supporting them to develop living skills such as budgeting.

The provider's statement of purpose stated that arrangements would be made for people to attend religious services of their choice. We found that staff respected people's cultural requirements, as people told us they were able to go to church if they chose. A person told us that they had the opportunity to cook food which reflected their cultural background. These preferences were not recorded in people's care plans, so there was a risk that staff were not aware of all people's cultural preferences. The registered manager said this information would be included in care plans.

These issues showed that staff presented as caring, supportive and friendly to people and respected their rights.

Is the service responsive?

Our findings

All the people we spoke with knew who the registered manager and management team were and said they were approachable, helpful and easy to talk to.

A relative told us that they were satisfied with the service as they were informed of any developments immediately and that there had been agreements as to how to help her relative in making progress with their mental health needs.

During the visit we observed that the management team and staff members were knowledgeable about the people that used the service. They were able to describe the overall culture and attitude of the service to maintain people's rights and help them to become develop independence.

The management team had a clear vision about what person centred support meant for each person using the service and they ensured that staff were supported to develop skills to be able to meet people's needs.

The staff members we spoke with said they were well supported by the management of the service. This view was reinforced by the low staff turnover we found. A staff member told us, "If I need support, I get it. The managers' will always spend time with us if we need this." All the staff we spoke with told us they could approach the management team about any concerns they had. One staff member said, "We have good teamwork. We all care for people and try to help them in whatever way we can." Another staff member told us, "This service is very well managed. There is a good atmosphere here. People know they can come and speak with us and get support when they need it."

Staff members we spoke with told us that the registered manager and management team always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Vinegar House were always put first.

There was evidence that regular residents meetings had taken place. The meetings were chaired by a representative from the people who lived in the home. This helped ensure that people's views were encouraged and represented to the management. The issues discussed were relevant to what people thought important, such as the food and activities. People told us that they were satisfied how the issues they discussed had been followed up. However, there was no process in place to inform people of how and whether issues had been followed up. The registered manager said this would be put into place.

Staff had been supported through staff meetings which contained relevant issues such as the care supplied to people, medicines, cleaning, staff training and complaints. There was evidence that staff had been asked about their views during the meetings. For example, one staff member suggested arranging a diabetic meal with people who lived in the service so as to encourage healthy eating. The registered manager said this was going to be arranged. Staff confirmed to us that the management team acted on their views and suggestions when they discussed them during their supervision sessions.

We saw that people had been asked their opinions of the service by way of completing satisfaction surveys. This included relevant issues such as staff friendliness, quality of care, and response to complaints. We noted a high level of satisfaction with the running of the service. There were no concerns and all issues people were asked about were rated either as good or excellent. This shows that people felt that the home was well managed and well led.

Relatives had also been asked their opinions. Again, the level of satisfaction expressed was very high. Positive comments included, "Thank you for looking after (person who lived in the service) so well." Another comment referred to the service as, "Calm, warm, friendly and supportive." Again, all the issues relatives were asked about were rated by them as either as good or excellent.

Is the service well-led?

Our findings

All the people we spoke with knew who the registered manager and management team were and said they were approachable, helpful and easy to talk to.

A relative told us that they were satisfied with the service as they were informed of any developments immediately and that there had been agreements as to how to help her relative in making progress with their mental health needs.

During the visit we observed that the management team and staff members were knowledgeable about the people that used the service. They were able to describe the overall culture and attitude of the service to maintain people's rights and help them to become develop independence.

The management team had a clear vision about what person centred support meant for each person using the service and they ensured that staff were supported to develop skills to be able to meet people's needs.

The staff members we spoke with said they were well supported by the management of the service. This view was reinforced by the low staff turnover we found. A staff member told us, "If I need support, I get it. The managers will always spend time with us if we need this." All the staff we spoke with told us they could approach the management team about any concerns they had. One staff member said, "We have good teamwork. We all care for people and try to help them in whatever way we can." Another staff member told us, "This service is very well managed. There is a good atmosphere here. People know they can come and speak with us and get support when they need it."

Staff members we spoke with told us that the registered manager and management team always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Vinegar House were always put first.

There was evidence that regular residents meetings had taken place. The meetings were chaired by a representative from the people who lived in the home. This helped ensure that people's views were encouraged and represented to the management. The issues discussed were relevant to what people thought important, such as the food and activities. People told us that they were satisfied how the issues they discussed had been followed up. However, there was no process in place to inform people of how and whether issues had been followed up. The registered manager said this would be put into place.

Staff had been supported through staff meetings which contained relevant issues such as the care supplied to people, medicines, cleaning, staff training and complaints. There was evidence that staff had been asked about their views during the meetings. For example, one staff member suggested arranging a diabetic meal with people who lived in the service so as to encourage healthy eating. The registered manager said this was going to be arranged. Staff confirmed to us that the management team acted on their views and suggestions when they discussed them during their supervision sessions.

We saw that people had been asked their opinions of the service by way of completing satisfaction surveys. This included relevant issues such as staff friendliness, quality of care, and response to complaints. We noted a high level of satisfaction with the running of the service. There were no concerns and all issues people were asked about were rated either as good or excellent. This shows that people felt that the home was well managed and well led.

Relatives had also been asked their opinions. Again, the level of satisfaction expressed was very high. Positive comments included, "Thank you for looking after (person who lived in the service) so well." Another comment referred to the service as "Calm, warm, friendly and supportive." Again, all the issues relatives were asked about were rated by them as either as good or excellent.

Management had implemented some systems to ensure quality was monitored and assessed within the service. Facilities were checked on a regular basis. There were regular reviews of people's care plans to check whether they were still relevant to people's needs.

However, we saw no audits in place regarding issues such as staff recruitment, food hygiene, infection control and staffing levels. The registered manager said that it was planned that the joint director of the company was devising a comprehensive system so that all relevant audits would be put into place.

By having robust quality assurance systems in place, this would then fully protect the safety and welfare of people living in the service.