

Vine Home Care Limited

Vine House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Vine House is a residential care home providing accommodation and personal care for up to 14 people in one adapted building with bedrooms over 2 floors. At the time of our inspection there were 13 people using this service.

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

Risks to people's health and safety were not always identified and medicines were not always managed and stored safely. During the inspection we noticed the communal areas were unattended for some time and no action had been taken in relation to 1 staff member not having any references. We made recommendations about this. People felt safe using this service and relatives praised the staff team. Infection control processes were followed and visits were actively encouraged.

People's needs were assessed before they started using this service and the provider worked well with other healthcare professionals. Staff received an induction when they started in their role and completed various training courses to ensure they had the skills and knowledge to safely care for people. 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.

People were treated with dignity and respect by staff who knew them well. People were encouraged to make their own decisions and were involved in their care planning process.

Concerns were raised about the lack of stimulation provided to people and the lack of activities provided. We made a recommendation about this. Care plans contained people's personal information to help staff get to know people well and prompt conversation. Concerns and complaints were listened to. People's end of life wishes were recorded where appropriate.

Governance systems were in place but were not always effective. There was limited evidence of risks being identified or reduced and audits did not always identify concerns found during the inspection. Feedback was sought from staff, people and their relatives. Staff had not had a supervision for some time but did attend regular staff meetings. People and their relatives spoke highly of the staff and management team.

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

Rating at last inspection

This service was registered with us on 5 June 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 1 February 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, the health and safety of people living at this service and governance processes. We made recommendations in relation to staffing levels, staff recruitment processes and activities.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vine 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 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Vine House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Vine House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 7 relatives about their experience of the care provided. We spoke with 6 staff including the deputy manager, cook, care workers and the registered manager. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also observed how staff provided support for people to help us better understand their experiences of the care they received.

We had a tour of the building with the deputy manager. We reviewed a range of records including records relating to medicines, staff recruitment, building maintenance, cleaning and equipment checks, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service including audits and policies and procedures.



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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed and stored safely.
- Protocols were not always in place to guide staff on when to administer 'as required' medicines, and when they were in place, they did not always match the medicine administration records.
- Time specific medicines did not have the exact time recorded of when the dose was last given. This meant people were at risk of overdose.
- The temperature of the medicine's cabinet was not recorded. This meant there was a risk medicines were being stored at an inappropriate temperature.
- The quantity of the medicines did not always match the quantity recorded on the medicine administration record and we found medicines in stock which were not recorded. This meant we could not be assured people were receiving their medicines as prescribed.
- The provider's systems for auditing medicines at the service were not effective; the audits completed had not identified issues found during the inspection and the medicines policy was not being followed.

The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to this during the inspection process and conducted a full audit of their medicines and sought support from other healthcare professionals to improve their medicines management.

Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe.
- We found several health and safety issues including wardrobes not being secure to the walls.
- The provider had a fire risk assessment and a policy. However, they were not being followed meaning people could have been at risk should a fire occur.
- Risk assessments relating to people's individual needs such as mobility and nutrition were conflicting and not robust enough to guide staff on how to safely care for people.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to this during the inspection process and commenced a full audit of their health and safety procedures and mitigated any immediate risks to ensure people's safety.

Staffing and recruitment

- People and their relatives spoke highly of the staff team and most people felt there was enough staff. However, we noticed during the inspection the communal areas were unattended for some time. This meant there was no oversight of people should they require assistance.

We recommended the provider reviews their staffing levels to ensure people were safe.

- There were safe systems of staff recruitment in place. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, no action had been taken to seek references for 1 member of staff.

We recommended the provider reviews their recruitment processes to ensure they are robust.

- Relative's spoke positively of the staff team. One relative said, "There is good continuity in the staff, I see the same carers each week I visit."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse, harm and discrimination.
- There were policies in place to guide staff on safeguarding people from abuse and staff were aware of their responsibilities in this area.
- Staff felt confident reporting any concerns of abuse. One staff member said, "People are safe here and well cared for. If I had any concerns, I would report them straight away."
- Relatives felt their loved ones were safe at Vine House. One relative said, "[Person using the service] is safe here. I have got to know all the staff and I trust them completely. If there are any issues, they let me know straight away. I can speak to any of the staff on duty, they will all help as much as they can."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was evidence of information sharing in team meetings and measures being put in place following on from an incident to help reduce future risks.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection and control practices.
- The home had a good standard of cleanliness and there were plentiful supplies of PPE.
- Relatives told us they felt the home was clean. One relative said, "I can't fault the staff they keep the home very clean. The lounge has just been redecorated."

Visiting in care homes

- There were no restrictions on relatives visiting their loved ones and visiting was actively supported.

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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they started to use this service and care and support was delivered in line with current standards to achieve effective outcomes.
- Assessments were used to develop person centred risk assessments and support plans. However, we did find some risk assessments to be conflicting and not robust enough to guide staff. This is mentioned in more detail in the safe key question.
- Everyone living at Vine House is registered under the same GP who conducted ward rounds once a week alongside a link nurse to provide effective joined up care.
- Evidence was seen of referrals to healthcare professionals when people's needs changed.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support.
- Staff received an induction when they started their role and various training courses were available to staff to provide them with the skills and knowledge to meet people's needs. Training compliance rates were high in all areas.
- Staff felt the training available to them was sufficient and felt comfortable in asking for any additional training. One staff member said, "If we ever need any extra training on something, they are very good and arrange this."
- Relatives praised the knowledge and skill set of the staff. One relative said, "The staff are trained well enough to meet [person using the service] needs. The staff are very good at picking things up."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People spoke positively of the dining experience and the food on offer at Vine House. One person said, "I get plenty of food, which is very good. I get drinks and snacks through the day. I am really well looked after."

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

- People's individual needs were met by the adaptation, design and decoration of the premises.
- Ongoing refurbishments were being made to the home to improve the décor and furnishings.
- Bedrooms were personalised to meet individual needs.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive someone of their liberty. Any conditions relating to DoLS were being met.
- People's capacity to make decisions about different aspects of their care and support were identified and well documented.
- Decision specific MCA and best interest documents were in place in people's care files.
- Staff told us they ask for people's consent before care is provided.

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

- People were treated well and supported by staff who knew them well. There was a friendly relaxed atmosphere at the home. Throughout our inspection, we observed staff to be kind, caring and compassionate.
- Staff members spoke positively of the work they did. One staff member said, "I love my job, I absolutely love it. I have never thought about doing anything else. I like to make sure the residents have everything they need."
- We witnessed positive interactions between staff and the people they care for. One person said of the staff, "The staff are all kind; they talk to me and we have a laugh and a joke."

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

- People were supported to express their views and make decisions about their care.
- People were supported to make their own decisions and were involved in the care planning process. One relative said, "I have been fully involved in her care plan, [person using the service] was involved too, when they were discussing it with us. If I feel anything extra has to be added to the plan, I just speak to the staff."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff spoke respectfully to people, and we observed staff interacting with people in good humour.
- Relatives praised the way staff treated people living at Vine House. One relative said, "I can't fault the staff; they treat all the residents with the upmost respect."

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.

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

- People were supported to maintain relationships and take part in activities. However, concerns were raised by staff about the lack of stimulation provided to people.
- Some staff told us there was not always time to provide meaningful activity although they do their best and do try and engage people in some form of activity throughout the day.
- People living at the home had mixed views on the activities available. One person said, "The staff don't do much, but a lady comes in and does crafts with us. She puts music on, and people dance or do exercises. She volunteers to do this. They had a choir in recently to sing to us."

We recommended the provider ensures people are taking part in meaningful activity to enhance their wellbeing.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care plans contained detailed information on people's likes/dislikes and their goals and ambitions for the future. Records also detailed people's life history to guide staff on conversation prompts.
- People told us staff knew them well. One person said, "They know me well, if I ask for something they sort it out."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were identified during their initial assessment and information was available in different formats should anyone require this.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- Relatives told us they felt comfortable raising concerns should they need to. One relative said, "I have not

had any reason to make a complaint. If I did have a concern, I would speak to the manager."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records were respectful and caring. They also identified any religious or cultural preferences the person had.
- Advanced decisions about resuscitation were documented.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were not always effective at improving the quality and safety of the service.
- Governance systems has failed to identify that risks to the health and safety of people living at Vine House were not always well managed as risk assessments were either not in place or not up to date.
- Auditing tools were in place. However, they did not always pick up on the concerns found during the inspection. Where concerns had been identified, there was limited evidence of what actions had been taken to mitigate future risks.
- Policies and procedures were in place to guide staff. However, they were not always being followed.

The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to this during the inspection process and reviewed their auditing processes to strengthen their governance procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service were actively sought, and we saw evidence of feedback forms being completed by people, their relatives and staff. However, staff had not had supervision in some time. The provider was in the process of implementing a new staff supervision procedure to ensure all staff are supervised at regular intervals.
- The feedback forms from people, relatives and staff were all positive and it was clear people were happy with the service provided.
- Relatives praised the communication between themselves and the registered manager. One relative said, "The manager is very helpful and friendly. She keeps me informed about everything. I feel the home is well managed, as we haven't experienced any issues. The staff work well together and everything runs smoothly."

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

- The registered manager, staff and senior managers were committed to providing responsive person centred care. Throughout our inspection, we observed staff and senior management were very pleasant and

accommodating. There was a warm, relaxed atmosphere throughout the home. A staff member said, "The manager is amazing, I can approach her with anything."

- People told us Vine House is a nice place to live and they felt happy living there. One relative said, "I am happy with the home. I really don't think they need to change anything. The home provides good care."
- Staff attended regular meetings where concerns could be shared and discussed openly.

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; Working in partnership with others

- The provider understood their responsibilities under the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. CQC had received notifications as required.
- The registered manager worked well with a range of healthcare professionals including the occupational therapist to enhance the lives of those living at Vine House.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely.</p> <p>Regulation 12 (2) (g)</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p> <p>Regulation 12 (2) (a) (b) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (2) (a) (b) (c) (f)</p>