

BrownFox Quality Care Limited

Vinegar House

Inspection report

17 Longford Street
Derby
Derby
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Date of inspection visit:
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Vinegar House is a residential care 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 10 people living at the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Systems were in place to report safeguarding concerns to keep people safe from harm. Risks were assessed and monitored to ensure risks were kept to a minimum. There were enough staff to ensure people were supported sufficiently. Medicines were administered in a safe way. The service had a good standard of hygiene and followed infection control protocols. Systems were in place to monitor themes and trends when things went wrong.

People's needs were assessed, and records showed people received person-centred care that reflected their needs and preferences. People felt staff had attended sufficient training and did a good job supporting them. Staff received supervision and met with management regularly, but meetings were not always recorded. People received a balanced diet and were supported to eat and drink sufficiently. People were supported to attend medical appointments to keep them safe and well. The service had a good relationship with GP's and other professionals to ensure people received the correct care and support. 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 told us the staff were lovely. Staff always spoke to people with respect and compassion. People were supported to share their views and opinions. Staff supported people to live independent life styles and their privacy and dignity was always respected. People were supported to reach their goals and

communication needs were met.

Care planning was assessed and personalised to ensure individual needs were met. People's confidence development, living skills and healthy eating was supported. People participated in a variety of activities. Systems and processes were in place to manage complaints and concerns. End of life care was explored.

The registered manager understood their duty of candour but did not always follow up to make sure all incidents had been reported correctly when required. Quality monitoring was in place but did not identify the concerns we found. People were empowered to achieve good outcomes and were involved in their care and support. People were encouraged to engage and share their views. The registered manager said they would review their processes and procedures to ensure they were robust and fit for purpose as a continued learning process. Commissioners gave positive feedback.

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

Rating at last inspection was Good (19 October 2016 last report published)

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Vinegar 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 Care Act 2014.

Inspection team

The team consisted of one inspector.

Service and service type

Vinegar 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.

Notice of inspection

This inspection was unannounced.

The service had a manager registered with the Care Quality Commission. 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.

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 contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with three people who used the service. Four members of staff, which included, a care support worker, two assistant managers, and the registered manager.

We looked at all or parts of the care records and other relevant records of three people, as well as a range of records relating to the running of the service. We also reviewed three staff records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested them to review and update their electrical fixed wire certificate.

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service and staff made them feel safe and secure. One person said, "We all work together as a team and make sure each other is safe."
- We observed each person had a key to their room and staff encouraged them to lock their room when they went out.
- Systems were in place to monitor safeguarding's to ensure people were kept safe. People were encouraged to raise concerns, which they did when the need arose.
- We noted one safeguarding had not been shared with CQC. The registered manager told us this was an oversight and they would ensure the process was updated to make sure all safeguarding's were shared to ensure they followed good practice.
- Staff had received safeguarding training and described how they supported people to stay safe from harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place to manage known risks for people. For example, where a person was at risk of falling, the service assessed the risk and put measures in place to mitigate any further risk. Where a person was at risk of falling downstairs, they moved the person to a ground floor room.
- There were instructions for staff to identify risk and how it would affect a person.
- Personal evacuation plans were in place to ensure people would be safe in case of a fire.
- Risk assessments were reviewed and updated regularly to monitor people's changing needs and keep them safe.

Staffing and recruitment

- There were sufficient staff to meet people's needs at the time of the inspection. The registered manager told us they were recruiting and used bank staff if they needed extra support.
- Staff confirmed there were enough staff, as people were independent.

- Rotas were planned to ensure staff were clear of when they needed to work. Robust recruitment processes were in place to make sure staff were safe to care for people. For example, checks made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Using medicines safely

- Where needed, people were supported with their medicines, in line with their individual needs and preferences. Care staff had received medicine training and were regularly spot checked by senior staff to monitor staff knowledge and competence. Regular audits showed medication errors were reported and investigated appropriately.
- One person said they were supported with their medicines and got them on time and when they needed them.
- The service was following Derby City Council medicines procedure for medication errors, Investigations and action taken.
- Medicines were managed safely. We observed people received their medicines in the privacy of their bedroom or the medicine room. Medication administration records we looked at were completed correctly with PRN protocols in place. Which meant people received medicines as required and prescribed.

Preventing and controlling infection

- People were protected from infections, as staff had completed infection control training and were following the providers policy and procedures to ensure they prevented the spread of infection.
- Staff had completed food hygiene training, so they could support people to prepare food safely. Vinegar House had a five-star food hygiene rating at the time of our inspection. This told us they had a good standard of hygiene.

Learning lessons when things go wrong

- Systems were in place to monitor themes and trends when things went wrong. For example, when people's assessed needs changed, and the registered manager had identified these changes. The registered manager and their staff team supported people to move to a more suitable service where their needs could be met more effectively.



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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People received the support they needed. Care records were person centred and showed what care and support each person required. For example, each person had a recovery plan that was personal to them. This plan showed people's goals and aspirations and how they could achieve this. We saw where people's health and wellbeing had improved. For example, for a person who did not like mixing with others and their anxiety levels became high, there were tasks which identified what the person could do to control their anxiety.
- People told us they were happy with the care they received and choices they made. One person told us their goal was to live independently and the service were encouraging and supportive of them to achieve this.
- The assistant manager told us people were assessed for their level of independence and what they could do for themselves. People were prompted where they had been assessed as not having good personal hygiene. People were encouraged to keep their rooms tidy. One person told us this was something they were not good at and wanted to improve.
- A process was followed and managed for people to become independent and eventually people moved on from the service.

Staff support: induction, training, skills and experience

- People felt staff did a good job. One person said, "Yeah they are ok."
- Staff told us they had sufficient training to do their job. One staff said, "There is an opportunity to complete the training I need."
- The training matrix identified the frequency training was required, date training was completed and the next due date for a refresher training .
- Staff received an induction and spent time shadowing experienced members of staff. Supervision took

place, but not always recorded. Staff confirmed they had regular contact with the assistant manager during daily handovers and informal meetings, but these were not always recorded. The registered manager told us senior staff also undertook staff observations to make sure they had the skills to care for people, however these were also not recorded. We noted this as a recording issue.

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

- People told us they had sufficient to eat and drink. One person said, "I can make my own drinks." We saw people were making their own drinks during our visit. Some people had a kitchenette in their rooms and access to a kettle, so they could make drinks independently. Others had access to a small kitchenette in the lounge area.

- People were supported to eat a balanced diet. For example, one person who lived with a condition affected by their diet, their support plan stated, supported to participate healthy eating and regular exercise. People were also supported to make food they liked to eat. We saw pictures of people being involved in cooking their own meals. We heard people discussing what food they would like to eat at lunch time, and they were being supported to make sandwiches and encouraged to eat little and often especially if they had an eating disorder.

- People's dietary requirements, likes and dislikes were recorded in their nutrition support plan.

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

- Systems and processes were in place to ensure people received healthcare in a timely way.

- People told us they were supported to attend healthcare appointments. One support plan we viewed gave details of a person attending their GP to have a blood test. Another person was supported to hospital when they had an operation. The support plan was detailed and explained the procedure the person had and how staff should support the person through the process.

- People were registered with a local GP. The registered manager told us the service had a good working relationship with the GP and other healthcare professionals. Their aim was to keep people well and out of hospital.

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

- The service was designed to suit people's needs. There were self-contained bedrooms that were set out like bedsits. People were encouraged to live independent lives, but with support when needed. This was part of the recovery process to build people's self-esteem and confidence and eventually move on to independent living.

- Staff told us this was a small unit, which was more person-centred and friendlier. The service was calm and inviting with an accessible garden courtyard. This meant people had access to outside areas.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with health care professionals and external agencies to make sure people's complex needs were met. The service liaised with specialist teams, such as, an optician, dietitian or psychiatrist.

- People told us they were supported to see a GP and other professionals when they needed to.

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 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.

We checked whether the service was working within the principles of the MCA

- People's needs were assessed and delivered as reflected in their support plan. MCA was considered, and staff had completed relevant MCA training.
- Staff explained the support people needed and how they gave people choices and supported them to make decisions in their best interest. One staff said, "It is about fairness, respecting people's choices and making sure they have equal rights and not discriminated or lack opportunity." This told us discussions took place in regard to consent and people were given choices about their care and support.

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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 told us the staff were lovely. One person said, "You could not ask for a better bunch of staff, they are a god send." Another person told us they were very happy with the care and support they received.
- Staff spoke to people respectfully and there were general conversations into people's health and wellbeing. One staff asked a person, "How are you feeling today." We saw staff interacted well with all the people in the service.

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

- The service supported people to share their views and make decisions about their care.
- People told us, and staff confirmed they attended meetings where they could voice their opinions and make recommendations about their care and support.
- Where needed, people were signposted to access advocate services. In some cases, the service acted as an advocate when helping people to complete forms or apply for certain benefits

Respecting and promoting people's privacy, dignity and independence

- People were supported in the least restrictive way possible. Staff described how they treated people with dignity and respect when providing personal care. Staff told us about people they had supported to lead independent lives. They gave examples of how they supported people to build their confidence and self-esteem to a level they were comfortable with to live independently.
- Staff spoke about people who did not like mixing with others and how these people had improved. One person attended walking groups, women's groups and art groups. Something they had not done before. This meant people had grown in confidence to attend these meetings.
- We saw people were always treated with dignity and staff respected people's privacy. Staff encourage people to do independent tasks, such as being responsible for their own space and keep their rooms clean

and tidy. These were tasks people completed as part of their recovery programme.

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The service was recovery and social inclusively focused from the initial assessment process. Individual needs and wishes were incorporated into their recovery plans.
- Staff supported the engagement of networks, internally and externally to develop people's confidence, living skills and healthy eating. Staff helped people with their daily routines, for example, choice of food and how they wanted to spend their day.
- Staff shared success stories of people they had supported and now moved on from the service. People told us their ambition was to live independently back in the community. The providers information record told us there had been three people move on in the last 12 months. This told us people reached their goals with the support of the service.

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.

- Each person had their communication needs met in a way that was understandable to them.
- Information was available in different size fonts, formats, verbal and written to ensure everyone received information in their preferred way.

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 told us they had made lots of friends since coming to the service. We observed people got on well together. One person said, "I have met nice people here, it is perfect."

- People were supported to participate in a variety of activities and staff confirmed this. For example, shopping or learning life skills like cooking and preparing meals. One person said, "I like reading," and we saw they had lots of books in their bedroom. Another person told us they were supported to keep their faith as it was important to them .
- Where required people were supported to attend college or volunteer work. With these new acquired skills people found confidence and new goals to look for employment. This encouraged people to make new relationships.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to monitor and manage concerns and complaints.
- People were aware how to raise a complaint and told us they had confidence to do so. There had been no complaints in the last 12 months.
- Staff were aware of the complaints process and how to escalate concerns if the need required. Where people had minor issues, these were dealt with at the time to reduce escalation.

End of life care and support

- People's wishes, preference and choice at the end of their life was explored. Records contained preference relating to protected characteristics, such as, culture or religion. There was no one being supported at the end of life during our inspection.
- One person told us they would speak with the management about what they wanted to happen when they came to the end of life. This meant people were supported to make these decisions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

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 understood the duty of candour. However, records we viewed showed the provider had not told us about events, such as a safeguarding that had occurred. This was a recording issue and the registered manager told us they would put systems in place, so this did not happen again.
- We saw the provider ensured information from the last report was available on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and staff were clear about their roles and responsibilities.
- Quality monitoring was in place and information was collated and cascaded down to staff. Best practice was shared at team meetings. However, we found supervision was not up to date. Handover meetings and informal discussions were not always recorded. We also found the electrical fixed wire testing had not been completed since 2011. This meant there was a risk the wires may not be safe, as they should be checked every five years. The quality auditing process had not identified issues we found. The registered manager and assistant managers told us they would address these issues. We received correspondence on 01 October 2019 to inform us that the electric fixed wire test had been booked for 4 October 2019. The provider also told us that additional staff supervision files had been found. However, these were not available on the day of the inspection.

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

- People were supported on their life journey and they recorded their goals and aspirations that empowered them to achieve good outcomes.
- There was a positive open and transparent culture throughout the service. Records we viewed told us people and staff were inclusive and empowered to make suggestions to ensure people received person-centred care. For example, the service identified a person's vision had deteriorated and there was a risk the person may fall down stairs. With the person's consent they moved them to a room on the ground floor.
- Management and staff were committed to meeting the needs of people and improving their sense of wellbeing by encouraging independence through achievement.

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

- People were involved in discussions about their care and support and care reviews were taking place.
- People and families were supported to give their views via a survey. Comments we saw were positive for example, "Excellent - very clean and tidy home." "Good food portions."
- Staff felt the registered manager and senior management fully engaged with the service. One staff said, "Management were open and fair."
- Managers offered an out of hours on call service, so staff were supported no matter when they called.

Continuous learning and improving care

- The registered manager was passionate about providing people with a high standard of care and showed determination and commitment in developing the service.
- The registered manager told us they continued to review staffing needs to ensure there were appropriate staffing levels to meet the needs of the service provided.
- The provider's information return document told us one person had been involved in the staff learning process. Where the person shared their experience of a group they had attended in regard to personality disorder. This told us there was shared learning to improve people's lives and the experiences they had.
- The registered manager told us they would review their processes for reporting incidents, supervision and recording meetings with staff to ensure they are robust and fit for purpose.

Working in partnership with others

- People were supported to access healthcare professionals.
- The service had completed the dignity in care award and a parliamentary review for good practice.
- We contacted local commissioners of the service, who gave us positive feedback.