

Vibrance

Vibrance 138 All Saints Road

Inspection report

138 All Saints Road
London
SW19 1BZ

Tel: 02085420260

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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

Vibrance 138 All Saints Road is a six bed care home, primarily offering respite care to people with a learning disability and/or mental health needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Risks to people were safely assessed, and people were supported by staff that were safely recruited. Infection control was well managed and any safeguarding allegations were promptly reported. People's medicines were administered safely.

People were supported to eat and drink as they chose, as well as receive support from healthcare professionals. Staff received regular training, supervision and appraisal.

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.

Staff knew how to support people and respected their privacy and dignity. People were supported to be independent where they were able to.

People received personalised care that met their needs and were supported to engage in social activities. Any complaints or concerns were promptly responded to.

The registered manager was well thought of, supporting people, relatives and staff well. Quality management systems were effective in reviewing the quality of service delivery.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are 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 not always well-led.

Details are in our well-Led findings below.

Vibrance 138 All Saints Road

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.

the community.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Vibrance 138 All Saints Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 the registered manager and two care staff. We reviewed three people's care records, three staff files and a range of other records in relation to the management of the service. This included audits, medicines records and maintenance records.

After the inspection

We spoke with two relatives of people that use the service. The registered manager sent us additional evidence to support our inspection findings. This included policies, additional staff records, incident and accident records and evidence of complaints.

Is the service safe?

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.

Staffing and recruitment

- At our last inspection we found that the provider did not always appropriately assess people's dependency levels to ensure they had the right number of staff to meet people's needs. At this inspection we found that the rota reflected staffing levels that were scheduled to ensure people's specific needs could be met each day.
- Staff records did not always reflect their full employment history, in line with legislation. The majority of staff had been transferred over from the previous provider. Following the inspection, the provider evidenced to us that they had taken steps to obtain this information from staff. We were satisfied with the providers response.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise and report potential signs of abuse. This included ensuring people were made safe and informing external agencies where necessary.
- At the time of our inspection there were no open safeguarding concerns currently under investigation.

Assessing risk, safety monitoring and management

- People often used the service on a short term basis, and for repeated stays. The home also responded to short notice, emergency admissions. In order to ensure information about people was up to date they used a 'check in and out' form to update any potential risks to people.
- Risk assessments addressed areas that were relevant to people such as mobility, absconding, nutritional needs and behaviours that could be considered challenging.
- Any equipment used to support people, such as mobility aids were regularly maintained to ensure their safety.

Using medicines safely

- People's medicines were stored and administered safely. Where people required medicines these were securely stored in people's rooms.
- Medicines administration records (MAR) were completed accurately and we saw that stock balance checks were completed at each shift change. This ensured staff were aware of the correct balance of medicines for each individual.

Preventing and controlling infection

- The premises were well maintained and very clean at the time of our visit. Staff ensured the building was well maintained and deep cleans were conducted regularly.

- Staff understood their responsibilities in relation to infection control. Comments included.
"[Responsibility] To protect myself and the clients, avoid cross contamination by ensuring I wash my hands, change gloves as often as required."

Learning lessons when things go wrong

- The registered manager took action to ensure incidents and accidents were promptly recorded and investigated.
- Where incidents occurred, any learning was shared with the staff team during handover and team meetings.

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.

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's needs were assessed by the relevant commissioning body, before referral to the home to ensure they could accommodate the placement.

Staff support: induction, training, skills and experience

- The registered manager had recognised that some staff required updates to their training. Records showed that refresher sessions had been booked. Staff were positive about the training they received and felt it supported them to carry out their roles.
- Staff told us they received regular supervision sessions, that enabled them to discuss work developments as well as discuss their own wellbeing. Staff also received annual appraisals to assess and review their progress.

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

- People received support to eat and drink safely. Where one person needed support to eat their meals there was guidance in place to advise staff as to how they should do so in line with their preferences.
- When people came to stay at the service they completed their menu choices to enable them to eat foods they preferred. People's care records highlighted their likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where necessary people were supported to access healthcare professionals. However, the need for engagement was often minimal due to the short duration of people's stays.
- Records showed that the provider liaised with people's GP's to ensure that people's medicines were up to date. Information sheets were made available so that staff were aware of people's presenting conditions.

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

- The service was adapted to meet the needs of people that could potentially be placed with them. There was pictorial signage to highlight the different rooms.
- The premises was single storey, with wide corridors to support those with mobility issues to move around the home safely.
- People were able to bring in personal items to make their rooms homely whilst they stayed at the service.

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.

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.

- Where people often resided at the service for short periods, emergency DoLS applications were often required. Records showed that the registered manager applied for this in a timely manner for each admission.
- Staff were clear on how the MCA applied to their roles. They were able to tell us about the potential ways in which a person's liberty could be deprived and how they supported people to make decisions.

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.

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

- Relatives felt that their family members were well cared for and supported whilst staying at the home. Comments included, "When we arrive [person] has a smile on her face, we are greeted warmly. She likes the pictures in the hallway and the symbols. I can't fault it really."
- We observed positive interactions on the day, with staff allowing people to go about their day in their own time and speaking to people in ways they preferred.
- Where people practised a faith and wished to attend church on Sundays, staff would escort them.

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

- People and their relatives were involved in decisions about their care. These were expressed through joint reviews with the local authority where people's package of care required a review.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to ensure people's privacy and dignity was respected. Comments included, "Based on the person, some may need their privacy. We ask them their wishes, don't force anything on them, in a gentle way we will ask. I knock on the door, wait for them."
- People were supported to be independent where they were able to, whether this be in personal care tasks or independent activities.

Is the service responsive?

Our findings

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

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

- Care plans were personalised to reflect people's likes and dislikes. This included areas such as meal preferences and day to day routine preferences.
- People's social history was documented within their care plans. This enabled staff to understand people's backgrounds, their social history and how this impacted on their preferences.

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.

- People were supported to communicate in ways that were beneficial to them. In the hallway of the home there was a large board of symbols and pictures. These were used by people and staff to communicate.
- Information was available to people in other formats, such as a pictorial handbook and complaints policy.

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 engage in activities within the home, and externally where this was possible.
- Activities included art and crafts, drawing, jigsaws and movie nights. People would visit the local pub, or on occasion the local restaurants. There was also a sensory machine, which we saw one person enjoying on the day of inspection.

Improving care quality in response to complaints or concerns

- Records showed that minimal complaints had been raised since our last inspection. Where any concerns had been raised the registered manager promptly addressed and responded to the complainant.

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.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's care records were not always up to date with current risk information. We raised this with the registered manager who told us this was due to the infrequency of people's time at the service.
- The registered manager expressed that a better system was needed to ensure care records were regularly updated with ease. Following the inspection they sent us an action plan detailing the action they would take to make these improvements. We will review this at our next inspection.
- Monthly quality assurance audits were completed by the provider to review compliance across the service. Where actions were identified, any outcomes were recorded.

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

- Relatives were very positive about the involvement of management and how they supported their family members. Comments included, "Lovely, I have all my faith in her. She is very professional, has lots of experience, very approachable. If you have any issues she will deal with it. She's been the best manager ever" and "Would all be positive, been good since [registered manager] has taken over."
- Staff were equally positive about the support they received from management. They informed us they were available and approachable, as well as assisting with day to day tasks.

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, and the steps they needed to ensure they took ownership when things went wrong.

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

- People and their relatives were invited to share their feedback through six monthly questionnaires. Relatives also reported they were invited to family social events at the home throughout the year.
- Staff attended regular team meetings where people's needs and developments across the service were discussed.

Continuous learning and improving care; Working in partnership with others

- The service worked alongside other agencies to make sure people's needs were met. This included liaison with other professionals such as the pharmacist and local day centre staff.
- Where prompt placements or support was needed the registered manager worked alongside the local authority to ensure efficiency in people's care pathways.