

Vibrance

Our House

Inspection report

5 Blueberry Close
Woodford Green
Essex
IG8 0EP

Tel: 02085597585
Website: www.rchl.org.uk

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Our House is a residential care home providing accommodation and personal care to five people with learning disabilities at the time of the inspection. The service can support up to 5 people.

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

Right Support:

People were not always supported to have maximum choice and control of their lives and staff were not always supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

People were not always protected from the risk of harm as staff did not always receive appropriate training to support people in safe, consistent and effective ways.

Right Care:

People were supported by staff who knew them well and who had been safely recruited. People had access to a range of professionals to support them with their needs. However, the care planning was not always up-to-date and reporting requirements were not always being followed.

Right Culture:

The staff was trying to develop an open and empowering culture. People and their relatives knew how to make a complaint and felt confident they would be listened to. However, we found more work was needed to ensure the service was operating in accordance with the regulations and best practice guidance. 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 2 March 2020).

At our last inspection we recommended the provider took steps to support staff in providing their duties more effectively. At this inspection we found the provider had made some improvements, but further improvements were needed.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about safeguarding processes. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

We found that safeguarding reporting and recording processes were not always being followed. The support provided was not always following best practice guidance. Monitoring and auditing systems were in place but were not always sufficient.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken some effective action to mitigate the risks, but further improvement is required.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Our House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the consistent provision of person-centred care, adequate staffing, and governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Since the last inspection we recognised that the provider had failed to send statutory notifications to CQC. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Our 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.

Inspection team

The inspection was carried out by one inspector, one specialist advisor and one medicines inspector.

Service and service type

Our 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. Our 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.

Inspection activity started on 24 July 2023 and ended on 24 August 2023. We visited the location's service on 24 and 25 July 2023 and on 3 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 observed staff interactions with the 5 people who used the service and we spoke with them. We used the Quality-of-Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection. We spoke with 7 members of staff including care staff, the deputy manager, the registered manager, the provider's assistant deputy director and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included elements of 5 people's care records and all people's medication records. We requested to see 3 staff files in relation to recruitment, but we were only given 1. We looked at supervision scheduling and the supervision records for 2 staff members. We looked at a variety of records relating to the management of the service, including policies and procedures. We looked at training data, communication and quality assurance records. We received feedback about the service from 3 external professionals who had recent and ongoing involvement with the service. We also received feedback from 5 relatives of the people who lived at the care home by phone or email.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place for all people who used the service. The risk assessments included areas such as people's personal care, mobility, managing diabetes, epilepsy and behaviour. However, not all these records were up to date so staff did not have accurate, current guidance to ensure they could support people safely. The registered manager told us there were some staffing issues that affected record keeping.
- The fire exits were kept clear of obstructions, signposted and accessible. There was a fire risk assessment, and each person had a personal emergency evacuation plan. Fire drills were taking place regularly. This helped staff to evacuate people safely in the event of an emergency. However not all personal evacuation plans were up to date and staff did not have the most current, up to date information about people's needs in the event of an emergency.

Care plans and risk assessments not being updated placed people at risk of harm. This was a breach of regulation 12(1)), Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A system to monitor health and safety was in place. The required safety certificates were in place and water checks were regular.

Using medicines safely

- Staff involved in medicines support were trained before they were able to administer medicines. However, staff were not assessed as competent to do medicines tasks annually in line with national guidance, but every three years.
- We saw that staff did not always record temperatures where medicines were stored. In addition, medicines were not always disposed of appropriately, and records of this were not kept. Staff did not follow the provider's medicines policy in these regards.
- The medicines listed on the medicines administration record charts were not an accurate reflection of those currently being taken by people.
- We saw that each person had a detailed medicines care plan which enabled staff to provide person centred care. However, we also saw that some 'when required' medicines protocols were not person centred.

The provider had not ensured the proper and safe management of medicines. This was a further breach of regulation 12(1), Safe care and treatment of the Health and Social Care Act (Regulated Activities)

Regulations 2014.

- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- All residents had received annual medication reviews as per government guidance.

Staffing and recruitment

- The service did not always ensure that enough staff was available to meet the needs of the people using the service in emergencies. A staff member told us: "We need to recruit".
- Even though the provider had just recruited an agency staff member to offer dedicated support to a person using the service, we found that this additional support had been identified earlier during assessment of needs but was not always being given to the person. This meant the person did not receive the support they needed to ensure their needs were met and they were supported safely.
- The service had arrangements for 1 staff member to sleep-in during the night. The personal evacuation emergency plans that we saw stated most of the service users needed prompting to evacuate the premises. In the event of fire, the service users who would evacuate would be left unattended until the 1 staff member could be able to assist everyone.

The lack of a robust staffing system in place to cover for emergencies placed people at risk of harm. This was a breach of regulation 18(1), Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were robust staff recruitment processes in place. Staff had provided references and undergone enhanced Disclosure and Barring Service (DBS) checks as part of their recruitment process. Employers complete DBS checks to see if staff have any criminal convictions or if they are on any list that bars them from working with vulnerable adults. This ensured staff were recruited with people's safety in mind.

Preventing and controlling infection

- The care home was clean and tidy.
- The provider had cleaning schedules in place to guide staff on maintaining the cleanliness of the care home.
- The food in the kitchen fridge was stored safely and in line with guidelines.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. During different visits we noticed smell of urine in the corridor. This was raised with staff during our visit and we were assured the source of the malodour had been identified and would be acted upon.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- The provider supported visits to the care home in line with the government guidance in place at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- The safeguarding policy and procedure were detailed and outlined all necessary action needed to be taken to keep people safe from abuse.
- Staff knew how to report their concerns and what action to take if they saw signs of abuse. We were told: "I know which numbers to call if I see any signs of abuse. There are different types. It depends on where the abuse might be coming from."

Learning lessons when things go wrong

- We saw evidence of lessons learned when things go wrong. For example, medication errors being discussed in staff 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 requires improvement. At this inspection the rating of this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Care plans and risk assessments were not always robustly updated and reviewed. We saw information in some folders that did not reflect the current needs of people. Staff did not always have the information they needed to effectively meet people's needs. For example, a person's hospital passport was 3 years out of date. Hospital passports contain clear and up-to-date information regarding a person's health history and health care.
- Even though the service sought support from other services in a timely manner, collaboration with other professionals was not always effective.

People's care was not always planned and delivered in line with their assessed needs and preferences, and current legislation and standards to achieve effective outcomes. This was a breach of regulation 9(1), Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The records included assessments of needs which helped staff understand people better.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider adopted best practices of providing staff with support and supervision to ensure they perform their duties effectively. Even though the provider had made some improvements, we found that further improvement was needed.

- Regular supervision meetings were taking place to ensure staff were given feedback and allowed reflection time.
- Staff felt supported in their role. A staff member told us: "Yes, I definitely feel supported. I can raise any concerns and managers are very present."
- We found that staff meetings were not taking place regularly but there were other communication systems in place such as daily hand over forms and communication book.
- The registered manager told us new staff underwent an induction period when they got trained and shadowed experienced staff.
- The service had organised online training on some important areas of knowledge such as safeguarding, and MCA and DoLS. However, we were told by staff that they did not always find online training effective.
- Not all staff were completing recommended training consistently and they had some knowledge gaps. For

example, we observed that people using the service were not always addressed in appropriate ways. A professional working with the service told us: "The staff team lack in their understanding of learning disabilities, and this affects the service they provide on a day-to-day basis."

We recommend the provider reviews current legal requirements and best practice guidance for staff training for supporting people with a learning disability and for supporting autistic people.

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

- People had enough to eat and drink. The menus included a variety of healthy options.
- We observed a birthday meal and we saw people being offered a few options and enjoying their food.
- People were supported to maintain a balanced diet. A relative told us, "There is always a personal choice [of food available]. Historically, my relative has experienced eating disorders but these are well managed, and this has largely ceased to be a concern".

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

- The care home had been designed and decorated to meet people's needs.
- One of the hallways was decorated with artworks and people's photos.
- The service had a furnished garden. During our inspection we saw technicians assessing a repair needed for the garden fence, as we were told by staff.
- People felt the service had a homely feel. A relative told us, "[The service] was built/created as 'Our House' and for [our relative] it has been her wonderful home ever since".

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

- Staff supported people to attend health appointments such as GPs, psychiatry, opticians and podiatry. We observed staff attending to a person who had a persistent cough by calling the GP.
- Staff also supported people to attend any specialist hospital appointments they may needed. A relative said, "We are kept up to date with any hospital appointments, communication is very good."
- People had health passports in place should they need to seek healthcare and had annual health reviews.

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.

- DoLS applications had been made and legal authorisations were in place where required.
- People were encouraged to make everyday choices and decisions for themselves. Staff supported people

to make decisions and where people were unable to, best interest decisions were in place.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and compassionate. A relative told us: "They certainly care, my relative can face challenges but they have handled it very well. My relative is being treated with respect."
- Staff facilitated access to ensure people's religious and cultural needs were met. A person told us they had been on religious journeys and were attending church every week.

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

- Staff supported people to express their views and make decisions about their care. People's choices and known preferences were recorded in care plans to help staff plan personalised care which reflected these.
- Relatives of people using the service felt involved and that their relative was being cared for. A relative told us: "I would definitely recommend the service. The staff are lovely, very compassionate and understanding of many different things. They are genuinely caring people".
- Relatives told us communication was good with the service and that they were involved with decisions around people's care needs. A relative told us, "We have been asked for our input in the care planning of [our relative], especially during the pandemic."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. A relative told us: "Our relative is a very private person. They [staff] are respectful with regard to personal care."
- People had their own rooms which were decorated according to their individual style with photos of their choice.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Staff did not always support people in ways that met their needs and preferences. Some activity planners were not up-to-date, and we saw no other evidence of meaningful activities being planned for all the people who used the service.
- There were not enough in-house activities scheduled for all the people who used the service.

People's need for meaningful activities of their choice was not always met. This was a breach of regulation 9 (1), person-centre care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was accommodating regular visits from family and friends. A relative told us, "I am always welcome to visit even at very short notice." Another relative told us, "I try to visit once a week. Staff are always welcoming and supportive."
- We were told by staff that pub visits were taking place for some people normally weekly.

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 met the requirements of the AIS. The care plans included communication passports which contained detailed information regarding people's communication needs.
- We observed staff interacting with people using the service. Staff knew people well and they were able to respond to their needs most of the time.
- A relative told us, "[My relative] has communication difficulties. Staff understand my relative and their needs. They have put a poster in my relative's room that shows them how to make a complaint."

Improving care quality in response to complaints or concerns

- The service had systems in place to improve care in response to complaints. We saw evidence of the service responding to complaints and concerns.
- A relative told us, "We normally do not have complaints. We recently raised a concern; it has been escalated by the team and we have received a proposal of action".

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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.

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

- There was not an embedded culture of promoting person-centred, inclusive and empowering support to all the people who used the service.
- People's goals, aspirations and outcomes were not always sought, recorded and reviewed for progress and recorded. One person's goal to take their medication independently was not followed up for 2 years.
- People's individual wishes were not always considered or acted upon. We found restrictions being applied on people's wishes in order to manage risk, however these restrictions were not documented and well-planned out. This impacted on people's mood and quality of life.
- One relative told us, "I am concerned that the fridge is being locked for [my relative]. They don't always have access to the items they need. They are not stimulated enough, and they are not being kept occupied."
- Staff tried to promote a culture of person-centred care but due to lack of appropriate training and a consistent approach, some people were not supported to achieve better outcomes. A staff member told us, "We have a good relationship with the service users. We try to empower people but this does not work with everyone."

The systems and processes in place did not always enable the registered person to assess, monitor and improve the quality and safety of the services being provided. This was a breach of regulation 17(1), Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Incident reporting records were not always detailed. The service also used ABC charts to record and understand behaviour. Even though we saw evidence of incidents being discussed in staff meetings, lessons learned and needed improvements were not always documented and linked to incidents.
- Some record auditing systems were in place, however the actions identified were not always followed up. Also, these audits did not always identify the same issues we did during this inspection.
- Even though the staff team had identified the training needs for a consistent framework which corresponded to the needs of the people who used the service, this had not been followed up by management.

We recommend the service revisits the incident reporting and auditing systems to ensure there is oversight

of the quality of care provided at the service.

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 provider understood the duty of candour. A relative told us, "I always get a call if something goes wrong or if there is a problem such as a medication error or an incident."

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

- The provider failed to notify the Care Quality Commission about safeguarding concerns and incidents of alleged abuse. The registered manager told us this was due to technical difficulties. This was rectified immediately after our inspection, and we started to receive notifications by the provider.

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

- The service sought feedback through surveys from people's relatives and friends. A relative told us, "We are normally asked for feedback annually."
- Staff felt included and supported in the way the service was managed. A staff member told us, "I feel that I have support, I can go to senior management as well if I need to. We are being told we are not on our own."
- The registered manager was supporting people who used the service to access the community for example, on occasional evening outings and yearly accessible holidays.

Working in partnership with others

- Staff worked with other agencies and professionals to ensure people had access to the health and social services they needed.
- The registered manager told us they take part in the area's providers' forum and share practice.
- During the COVID-19 pandemic the service had set up weekly telephone calls with the GP that were maintained at the time of inspection.
- The service had organised training on oral care and hospitalisation prevention for people with learning disabilities in collaboration with the local NHS teams.

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 did not ensure care records and risk assessments were being reviewed regularly posing people at risk of harm. The provider had not ensured the proper and safe management of medicines.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured a considered framework was followed by staff to ensure person-centred care was always delivered.

The enforcement action we took:

We took enforcement action under regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to provide an action plan with the necessary improvements by 31 October 2023.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure robust governance systems were in place to ensure quality in delivery of care.

The enforcement action we took:

We took enforcement action under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to provide an action plan with the necessary improvements by 31 October 2023.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured adequate staff numbers were always available at the service.

The enforcement action we took:

We took enforcement action under regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to provide an action plan with the necessary improvements by 31 October 2023.