

Vibrance Our House

Inspection report

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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	

Overall summary

This unannounced inspection took place on 30 September 2015. The service was last inspected on 21 August 2013 and met all regulations inspected.

Our House provides accommodation and support with personal care for five people with a learning disabilities. At the time of the inspection there were five people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are “registered persons”. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Each person had a risk assessment which identified possible risks and how these could be managed. Staff were clear about the risks and guidance was in place to ensure that the risks to people's health and safety were managed. Records showed there was a recruitment process which ensured that staff employed at the home were vetted and only suitable people were employed. We

Summary of findings

noted that staff had training and the necessary skills to provide care that was appropriate to people's needs. People were provided with care and support that was personalised, met their needs, and was delivered in line with the principles of the Mental Capacity Act 2005.

People's health and social care needs had been assessed. Records showed that people regularly saw health professionals for medical check-ups and treatment. We noted that people were involved in developing the menus and were able to choose the meals and when to eat. There were a lot of stimulating activities for people to participate in.

Staff developed positive relationships with people. The home had a key worker system and staff regularly reviewed and monitored people's needs to check they were being met. People and their relatives told us that staff treated people with respect and dignity and ensured that people's choices and preferences were met.

The home was accessible, clean and tidy. The registered manager ensured that the facilities and equipment used at the home were regularly monitored and were safe to use. People were consulted about the quality of the service through face-to-face meetings and the registered manager was planning to develop a formal quality assurance system by introducing a survey questionnaire.

Summary of findings

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. Staff knew what to do if they had concerns about a person being at risk of being harmed. People's risk assessments were personalised and reviewed.

Staff underwent a series of checks before starting work to help ensure they were suitable to deliver care that people needed.

Good



Is the service effective?

The service was effective. Staff received appropriate training and support for their roles. People were supported to maintain health through appropriate nutrition and hydration, and were supported to access health services when necessary.

People received support delivered in line with the requirements of the Mental Capacity Act 2005 and staff had knowledge about the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. People told us staff were caring and kind. They told us staff respected their preferences.

People were involved in the review of their care plans, and each person had a key worker responsible for monitoring and ensuring that people's needs were met.

Good



Is the service responsive?

The service was responsive. There was a range of stimulating and personalised activities available for people to participate in.

The service had a complaints policy and people and their relatives knew how to complain if they had a concern.

Good



Is the service well-led?

The service was well-led. The quality of the service was regularly checked and improvements were made when necessary.

There was an open and transparent culture. People, their relatives and staff told us the registered manager was approachable.

Good



Our House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 September 2015 and was unannounced. The inspection was conducted by one adult social care inspector and one 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.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we spoke with two people using the service, one relative, two staff and the registered manager. We reviewed three people's care files, three staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises and observed people's interaction with staff.

Is the service safe?

Our findings

People and their relatives told us that the home was safe. One person said, "Yes, I feel safe here". A relative told us, "It is now [my relative's home]. [My relative] is in a safe environment." Staff told us that people did not have behavioural needs that put them at risk. They told us support arrangements were put in place to reduce risks to people. Staff told us that one-to-one support was provided for people, when needed, to ensure risks to people were managed.

People and their relatives told us that there were enough staff at the home. One person said that staff were always there when they needed them. A relative told us, "There are enough staff. There are one or two staff in the home whenever I come." A member staff told us that the home had sufficient number of staff to provide the care and support that people needed.

We checked the staff rota and noted that there were three care staff and the registered manager on shift during the day and one waking staff at night. However, during the inspection there were only two care staff and the registered manager on shift. This meant the service was short staff especially given the fact that one of the two care workers was supporting one person at a day centre. The registered manager told us one care worker rang in sick and the service could not replace them at a short notice. The registered manager informed us that one member of staff was on a long sick leave and another member of staff was suspended until further investigation. We were told that this was a rare case when they could not replace a member of staff who was off sick.

Staff had received relevant training about protecting people from abuse and avoidable harm. Care workers we spoke with had an understanding and awareness of their role and responsibilities in recognising and reporting any suspected abuse. This included having knowledge and understanding of the provider's safeguarding and whistleblowing procedures. If they were told about an incident of abuse one member of staff said, "I would calm the situation down, and report it to the manager. If I needed to I would tell the police or CQC."

People were supported by staff who were appropriately vetted before starting work to help ensure they were

suitable to deliver care that people needed. We reviewed four staff files and noted that staff had completed an application form detailing their employment history in health and social care. Each staff file contained at least two written references that were verified by the provider, an enhanced criminal record check and proof of the staff member's identity and right to work in the United Kingdom. A relative told us that they "trusted" staff.

Each person had a risk assessment which identified possible risks and how these could be managed. The risk assessments were individualised to people's needs and were regularly reviewed. Staff we spoke with confirmed that they were clear about the risks and guidance in place to ensure that the risks to people were managed.

All parts of the home were clean and tidy on the day of the inspection. A relative told us they found the home clean whenever they visited. Staff told us and records confirmed that staff had infection control training.

We found a lot of out-of-date personal food that people bought in the fridge. When we brought this to the attention of staff, they checked the fridge, discussed with people and threw away the out-of-date food with people's agreement. Staff also told us that people who used the service were aware not to use out-of-date food but some people did not want to throw them. They told us that they would regularly monitor and advise people about food expiry dates.

Staff responsible for the administration of medicines told us they had received appropriate training and records confirmed this. The provider had a medicine policy and procedure to support staff in the safe storage and management of medicines and we saw these were being followed. Each person's medicines were kept in a locked box in their rooms. We looked at two people's medicines and medicine administration record sheets (MARS). We found that the medicines and MARS tallied indicating that the medicines were appropriately administered and recorded.

The registered manager told us that either she or the project officer (Senior member of staff) audited the medicines monthly. Records showed that there were no gaps or errors in medicine administration. This showed that medicines were managed safely.

Is the service effective?

Our findings

People and their relatives told us the food provided at the home was good. One person said they "enjoyed the food" and that they did "get choices". They told us they took it in turns each week to plan the menu and do food shopping. A relative told us, "[Staff] cook fresh food. [My relative] is in a better shape." We noted that the menu was presented in pictorial and easy-to-read formats and was displayed in the kitchen. We observed that people could independently make drinks and snacks in the kitchen if and when they wanted. People and staff told us support was available if people required assistance with making hot drinks.

People had access to the kitchen at any time for hot and cold drinks. People told us and we observed that the kitchen was open and drinks and snacks were available. We noted that staff supported some people to make snacks. We observed one person making drinks independently for themselves and others. The person told us they enjoyed making and offering hot drinks to others.

Staff sought people's consent in providing care. People told us they made their own decisions about how to be supported, for example, when and where to go, what to eat and when to go to bed. Care plans contained guidance for staff about making decisions. For example, one person's care plan advised staff to "prompt me" and not to "choose my clothes". This showed that people's rights to make their own decisions were recognised and included in their care plans. A member of staff told us that their duty was to encourage and support people and not to make decisions for them.

The registered manager told us and people's files showed that people had an assessment under the Mental Capacity Act (2005) (MCA). The MCA is legislation that protects people who are not able to consent to their care and treatment. It also ensures people are not unlawfully restricted of their freedom or liberty. We noted that the home had a policy and procedure about the MCA and that staff had training knowledge about Deprivation of Liberty Safeguards (DoLS). DoLS are legal safeguards that ensure

people's liberty is only deprived when absolutely necessary. During the inspection we were informed that no person was subjected to DoLS and we noted people had keys to the front door and their rooms.

The registered manager told us staff training was based on the needs of people. The training matrix showed staff had attended a range of courses relevant to their roles. These included, first aid, good practice and dignity, person centred care, equality and diversity, safe handling of medicines, infection control, adult safeguarding, and moving and handling. Staff we spoke with and the staff files we checked confirmed that staff had attended these training sessions. Staff told us they received supervision and support from the manager. Staff files showed that staff supervision took place once every month. This ensured that staff had appropriate support and guidance from the management.

The registered manager told us new staff completed induction when they started work at the service. This was confirmed by staff we spoke with and there was evidence in the files that staff completed an induction programme when they started work. This ensured that new staff were aware of what was expected of them to provide care to meet people's needs.

People's weights were checked weekly. The registered manager told us that if there were significant changes in a person's weight they would consult appropriate health professionals such as the GP and dietitians. We also noted that people had regular medical check-ups. For example, during the inspection we noted that the registered manager supported a person to attend their GP appointment. Records showed that people had access to opticians, dentists and chiropodists. We saw that each person had a "Hospital Passport" in their files. This contained information relating to people's medical needs and how they would like to be supported. Staff told us that they always ensured that the Hospital Passports were available when people attended a hospital or medical appointment.

Is the service caring?

Our findings

People and their relatives were positive about the care workers and described them as caring, kind and respectful. One person told us, "All [care workers] are very caring." Another person told us they missed a care worker who recently left the service. A relative told us that the staff were "caring and respectful" to people. They told us that staff ensured people's preferences by offering them choices.

We observed that staff interacted with people in a caring and respectful manner. We saw staff were not hurried when interacting with people. We observed staff offered people drinks throughout the day and provided reassurance and encouragement when required. We saw staff were polite and respectful. We also observed how staff explained about a planned holiday to one person in a way they understood .

The registered manager told us that the home used permanent or bank staff to ensure continuity of care. We were informed that all staff knew people's care plans and how to provide support that reflected their needs and preferences. The staff we spoke with were knowledgeable about people's needs including preferences and people's individual routines. They told us they promoted people's

independence by "supervising, prompting and giving them help" to do things for themselves. Staff explained how they communicated with people who were non-verbal by using various means such as gestures and pictures.

Staff developed positive relationships with people. Each person had a key worker who was responsible for overseeing the planning of reviews and monitoring needs were being met. We were told that keyworkers communicated with people and families and reviewed care plans. All care plans were written in first person which showed that people discussed their needs and identified how they wanted to be supported. Care files showed people and their relatives attended the review meetings. The registered manager said people were visited regularly by their relatives. We also noted that people were visited by their relatives and spent time with them.

The registered manager told us that staff received training on equality and diversity and we saw the provider had a policy and procedure that advised staff of their responsibilities and expectations. Staff told us they had read the provider's policies and procedures and were aware that their responsibilities to treat each person as an individual without a discrimination.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People said that staff spent time with them and that they received opportunities to pursue their hobbies and interests. One person told us how they enjoyed their part-time job and another person said they liked discos, zumba and the cinema. Staff and people's files confirmed that people had various activities to choose from and participate in.

The home was spacious and bright. We observed that people were able to move freely in the communal areas. There was a back garden with a summerhouse, benches and chairs for people to sit on and socialise with each other and staff. Most of the people had lived together in the home for many years and got on well. We noticed that people had friendly conversations while sitting and having their lunch together in the dining room.

The home had parents' and carers' meetings once a year. A relative told us these meetings were useful because the home was initially developed with the involvement of carers. They told us there were also other occasions such as the barbeque events which were organised by the home for people and relatives. We noted that the last barbeque event took place last June.

People's care files were detailed and personalised. For example, one person's care file stated that the person needed to have an annual diabetic check while another person's records identified the need for them to see a neurologist every six months due to epilepsy. Records showed that people attended appointments with various healthcare professionals. Staff told us they knew the symptoms of people's health conditions and were confident to respond to them. For example, a member of staff gave an example of how they supported people with diabetes by ensuring that they had food which was low in sugar.

The provider had a complaints procedure. The complaints procedure was presented in a written and pictorial format and people told us they knew how to make a complaint. One person said they had an advocate who could assist them if they had a concern. A relative said they knew the provider's complaints procedure. They told us they had no reason to complain as they were satisfied with the care provided.

Is the service well-led?

Our findings

People and their relatives spoke positively about the service they received and described it as, "Good care". A relative said that the home was good and the person using the service was "happy and comfortable to come back [after visiting the family's home]". We were informed that the people and their relatives were part of an "action group" which was responsible for developing the service. A relative told us that the registered manager was "efficient" and that they could talk to her. Staff told us that the manager was supportive and approachable.

The registered manager and records told us that people were involved in staff recruitment process. We noted that people were offered training which enabled them to interview new staff. This ensured that people were empowered in the selection of staff. The registered manager explained that a newly admitted person had a plan to employ their own staff and to manage their care. We noted that the person would have a full assessment of their needs and appropriate support to be able to manage their care while living in a registered care home. The registered manager confirmed that the home was liaising with appropriate health and social care staff to support the person.

People were encouraged to be part of the community. People, relatives and records told us that people went to pubs, cafes, and attended evening social clubs. People told us they enjoyed going out.

People told us that "tenant meetings" were arranged to enable them to give feedback about the service they received. We saw the meeting record from a tenant meeting in September 2015. This showed the registered manager used these meetings as an opportunity to share information such as health and safety, staffing and fire with people. It was also used as an opportunity to consult with people about activities and food choices.

The registered manager said that due to the small size of the home they had not used a survey questionnaire to distribute to people and their relatives. She said she would consult people and their relatives about this and would develop a questionnaire with a view to seek formal feedback about the quality of the service.

The registered manager carried out regular health and safety checks although this did not pick up the out-of-date food in the fridge. We noted that regular audits of various aspects of the service took place. For example, fire drills were regularly undertaken and recorded, emergency lights and firefighting equipment were also checked. During the inspection we noted that the landlord's health and safety officer visited and checked the facilities, safety certificates and talked to the registered manager. We heard the health and safety officer telling the registered manager that they were satisfied with their assessment of the health and safety of the home and the records.