

Vibrance

Larwood

Inspection report

Larwood
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17 November 2015

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The Inspection took place on the 17 November 2015.

Larwood provides accommodation and personal care without nursing for up to eight people who have a physical disability or learning disability. There were eight people using the service on the day of our inspection.

The service did have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms were protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. Support and guidance was sought from health care professionals where required, including a doctor and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently.

The service had a number of ways of gathering people's views including using surveys and by talking with people, staff and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

People were protected from the risk of harm because staff were trained and knew how to respond to any concerns.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role. Staff had sought people's consent to care and treatment.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There

were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Larwood

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 the 17 November 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with two people, we also spoke with the registered manager and four care staff. We reviewed four care files, four staff recruitment files and their support records and audits and policies that were held at the service.

Is the service safe?

Our findings

People felt safe. One person said, "I like it here, they [staff] are very good to me." And "They [staff] keep me safe."

Staff knew how to keep people safe and how to recognise safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member said, "If I had any concerns, I would report it to my manager or CQC." The service had a policy for staff to follow on 'whistle blowing'. One member of staff told us, "I would contact social services if I didn't think people were safe." There was a poster clearly displayed with contact details for the local safeguarding team if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessments covered moving and handling, prevention of falls, nutrition and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

People were cared for in a safe environment. The registered manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

The service had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). □

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff to care for people, and if more staff are needed, the manager will alter the rota to get more staff on duty." Another member of staff told us, "There is enough staff on the whole to make sure everyone is cared for and safe."

Staffing levels were matched to the needs of people living there. On the day of the inspection we observed staff attending to people's needs in a timely way.

People received their medications safely and as prescribed. Care staff who had been trained appropriately dispensed the medication to people. We found people's medication was stored in designated cupboards that were secured and locked when not in use. Regular audits had taken place to minimise any discrepancies of medication.

Is the service effective?

Our findings

People were observed with staff interactions and were able to show through facial expressions that they were happy with the care provided. Staff had a good understanding of people's care needs and were able to demonstrate they knew people well and ensured that their care needs were met. One person told us, "They [staff] know what I like and they help me with everything."

New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked 'shadowing' more experienced staff. This gave them an opportunity to get to know people and how to best support their needs. One member of staff said, "The induction and training here is good, we have lots of on-going training too." This enabled staff who were new to care to gain the knowledge and skills to support them within their role. Records reviewed confirmed what we had been told by staff and the registered manager.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Training was robust and updated as required for all staff. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "We have good training here, we have on-line training, face to face training and we also go to local authority for training too." Staff were very positive about their training and the support they received from the registered manager to complete this. All the records we reviewed confirmed what we observed and had been told.

Staff felt supported at the service. Staff received regular supervision and support through team meetings. A staff member said, "We have supervision regularly but if we have any problems or worries the manager always listens and is quick to act on getting things done." The registered manager told us that they completed observations of staff practice and worked alongside staff to feedback on their skills and performance. Staff said they had regular team meetings to discuss any issues and to learn from any events and share information.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. People at the service had varying levels of capacity. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager understood

their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People were supported to eat and drink enough and their nutritional needs were met. There was a pictorial menu available to help people to choose their meals. Staff and people said there was plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks. The registered manager told us that the service actively involved people who used the service to express their choices and ideas for the menus.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, chiropodist, district nurses, and GPs. We saw people also had access to opticians and dentists for check-ups. One person told us, "If I need a doctor they take me."

We saw from people's care records they had a 'hospital passport' completed for each person. They detailed information of the person's medical history, communication needs, mobility needs and other important information about how to care for the person, this meant that other professionals would know how to care for the person whilst staying in a different setting; such as hospital admission.

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff had a very good knowledge of people's needs, likes and preferences. One person told us, "They [staff] know me and help me with what I like, we go bowling and to different other things."

Staff were caring towards people when supporting them to meet their needs. Throughout our observations there were positive interactions between staff and people. One person was seen to be laughing and enjoying an exercise game with staff. Another was seen to be enjoying drawing.

People's needs were attended to in a timely manner by staff. The staff demonstrated good skills and knowledge of the people and knew how to meet people's needs in a caring way.

People were actively involved in making decisions about their care. Whilst reviewing care records, one person recognised themselves and told us, "They sit with me and let me know what's going on." Staff reviewed people's care plans and discussed these with people and their relatives as appropriate. One member of staff said they reviewed people's care plans on a regular basis to make sure that the information held for people was current and reflected their needs fully.

People's diverse needs were respected. People had access to individual religious support should they require this.

Staff treated people with dignity and respect. We saw that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. An advocacy service was available if people required it, details of services were made available to people.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives, where appropriate were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being. A person told us, "I go to see my friends all the time."

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. Staff had a good understanding of person centred care. People's care records were reviewed regularly and changes made to the records if required. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts. For example; People were supported to attend activities of their interest in the community.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. We saw that the service had access to a vehicle and this enabled them to access the community and attend events and outings of their choice. The registered manager explained that there were no planned activities as people were asked individually on a daily basis what they would like to do.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. It was noted that there had not been a formal complaint made since the previous inspection. People were given advice and guidance on how to make a complaint; this was both in written and pictorial format. Staff told us that they would support people in making a complaint if required.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager was visible within the service and people knew them by name. They had a very good knowledge of all the people who used the service and their relatives.

People told us that the manager would listen to them if they had any concerns. One person said, "[registered manager's name] is lovely, I sit and talk to her all the time, I help her with things too."

Staff felt the registered manager was very supportive to their roles and said, "I feel really confident in approaching her with anything, she is lovely and will always listen." Staff also said they felt that their opinions were listened to, one said, "We are asked for our ideas of different things for here and they listen." Another staff member said, "She [registered manager] is definitely supportive and very fair."

Staff had regular supervision, observations of their practice, and team meetings to discuss people's care and the running of the service. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that had happened and used a communication book to share information. One member of staff said, "We work well altogether here." This demonstrated that people were cared for by staff who were well supported in performing their role.

The registered manager gathered people's views on the service through meetings with people and through the use of questionnaires which were also sent to staff. They gathered opinions on people's care, the performance of the service and staff, and any changes or improvements that people felt were needed. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans, medication management and infection control. They used this information as appropriate to improve and monitor the care people received. The provider also carried out a monthly audit of the service, any actions required following the audit had been rectified in a timely way.