Vibrance

Vibrance - 83 Glengall Road

Inspection report

83 Glengall Road
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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

This inspection took place on 13 July and was unannounced. At our previous inspection in January 2016 the service was not meeting legal requirements relating to care and welfare of people who use services. Following that inspection the provider had sent us their action plan and at this inspection we found that significant improvements had been made.

83 Glengall Road is registered to provide accommodation and personal care for up to seven adults with learning disabilities. At the time of our inspection, five people were living at 83 Glengall Road.

The service had a registered manager who was available throughout the inspection. 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.

Staff were aware of their duty to protect people from the risk of abuse. Risk assessments were completed and managed by staff so people were protected from avoidable harm.

There was a robust staff recruitment process in place to ensure that those who worked with people were safe. The service also had enough staff deployed to support on each shift. People were confident that staff followed safe medicine management practices.

Staff were experienced and had support, induction, training, supervision and appraisal. They were clear about promoting and protecting people's rights under the Mental Capacity Act 2005.

People were provided with sufficient food and drink that was nutritious and reflected their personal preferences. Care plans were reviewed with the involvement of people, their relatives and other professionals. People's social and healthcare were met through opportunities of various activities and medical referrals to appropriate healthcare professionals.

Staff were kind, caring and knew people well. Relatives told us they were satisfied with the care and support staff provided. The registered manager sought feedback from people, relatives and staff through meetings and surveys to ensure their views were heard and influenced the quality of the service. There was also a complaints process in place for people and relatives to raise their concerns.

The provider was meeting their regulatory responsibilities by sending notifications, raising safeguarding alerts, and monitoring and auditing the facilities and practices to improve the quality of the service.

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. Risks to people were completed and appropriate guidance put in place for staff to ensure people were protected from harm. Staff knew safeguarding procedures.

The service had enough staff to support people. The recruitment processes were robust to ensure staff were properly checked before they started work at the service.

People were confident that their medicines were appropriately managed.

Is the service effective?

Good

The service was effective. People and relatives felt that staff were competent, knowledgeable and experienced to provide care and support that met their needs.

Staff supported people to make their own decisions and encouraged them to choose their meals. People's healthcare needs were meet through referrals to professionals and regular monitoring.

Staff received training in the Mental Capacity Act (MCA) 2005, and were aware of how to apply its principles when providing care.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind, caring and treated them with respect and dignity.

Staff ensured people's privacy was maintained and their views listened to through the care planning and review processes.

Is the service responsive?

Good

The service was responsive. Staff understood people's preferences and provided appropriate support to meet their needs.

Assessments of needs were regularly reviewed to ensure that the services people received.

There was an effective complaints process in place.

Is the service well-led?

Good

The service was well-led. The registered manager sought feedback from people, relatives and staff to improve the quality of the service.

People were encouraged and supported to be involved in the staff recruitment processes.

There were effective systems in place to monitor, audit and report various aspects of the service as required.

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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 13 July 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service obtain their views about the care provided by the service. We used this information to plan this inspection.

During the inspection we observed care and spoke with three people who used the service, two relatives, three support workers and the registered manager. We looked at the relevant parts of the care records of three people who used the service, four staff files and other records relating to the care and management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at 83 Glengall Road. One person told us, "I do like it here." Another person said, "Yes, [I feel safe at the home]". A relative told us that they liked the service because it "meets the needs of [the person using the service]". Another relative said that they visited the service "very often and found [the person using the service] happy. We are confident [the person] is happy in the home".

During our last inspection in January 2016, we found that the service did not meet required standards relating to care and safety of people who use services, the central heating systems were not appropriately maintained and the temperature of the rooms made comfortable for people. During this inspection, we saw all the heating systems were appropriately maintained and the temperatures in the bedrooms and communal areas were regulated to ensure people lived in a comfortable environment.

Our last inspection also found that the service did not appropriately safeguard people from the risk of abuse due to some people not feeling safe as another person who used the service did not have enough staff support which would prevent them from posing the risk of abuse. During this inspection, we saw that a one-to-one staff support was provided to support the person who had a behaviour that challenged the service and that every person in the service looked happy. The registered manager also told us, and records showed, that the person's support plans were regularly reviewed and the service was liaising with the local authority and the person's relatives about alternative placement.

People and relatives told us that there were enough staff at the service. All the people said there were enough staff available to support them. The relatives also told us the staffing level at the service was enough. One relative said there were "dedicated and enough staff." We checked the staffing rota and saw that there were five care staff (including a member of staff who also drove the service's car and provided activities) and the registered manager during the early and late shifts. The staff rota showed that the night shift was covered by two waking night staff. We also saw that a cleaner came two times a week to help with cleaning of the premises. We observed that staff were available to provide care and to ensure people were safe.

Each person had a risk assessment which identified possible risks to their health and safety and the actions to be taken to minimise those risks. The registered manager stated in the PIR and confirmed during the inspection that support plans and risk assessments were "implemented to promote positive risk taking while maintaining independence and safety of service users". People's files showed that the risk assessments were detailed and regularly updated to ensure new risks were identified and appropriate plans were in place so that the risk were well managed. Staff we spoke with told us that they had read the risk assessments and knew what to do minimise the risks to people. One member of member of staff told us how, for example, they supported people with their meals to reduce the risk of choking. This showed that staff were clear about how to manage the risks to people.

We saw that the premises were generally safe and well maintained and checks of the equipment such as the

hoists, wheelchairs, electrical and the passenger lift were taking place. We saw that the service had a fire risk assessment in place and regular fire safety and other health and safety checks were undertaken and recorded. People's files showed that there were personal emergency evacuation plans (PEEP) in place for each person. We noted that the windows had restrictors and staff wore personal protective materials such as gloves and aprons. Staff told us and records showed that they had attended infection control and basic food hygiene training. This showed they knew how to control infections and provide safe care.

There was a robust staff recruitment process in place. The staff files contained relevant information and appropriate checks had been carried out before staff members started work. This meant that the provider took appropriate steps to check that people were supported by staff who were suitable and competent to meet their needs.

People told us that their medicines were well managed. A person nodded affirmatively to confirm that staff gave them their medicine. Another person asked and received their medicine form staff. We checked some people's medicines and medicines administration record sheets (MARS) and they had been fully completed. We noted that medicines were stored securely in a locked cabinet in a room and a refrigerator. The temperatures of the room and refrigerator were checked and recorded daily. Staff told us they received medicines in a timely manner from the pharmacist. Staff also confirmed that they had attended training in medicine administration.

Good

Is the service effective?

Our findings

People and relatives felt staff were competent in their role. A person said, "Yes, [staff knew how to support them well]." A relative told us, "The staff are knowledgeable and experienced. They are trained." Another relative said that the staff knew what they were doing, "they are very good". Throughout the inspection we observed that staff competently supported people, for example, at mealtimes and with personal care.

Staff told us they were well supported by management. They told us and we saw in their files that they had received an induction which prepared them for their role. They said they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. The registered manager told us the staff turnover was very low with most staff working at the service for over ten years. Staff told us they were happy with the support and training they had at the service.

We noted that staff discussed training and practice issues at their monthly team meetings. Staff told us they worked at a team and supported each other. We noted they shared responsibilities such as being a shift leader and being responsible for cooking for the day. Staff told us and records confirmed that regular supervision and appraisals were provided and staff were able to discuss areas such as their practice and development needs. This showed that there were systems in place to support and improve staff skills in order to meet people's needs.

From observations it was evident that staff explained what they wanted to do and checked with people before providing support. We saw staff asked permission before assisting people and gave them choices, such as where they wanted to sit or if they wanted to wear a clothing protector at mealtime. People's files showed they were consulted about their care and had consented how they wanted to be supported.

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 Safeguard (DoLS).

We checked whether the service was working within the principles of the MCA. We found that mental capacity issues had been considered and DoLS applications made for some people using the service. Staff had an appropriate awareness of MCA and DoLS. DoLS authorisations were in place for some people and care plans contained guidance for staff how to support people effectively.

People and their relatives told us the food provided at the service was good and met their needs. One person told us they liked the food. A relative said the person who used the service "is enjoying the food" and they had no concerns about it. Another relative told us that the food was good but the person was not

always offered enough especially in between the meals. We looked at the person's care file and discussed the concerns with the registered manager. We were informed the person was not denied food but it was part of their care plan that their food intake was monitored. We saw the person's weight had been monitored and their care plan was up to date. However, we recommend that the registered manager follows the best practice of working with all appropriate and relevant people to put a plan of action in place to ensure that the amount and frequency of food people have reflect their dietary needs.

People were involved in planning the menus. Staff told us that they developed the menus with people every week on Sunday. We noted the menus contained varied options. During breakfast we saw staff asked people to choose what they wanted and we noted people were able to have what they preferred. Staff told us and records confirmed that food that reflected people's culture or preferences was provided and staff supported people who needed assistance with their meals.

People were supported with their healthcare needs. Records showed that annual medical checks were carried out and people were referred to specialists when and as required for health conditions. Staff told us and records showed that people with conditions such as epilepsy and diabetes were appropriately referred to professionals and supported by staff. We saw each person had a 'Hospital Passport' which gave relevant details about the person and how they would effectively be supported. The Hospital Passport was to be taken with people when they visited healthcare services so that professionals would be able to know how to support them.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. A person nodded to say that staff were kind and they liked them. A relative told us they liked the staff because they were "kind and caring". However, they said there was one occasion when they observed one care staff shout at a person. They told us the registered manager was made aware of this and had dealt with it. We discussed the information with the registered manager who confirmed that they knew about the incident and had dealt with it. The registered manager also reassured us that the issue would be discussed at staff team meetings and in supervisions so that all staff could learn from it. Another relative said, "The attention staff give to people is first class. They are really caring".

Care files showed that people and their relatives, where appropriate, were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. For example, one person's care plan was written in first person giving their name and their preferred to be called (My name is.... I prefer to be called...). Both relatives we spoke with confirmed attending the care plan reviews and it was evident that, where possible, people had signed and dated their care plans. This showed people's views were taken into account in the care planning process to ensure the care provided was personalised and met their needs.

The care plans detailed people's goals, what help they would need, what they needed to happen. Information on advocacy was provided and records showed that the service arranged an advocacy support for one person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

We noted staff respected people's privacy and maintained their dignity. Each person had their own room and staff made sure that they knocked on the doors and waited before entering rooms. Staff also told us how they shut doors or curtains whilst supporting people with personal care. Records detailing personal information were kept securely ensuring confidentiality was maintained.

We observed that staff encouraged and supported people to be as independent as possible. We saw, for example, staff asked people and explained to them the support options available to them. People could choose their food, where to go for a walk and when to go to bed or get up. Conversations with relatives also showed that people could have visitors without any restriction.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff provided support that was responsive and personalised to their needs. A person said they could make their own choice about their care. We saw one person who chose to sit on their own to read a book. Relatives told us that they were confident staff were always available to respond to people's needs.

People's preferences such as their cultural and spiritual preferences were included in their care plans. Staff told us and records showed that the service provided appropriate support to ensure people's individual needs were met. For example, we noted one person was supported to attend a place of worship and another person was provided with their cultural food. We also noted that staff knew how to communicate with people using gestures, signs and Makaton.

People were positive about the activities they took part in and how they were supported to follow their interests. People told us they had enough activities to do in the service and in the community. During the inspection four people went out to pursue their planned activities and one person was engaged in their own activities at the service. People's activities included swimming, gym, shopping, colouring, pottery, choosing weekly menu, watching television, room management, and going to social clubs. We also noted that people were supported to go on various holidays. One person, who had an overseas holiday said, "I had had a lovely time in [the holiday resort]."

The registered manager explained how people were assessed before they were accepted to use the service. They told us they received detailed information about new people and had completed their assessment of needs. People were accepted only if the service could meet their needs and new people were compatible with those already using the service. The registered manager told us that they were working with the commissioners to find an alternative service for one person whose needs had changed since their admission to the service.

The provider had a complaint process and guidance on how to complain was displayed within the service. Relatives told us they knew how to complain. One relative told us they had no reason to make a complaint but were aware of what to do if they had any concern about the service. Another relative told us that they had made a complaint before and were satisfied with how it was resolved. Staff were able to explain how to respond to any complaints they received.

Good

Is the service well-led?

Our findings

Staff facilitated regular meetings for people and relatives. People's regular meetings included their discussion about weekly menus, activities and holidays. The registered manager also organised annual relatives' meetings. The last relatives' meeting took place in August 2016 and was attended by the families of four people. This allowed people and relatives to discuss a range of topics related to the quality of the service.

The registered manager had used survey questionnaires to seek the views of relatives about the quality of the service. The last survey questionnaires were used in September 2016 and the feedback received was positive. The registered manager told us that the outcome of the survey was discussed at team meetings and a new survey was being prepared to be sent out to the families. Relatives told us that they had received and completed the questionnaires.

Staff made arrangements for people to be involved in the recruitment of new staff. The registered manager explained that people were given training and coaching to be able to ask questions and make recommendations whether new applicants were suitable for the roles.

There were various policies and procedures in place for running the service. These included health and safety, adult safeguarding and whistle blowing policy. Staff we spoke with told us they had read the policies and procedures and were clear about implementing them in practice as required. The registered manager stated in the PIR that they aimed "to build on positive behaviour support and active support within the service, training will be allocated and staff will increase skills in this area starting with the manager and project workers who will then lead the support staff". We also noted that equality and diversity training had been given weight and staff had training and awareness in these areas to ensure people's needs were met.

People, staff and relatives told us that the registered manager was approachable and listened to them. Staff also told us that the registered manager was supportive and they regularly discussed the service in supervisions and staff meetings. We saw copies of the minutes of the staff meeting.

The registered manager was available throughout the inspection. They told us that they felt well supported by the provider who visited the service regularly. We noted that the registered manager had raised safeguarding alerts with the local adult safeguarding team, sent CQC notifications and worked well with other social and healthcare professionals to meet people's needs.

Various health and safety checks of the service and audits of the facilities, equipment and processes had taken place. Where issues had been identified, the registered manager took appropriate action.