

Vibrance

Vibrance - 24A Corporation Road

Inspection report

24A Corporation Road
Chelmsford
Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Vibrance 24A Corporation Road is a residential care home providing personal and nursing care to six people with learning disabilities, autism and complex needs of all ages at the time of the inspection. The service can support up to eight people. The building is purpose built and all on one level.

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

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

At our last inspection we identified issues with the assessment of risks, reporting of safeguarding concerns and staffing recruitment, induction, supervision and appraisal. At this inspection we found that improvements had been made to people's safety and wellbeing and staff were appropriately recruited and supported to carry out their role and responsibilities.

There were systems in place to assess and mitigate risks to people's safety, wellbeing and independence. People received their medicines safely and the premises were accessible, clean and comfortable. There were systems in place to reduce the risk of infection and lessons were learnt from accidents and incidents.

There was enough staff to meet people's needs. There were clear processes in place to recruit the right staff to ensure they were suitable for the role. New staff received induction and ongoing training to provide them with the skills and knowledge they needed to support people well.

Best practice guidance was used to ensure people received good quality care. They were provided with a balanced diet and involved in shopping, choosing and cooking their meals. Staff worked closely with a range of health care professionals to support people's health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff team were very kind and caring and provided support in a very person-centred way. They were clear and passionate about their responsibilities and enabled people to be as independent as possible.

People were enabled to have a fulfilling life with a clear emphasis on helping people to communicate effectively and make decisions and choices about their day to day wishes and future.

Peoples care plans were detailed, informative and updated to reflect their changing needs. Their history, likes, dislikes, preferences and protected characteristics were recorded. People were supported to follow their interests and had access to a range of social opportunities both within the service and in the local community. A complaints process was available, and complaints dealt with appropriately. There was a very compassionate support system in place for people and their families who may require end of life care.

The service was well led and managed by an experienced and proactive manager. People who used the service and staff were involved in the development of the service. Regular audits were undertaken to identify learning and drive improvement.

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 requires improvement (published 25 February 2019) and there was a breach of Regulation 12. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

24A Corporation Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. The provider had completed 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.

During the inspection

People using the service had different and complex ways of communicating. We spent time talking with them and observing their interaction and engagement with staff and day to day life at the service. These observations helped us to understand their experiences. We also talked with two family members on the telephone about their views of the service.

We talked with four staff including the registered manager, deputy manager, two support staff and a visiting professional. We reviewed a range of records. This included four people's care, support and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the quality and management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We had email correspondence from one health care professional who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- At the last inspection, risk assessments had not been recorded within all people's care plans. Improvements had now been made and each person had relevant risk assessments for staff to understand their needs and how to support them safely.
- Risk assessments included people's mobility and falls, taking their medicines, how to support them with their behaviour and going out into the community. We saw these in the process of being updated after recent reviews.
- Risks associated with the environment were identified and managed. Health and safety checks within the service had been undertaken on the amenities and equipment. People had a personal evacuation plan in place providing information to staff and the emergency services. Fire drills had been undertaken and staff understood their responsibilities in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training on safeguarding people from harm after the last inspection and were clear about how to recognise abuse and the steps they should take to protect people.
- Appropriate referrals had been made to the local authority when concerns had been identified. The registered manager was aware of their responsibilities and acted on them in a timely way.

Staffing and recruitment

- There were enough staff available to meet the needs of people who used the service. Staff told us, "Staffing is not a problem, we cover shifts, we work flexibly and above all we are respected. I think that is why staff have stayed so long."
- Safe recruitment processes were in place including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with people in a residential setting. We noted that not all gaps in employment had been recorded. We asked the registered manager to investigate this. They confirmed the application form only required 10 years of employment history whilst the online application form required all gaps in employment to be provided. They told us that the provider had now changed the paper application process to request all gaps in employment were covered. They also confirmed that staff files had been checked and all gaps in employment accounted for in line with the requirement.

Using medicines safely

- People received their medicines in a safe way. Staff and managers completed training to administer medicines and their competency was checked at regular times.
- Medicines were stored appropriately and the medicine administration records (MAR) were completed to show people had their medicines at the right time and in the right way.
- Protocols were in place providing staff with guidance in managing 'when required' medicines with a record to show why this medicine had been given.
- Medicine administration checks were completed daily for any concerns to be picked up quickly. Monthly audit checks provided an overall view of safe medicines management. We found the medicines stock tallied with the administration records we looked at and there were no discrepancies.
- People had regular medicine reviews to ensure their medicine was still relevant and required. The service had signed up and followed the good practice recommendations of STOMP (Stop the Over Medicating of People)

Preventing and controlling infection

- The service was clean, fresh and tidy.
- There were effective systems in place to prevent the spread of infection.
- Staff had undertaken training in infection control and were observed appropriately using personal protective equipment.

Learning lessons when things go wrong

- The registered manager reviewed information such as accidents and incidents to identify any patterns or trends. Any learning was shared with staff to prevent a reoccurrence.
- The registered manager told us the lessons they had learnt to ensure the service met everyone's needs. Examples included effective negotiation and responsiveness to individual situations and good partnership working with professionals and families.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support were delivered in line with current standards and guidance. The registered manager kept up to date with evidence-based guidance and this helped to continually develop the service.
- People's needs were assessed as part of the pre-admission processes and the information was used to develop a plan of care to meet their individual needs. People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, ethnicity and sexual orientation were identified as part of the assessment, so they could be met by the service.

Staff support: induction, training, skills and experience

- We observed that staff had the skills, abilities and experience to care for and support people well.
- The induction process was thorough, and staff felt very supported in getting to know people, their needs and the service. One staff member said, "I was nervous to start but within a day I felt involved and part of the team here, it really helped me with my confidence."
- Staff had received a range of training relevant to their role. This was updated on a regular basis to keep staff refreshed about policy and practice. Staff completed the Care Certificate which represents best practice standards when inducting staff into the adult social care sector and were encouraged to undertake additional qualifications.
- Staff told us they were well supported by the management and their colleagues. One staff member said, "I get all the support I need. Training is always offered and the managers are always accessible and approachable."

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

- People were supported with the preparation and cooking of their meals. They made individual choices about the food they wanted to buy, cook and eat and they had a good balanced diet which was culturally sensitive to their lifestyle and heritage
- People could choose to eat on their own or with other people. They were encouraged to participate in mealtime activity with others to reduce their social isolation. We observed a staff member supporting a person prepare a sandwich. The staff member knew what the person liked and included them in the preparation; they did this quietly and at the person's pace.
- People who required a specialist diet such as soft or textured meals due to the risks of swallowing or choking were supported to eat well. The service worked with the speech and language service to ensure risks around nutrition were well managed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access healthcare support. Each person had a 'healthcare passport' which ensured health professionals had all the information they needed about the person in the event of an emergency. On the day of the inspection, one person had a GP appointment to look at a health issue. For another person, the registered manager was in the process of coordinating a meeting of professionals to achieve better outcomes in their day to day and future life.
- Care records evidenced ongoing and proactive involvement of health professionals to ensure people kept well and their changing needs were monitored. These included appropriate contacts with the dietitian, district nurse, occupational therapist, psychiatrist and the local surgery. One professional told us, "The atmosphere and ethos of the service is very centred around the people here and that nothing was too much trouble for any of the staff." Another said, "The care and dedication I see [person] receiving from the team at Corporation Road is excellent."
- People had access to good dental care. The registered manager was knowledgeable about oral health and staff had received training to support people to look after their mouth and teeth.
- People had regular visits to and from the dentist and dental recommendations were recorded and followed. Teeth brushing charts were in picture format to help people understand how to look after their oral health.

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

- The premises were purpose built and comfortable. The service had two lounges and two kitchen/dining rooms with one of the kitchen areas having a sink which could be lowered to aid a person to use the sink from a wheelchair.
- People's bedrooms were very personalised reflecting their different personalities and interests. They had access to a sensory room and an accessible garden.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All staff had completed training in MCA and DoLS and were clear about best interests and how to support people with decision making. We saw people's capacity to make day to day and significant decisions had been assessed and recorded.
- We observed staff offering people choices and listening to their wishes throughout the inspection. Consent to care and treatment was sought by staff in a way people understood.
- People had access to advocates (independent professionals who represented people's best interests) to ensure their rights were being met and listened to. The registered manager had made appropriate applications to the local authority to deprive people of their liberty in their best interests including the

restriction of leaving the building without support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- We observed that people were very happy and settled living at the service. Staff were very thoughtful, considerate and kind. A family member said, "I am extremely happy that [relative] is living there. The staff are so happy and [relative] is exceptionally well cared for." Another said, "The care [relative] received was better than wonderful. The staff are our other family."
- The service had a strong, visible person-centred culture and helped people to express themselves, their individuality and their views.
- Staff knew people very well and could tell us about their history, how they communicated and what was important to them. For one person, staff had instigated a one to one session each day to talk through their feelings. This, the registered manager told us, had reduced their anxiety and enabled them to plan and enjoy each day ahead. For another person who was a train enthusiast, staff went with them out for drives to watch trains on different routes. The person's vocal and body language told us they very much enjoyed this activity.
- Interactions were calm, warm, caring and positive. Staff were generous with their time and the way in which they responded to people. Examples of this included a person who used to live at the service visited on the day of the inspection and was greeted warmly. The person expressed how caring and thoughtful staff had been to them. The family of a person who died suddenly told us, "They [staff] are still so supportive. We ring up for a chat, take cakes when we visit and are always welcomed back into the family."

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

- People were fully involved in all aspects of their lives as far as possible. The service involved people's family members by keeping them informed. One family member told us, "I get calls to update me about [relatives] health and any changes."
- Staff adapted their approach when communicating with different people as they knew people's ways of expressing themselves. For example, we observed staff communicating with one person who, whilst vocal, could not be easily understood. They responded in a positive and affirming way to them which gave the person a sense of importance, happiness and satisfaction.
- There was a keyworker system in place which meant staff had responsibility for updating named people's care plans and records and to ensure they were included in their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff had an understanding of people's individual needs around privacy and dignity. They respected people's space by knocking on people's doors before entering, did not disturb them if they were laying in,

and assisted them with personal care and support discreetly when in communal areas.

- Staff used video and picture diaries to document people's outcomes, their challenges, progress and achievements for them. One person was now independent at preparing their lunch and making a cup of tea. One health professional told us, "[Person] is now able to make choices as to what they wanted to do, what they wanted to eat, which they were not able to do when they first arrived at the service."
- Specialist kitchen equipment was obtained to support people with their independence. For one person, pots with larger lids and handles so they could open them themselves, using a smaller kettle and an adapted sink which can be raised and lowered so they could wash up from their wheelchair.
- The service worked with other professionals to access specialist support. A sensory disability advisor was working with two people using a range of tactile and sensory equipment. This interaction provided much laughter, stimulation, and a sense of achievement. They told us, "The staff are always receptive and welcoming when I try something new with someone, and would then incorporate the activities or skills in to people's general day to day lives."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- We observed that people received individualised and responsive care and support. One family member said, "Hand on heart, it's the very best place for [relative] and I am glad we chose it." A healthcare professional told us, "I can assure you that this service provides safe, caring and a positive approach to people at all times."
- People had individual support plans which were detailed and informative. Information was written in a respectful way and included people's likes and dislikes, preferences, communication, and wishes. The plans however were repetitive and too large to handle easily. We spoke with the registered manager about making them simpler, clearer and manageable to which they agreed.
- Staff completed daily recordings which showed what people had been doing and how they had felt that day and any health or other issues to note.
- Handovers were undertaken when staff changed shift to ensure they had the information they needed to support people well.
- Peoples needs were regularly reviewed, and we saw one support plan in progress of being reviewed with their up to date needs. One staff said, "I really enjoy being a keyworker as you really get to built a relationship and take individual responsibility for that person, its great."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication and sensory needs. Assessible information was available to help people to make every day choices and decisions. For example, a book of photos and symbols of items of food and drink helped people to choose their shopping, meals and drinks.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their relationships with partners, family and friends. One family member said, "We visit regularly and are always warmly welcomed. The staff get [relative] involved in lots of things they really enjoy." A person who had recently left the service visited on the day of the inspection. They said, "I enjoy coming back to see the staff as they had been good to me when I lived here."
- People were able to follow their interests and take part in activities they enjoyed both within the service and in the local community. This included arts and crafts, cooking, films, day centre activities, trampolining,

pottery, using their iPad, shopping, going to church, theatre trips and concerts of people's choice. One person's cat provided good company for them.

- Students on placements from the local college and community volunteers were actively encouraged to provide additional support and company for people. One volunteer bought in musical instruments to play for people such as the violin and learnt people's favourite songs to play for them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No formal complaints or concerns had been received about the service or people's care.

- We saw compliments from family members. One compliment we saw was from a delivery driver who commented, "I have just delivered to this address and staff here are so happy and friendly also very polite, what a very happy environment."

End of life care and support

- People's end of their life wishes, and preferences had been discussed and recorded to ensure staff knew what they wanted at the end of their life.

- People had received good end of life care provided in a sensitive and compassionate way. One family member told us, "What they did for us and for [relative] during that terrible time was truly wonderful. Driving us to the hospital, explaining all what was happening and supporting us all the way through. We could not have got through it without them." The registered manager told us, "The bench we received for the garden will give us lovely memories of [person], equally the family still visit us as they feel we are their extended family, which is lovely."

- The staff had received bereavement and end of life training. A health care professional told us, "They [staff] have cared right up to end of life for at least two of my service users who had dementia. The staff were caring and made sure there was a consistent approach towards their care at all time and always involved the families and communicated well to all professionals involved."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection governance systems were not working effectively in relation to the oversight of risks and staff supervision and appraisal. At this inspection we found improvements had been made.
- The registered manager and staff were clear about their role and responsibilities. They understood how to provide high quality care and were aware of the requirements to assess needs, manage risks and keep people and staff safe and supported.
- Regular audits were undertaken on areas such as risks, medicines administration, health and safety and supervision. However, we spoke with the registered manager about the organisation of people's support plans. They agreed to audit them and look at ways of making them more manageable for staff to use.
- Appropriate notifications to CQC had been made as required and the registered manager was aware of the duty of candour and their responsibility to explain to people and apologise if things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continued learning and improving care.

- Family members, professionals and staff were extremely positive about the management team. A family member said, "The place works so well because of them two [registered and deputy manager]." Another said, "Good leaders are hard to find, especial those that communicate so well and keep you informed." A healthcare professional told us, "The service is well led. I would recommend this service to any of the people I work with."
- There was a clear vision and purpose. Management and staff displayed the values expected of the service in everything they did. We observed this in practice throughout our inspection.
- Staff were well motivated and described the registered and deputy manager as truly supportive and approachable. A staff member said, "There is a lot of openness and it's all so easy going. It's a lovely place to work." Another said, "Getting to know everyone has been fantastic, I love coming to work, it's like a family."

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

- People, their families, staff and professionals were included in making the service better for everyone through effective reviews, staff meetings, surveys, recruitment interviews, visits, volunteers and advocates.
- Staff ensured people were able to enjoy their personal relationships, follow their faith, belief and cultural heritage and participate in all aspects of life in the service and in the community.

Continuous learning and improving care; Working in partnership with others.

- The registered manager kept themselves up to date with current good practice and their own competency checks.
- Challenges to the service were dealt with in an honest and transparent way. The registered manager provided evidence of continuous learning, reflective practice and of making sure people were always the complete focus of the service.
- The staff liaised and worked together with a range of community resources and health and social care agencies to increase people's opportunities, benefits and positive outcomes.