

Vibrance

Vibrance 138 All Saints Road

Inspection report

138 All Saints Road
London
SW19 1BZ
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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Overall summary

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 because the provider had taken action to improve safety. The registered manager checked risk assessments and management plans were suitable for use at this service to protect people from harm.

Systems to check medicines receipt and administration records were in place and staff had received standard and advanced medicines training since our last inspection to improve their understanding of their responsibilities in relation to medicines. Records of medicines received by the home were accurate.

Good



Is the service effective?

The service was effective because the provider had taken the necessary action to improve. The provider had assessed people to identify those who required DoLS applications and had made applications to ensure people were deprived of their liberty lawfully. Staff had received training in the Mental Capacity Act (2005) and DoLS since our last inspection to give them greater knowledge of their responsibilities in relation to these issues.

Good



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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 checked 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 1 May 2015 and was unannounced. It was undertaken by a single inspector. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 30 December 2014 inspection had been made. The team

inspected the service against two of the five questions we ask about services: is the service safe? Is the service effective? This is because the service was not meeting some legal requirements.

Before our inspection we reviewed all the information we held about the service and the provider including looking at the previous inspection report and reviewing this in line with the action plan the provider submitted to the CQC.

During the inspection we observed how staff interacted with the people who used the service. We spoke with the registered manager, the project manager, the chief Executive Officer (CEO), the operations manager, and one member of staff. We looked at three people's care records to see how their care was planned, including how their medicines were managed, as well as records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection on 30 December 2014 we found the provider had not ensured risk assessments and management plans relating to risks associated with peoples personal and health care needs, such as those carried out by external professionals, were suitable for use at this service. This meant people and others may not have been protected from avoidable harm. They sent us an action and told us they would put risk assessments in place for all people who use the service by September 2015.

At this inspection we found the provider had put new systems in place to protect people from identified risks. Where external professionals had carried out risk assessments the manager had assessed whether they were applicable at this service. The provider implemented their own risk assessments where necessary. The manager was on track to complete this process for all people regularly using the service as scheduled in the action plan sent to the CQC.

At our previous inspection we had also identified medicines management was not always safe. This was because recording and checking systems in relation to medicines received and administered had not identified omissions that people were not receiving their medicines. The provider sent us an action plan stating they would review systems in place to identify errors and train all staff in medicines management by 20 April 2015.

However, at this inspection we found the manager had taken action to strengthen systems and improve staff knowledge of safe medicines management. We checked stocks for five medicines and found the quantities of medicines were as expected, which indicated people had received medicines as records showed. Medicines received into the home were clearly recorded and our checks showed them to be accurate. Staff had received standard and advanced medicines administration training since the last inspection. The member of staff we spoke with told us they had found this training to be thorough and useful to their role, and it highlighted the importance of accurate medicines records.

A revised daily audit had been introduced where staff checked all aspects of medicines management carried out that day, including whether accurate records of administration had been made. These checks were recorded while at our previous inspection we found daily audits were not always recorded. However, we identified an omission in recording of medicine administration of an inhaler to a person four days previously. Records showed staff had signed records to indicate they had carried out the required checks which should have picked up this issue. The manager told us the staff involved had received recent medicines training and they would look to address these failings through performance management.

Is the service effective?

Our findings

At our previous inspection on 30 December 2015 we found the provider was not meeting their requirements in relation to the Deprivation of Liberty Safeguards (DoLS) and legislation to help protect people's human rights in relation to capacity and consent. We found people may have been deprived of their liberty unlawfully as the provider had not assessed which people required DoLS nor made the necessary applications. They sent us an action plan and told us they identify people regularly using the service who required DoLS and begin to make applications, becoming compliant by 28 April 2015.

At this inspection we found the provider had put systems in place in order to meet the requirements in relation to DoLS and MCA. When the provider assessed people prior to admission they carried out mental capacity assessments to determine people's capacity to make certain decisions.

Where people were found to lack capacity they put systems in place to ensure decisions were made in people's best interests. Pre-admission processes also identified which people required DoLS authorisations. The provider had assessed all people who regularly used the service in this way. The process of applying for DoLS for people coming to use the service was ongoing and we evidenced applications were being made appropriately. The provider had also agreed to increase management resources which the project manager told us would facilitate applications as a newly created senior support worker post was being recruiting to.

Staff had received training in the Mental Capacity Act (2005) and DoLS since our last inspection and staff we spoke with had a good understanding of these issues and how to apply their knowledge to their role.

The provider also notified CQC of DoLS applications and their outcomes as required by law.