

Vibrance

# Vibrance - 24A Corporation Road

## Inspection report

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Date of inspection visit:  
19 December 2018

Date of publication:  
25 February 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

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

24A Corporation Road is one of many services owned by Vibrance. The service provides accommodation and personal care for up to eight people who have a learning disability.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 23 March 2016, the service was rated 'Good'. At this inspection we found the service had deteriorated to 'Requires Improvement'.

This inspection was completed on 19 December 2018 and there were eight people living in the service when we inspected.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report our findings and recommendations in 2019.

The service had a registered manager in post. 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.

Though arrangements were in place to assess and monitor the quality of the service provided, these arrangements did not identify the concerns and risks to people that we found as part of this inspection.

Not all risks to people were identified and managed to prevent people from receiving unsafe care and support. Not all staff had received a thorough induction and suitable arrangements were not in place for staff to receive regular formal supervision or an appraisal of their overall performance. Improvements were required to ensure recruitment and medication practices and procedures were followed. Although staff were verbally able to demonstrate a satisfactory understanding and awareness of abuse, not all allegations of abuse had been investigated.

The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. People were protected by the providers arrangements for

the prevention and control of infection.

People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported, including end of life care.

Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances, with the exception of one person using the service. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and no complaints had been received at the service since our last inspection in 2016.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service has deteriorated to Requires Improvement.

Risks were not identified for all areas of risk or suitably managed and mitigated to ensure people's safety and wellbeing.

Improvements were required to ensure recruitment practices were robust.

Staffing levels were appropriate for the numbers of people using the service.

### Is the service effective?

**Good** ●

The service remains Good.

### Is the service caring?

**Good** ●

The service remains Good.

### Is the service responsive?

**Good** ●

The service remains Good.

### Is the service well-led?

**Requires Improvement** ●

The service has deteriorated to Requires Improvement.

Quality assurance arrangements did not identify the concerns and risks to people that we found as part of this inspection.

The service works in partnership with other agencies.

# Vibrance - 24A Corporation Road

## **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 19 December 2018 and was unannounced. The inspection was completed by one inspector. A dentist inspector was also present for part of the inspection to look in detail at how well the service supported people with their oral health as part of a national review.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

Not all people living at the service were able to verbally communicate with us or had limited communication abilities. Therefore we observed people's non-verbal cues and looked at how staff interacted with the people they supported.

We spoke with four people who used the service, three members of support staff, the deputy manager and the registered manager. No relatives visited the service at the time of our inspection. Relatives views of the service were taken from the latest satisfaction survey.

We reviewed two people's care plans in their entirety. We looked at the service's staff support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

Safe was rated as 'Good' at our last inspection on the 23 March 2016. At this inspection, we found that safe had deteriorated and was now rated as 'Requires Improvement.'

Suitable arrangements were not in place to manage all risks to people's safety. Though intuitively staff knew the people they supported and some risks were identified and recorded relating to people's health and wellbeing, this was inconsistently applied. Risk assessments were not recorded within all people's care plans or identified the specific risks associated with their care and support needs, the actions to be taken to mitigate them and to keep others safe from harm.

Although the registered provider and manager were aware of one person's specific vulnerabilities, particularly in relation to accessing the community, lifestyle choices and the risks this potentially posed to themselves and others, the risk assessments in place were not as robust as they should be. Actions completed to mitigate risks relating to community access and external visitors to the service were not effective or being followed by the person using the service. Risks had not been taken into consideration, for example, the impact of this person's visitors to the service, the effect this could have on others living at the service and the risk of smoking within the person's bedroom; including the smoking of illegal substances. We discussed the latter with the registered manager and were advised that although they and the registered provider were aware of the latter, a decision had been made not to seek advice and guidance from the police.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three safeguarding concerns had been raised by the management team since our last inspection to the service in 2016. Although staff were verbally able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission, this did not always happen in practice.

Information recorded within one staff member's file in May 2018, suggested a person using the service had made an accusation regarding this member of staff's conduct. No detailed information was recorded relating to the allegation and there was no information to indicate this had been followed-up and addressed by the management team. We discussed this with the registered manager and they confirmed they were not aware of the initial allegation. The registered manager was requested to retrospectively look into the matter and to raise a safeguarding concern to the Local Authority.

The recruitment files for three members of staff employed within the last 12 months were viewed. Recruitment checks were carried out before a new member of staff started working at the service. These included the obtaining of references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and

conducting employment interviews. Prospective employees equality and human rights characteristics were also recorded and considered when recruiting staff. However, minor improvements were required, for example, no recent photographs had been sought and only one written reference was evident for one member of staff. There was no evidence of a DBS certificate for two members of staff. The registered manager confirmed our findings as accurate but could not provide a rationale for the discrepancy. Following the inspection the DBS certificates were found and placed on their file.

We recommend the registered provider and manager familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

The registered manager confirmed three out of eight people living at 24A Corporation Road received between nine and 17 one-to-one support hours per week. This was to enable them to participate in particular activities and to access the local community. Our observations showed people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and to support people to access the local community.

People's preferences for taking their medication were documented so staff knew how to give their medicines in a way that suited that person. We looked at the Medication Administration Records [MAR] forms for each person using the service and found minor discrepancies relating to staff practice and medication records.

The MAR form for one person detailed they were prescribed one medication to be taken four times a day. However, the MAR form showed this was not administered in line with the prescriber's instructions on two consecutive days. No rationale for this was recorded on the reverse of the MAR form and when discussed with the deputy manager, a rationale for the discrepancy was not provided. Handwritten MAR forms were not double signed. Where people were prescribed 'as required' PRN medication, a protocol was not always in place detailing the specific circumstances that this medication should be given. This was not in line with recommendations from the National Institute for Health and Care Excellence [NICE]. This details information such as the rationale for giving 'when required' medication should be clearly documented.

Although staff had received medication training, the registered manager confirmed all staff who administered medication were required to have their competency assessed every three months. Information available at this inspection showed this did not happen in practice and only one member of staff who administered medication had completed a competency assessment at quarterly intervals, despite this being highlighted within the service's monthly medication audits since July 2018. An external pharmacist had visited the service in April 2018 and their subsequent report recorded a number of recommendations. Whilst the recommendations had been transcribed to an action plan, it was not clear if all recommendations had been addressed. We discussed this with the registered manager and an assurance was provided that this would be addressed.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were monitored and maintained to a good standard. The premises were clean, odour free and staff used appropriate Personal Protective Equipment [PPE], such as gloves and aprons. Staff told us and records confirmed staff received suitable infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and followed food safety guidance.

# Is the service effective?

## Our findings

Effective was rated as 'Good' at our last inspection on the 23 March 2016. At this inspection, we found that effective remained rated 'Good'.

A copy of the staff training plan was requested and provided. The staff training plan confirmed all staff employed at the service, including members of the management team, had completed up-to-date mandatory training in line with the registered provider's expectations. Additional information was provided which showed staff had received training relating to the specific needs of the people they supported, for example, learning disability awareness, dementia awareness, epilepsy and dysphagia [swallowing difficulties] training. Staff told us training provided by the registered provider was good. One member of staff told us, "We get good training and there are plenty of opportunities."

The registered manager confirmed all newly employed staff received an induction. This related to both an 'in-house' orientation induction, corporate induction and completion of the Skills for Care 'Care Certificate' or an equivalent. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. The 'Care Certificate' had not been completed for two out of three newly employed members of staff. Although they had previous experience working within a care setting, they had not achieved a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. This was not in line with the registered provider's expectations and meant there was no evidence to show they had had their competency assessed against the core standards as outlined within the 'Care Certificate'.

Staff told us they felt supported by the registered manager, deputy manager and existing work colleagues. One member of staff commented, "Yes, the manager is supportive. I get very good support from team members." Formal arrangements were in place for staff to receive supervision. Supervisions allow staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development and training needs. However, staff confirmed and records showed, supervisions were not completed at regular intervals in line with the registered provider's expectations. Where issues were raised, information was not always available to evidence how these were to be addressed and monitored. Not all staff employed longer than 12 months had received an appraisal of their overall performance. We discussed this with the registered manager and they told us that discussions had been held with senior members of staff to complete staffs supervision and appraisal.

We recommend the registered provider and manager ensure that all staff receive an induction where appropriate which includes the 'Care Certificate', regular supervision and an annual appraisal of their overall performance in line with best practice guidance and their own policies and procedures.

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapist [SALT], had been made and guidance followed by staff. Where instructions recorded that people should be weighed at regular intervals, this had been followed to ensure their nutritional and hydration needs were being monitored and concerns about weight loss and gain picked up at the earliest opportunity.



People's healthcare needs were met and they received appropriate support from staff. Each person had a hospital passport. If people are admitted to hospital this document is used to provide hospital staff with important key information about the person.

People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People had access to comfortable communal facilities, comprising of an open plan kitchenette, dining area and communal lounge.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

Staff demonstrated a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Care plans contained an assessment of people's capacity to make specific decisions. Some people had been assessed as not having the capacity to consent to their care arrangements. The registered manager and staff had recognised this amounted to a deprivation of their liberty and had submitted applications to the Local Authority for authorisation.

# Is the service caring?

## Our findings

Caring was rated as 'Good' at our last inspection on the 23 March 2016. At this inspection, we found that caring remained rated 'Good'.

Our observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them. During our inspection we saw that people and staff were relaxed in each other's company and staff knew people well. Staff took time to talk to people and ensured they were included in what was going on. We saw people being reassured by staff if they became anxious or upset. Staff demonstrated empathy for the people they supported and throughout the day we observed many friendly interactions. This demonstrated staff's understanding of peoples' specific needs and preferences.

Staff understood people's different communication needs and how to communicate with them in an effective and proactive way, for example staff conversed with people at a slower pace and kept information simple. Evidence available showed steps had been taken by the service to comply with the Accessible Information Standard [AIS]. This was introduced in 2016 by the government to make sure people living with a disability or sensory loss are given information in a way they can understand and the communication support they need. Staff told us some people used Makaton to help them to effectively communicate. Makaton is a language programme designed to provide a means of communication using signs and symbols with speech.

People and their relatives had been given the opportunity to provide feedback about the service through annual reviews and through the completion of annual satisfaction questionnaires. People and those acting on their behalf confirmed they were happy with the service provided. Relatives wrote, 'I am very happy with the home' and, 'I am extremely satisfied with the standard of care in all areas that is given to my relative, by all the staff at Corporation Road; and would like to express my gratitude to them all. [Name of person using the service] keyworker [Name of staff member], I feel goes above and beyond. Everything relating to [Name of person using the service] is always relayed back to me, which makes me feel relaxed and confident.' The deputy manager confirmed that people's relatives advocated on their behalf and at present one person had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The service encouraged people to maintain relationships with friends and families.

People received personal care and support in a respectful way and which maintained their privacy and dignity. People's diverse needs were recorded within their care plan and one person's records identified that in line with the person's religious requirements they were supported to attend church and to follow their faith. Staff confirmed that another person received the opportunity to have meals that they liked and represented their ethnicity. We observed staff calling people by their preferred name and talking discreetly with them when discussing sensitive issues or checking whether they needed support with personal care. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths.

## Is the service responsive?

### Our findings

Responsive was rated as 'Good' at our last inspection on the 23 March 2016. At this inspection, we found that responsive remained rated 'Good'.

People's support packages were funded by the Local Authority. An initial assessment was completed by the Local Authority and together with the registered provider's assessment, this was used to inform the person's care plan. The registered manager confirmed that two people had been newly admitted to the service since our inspection in 2016.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to them and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. However, for one person newly admitted to the service, limited information was recorded relating to their care and support needs and how this was to be provided by staff. Where boundaries relating to the person's lifestyle were discussed and action plans implemented as part of risk management strategies, information available suggested these were not as effective as they should be, as the boundaries and actions agreed were regularly not complied with. We also noted that action plans and risk assessments were not updated to reflect the current situation, to demonstrate how the person's needs had changed and lessons learned.

People confirmed to us they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community and this included their cultural interests. People were encouraged and supported to attend adult day centres, visiting the local town centre for shopping and eating out and undertaking 'in-house' activities like arts and crafts, watching films and listening to music.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. The registered manager told us no complaints had been received since our last inspection to the service in 2016. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. One person told us they would either speak to a family member or staff if they had any worries or concerns.

Prior to our inspection the Care Quality Commission was notified that one person had passed away since our last inspection in 2016. The registered manager confirmed that this person had received appropriate care and support at the end of and including the last days of their life. This included working in partnership with healthcare professionals, including the local palliative care team and others. The registered manager confirmed not all staff had received end of life training.

## Is the service well-led?

### Our findings

At the last inspection the domain of well-led was rated as good. However, the registered persons had not identified some of the concerns we found at this inspection which have resulted in a breach of Regulation 12, as evidenced in the domain of 'Safe'. These concerns also relate to management and provider oversight of risk at the service. The rating for this domain on this inspection has consequently deteriorated to requires improvement.

A registered manager was in post. No changes to the management team had occurred since our last inspection to the service in 2016. The registered manager continued to be supported by a deputy manager and staff confirmed both the registered and deputy manager were visible within the service.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the completion of a number of audits at regular intervals, for example, medication, health and safety and infection control. The registered manager confirmed a monthly quality monitoring audit was also completed by a representative of the organisation at regular intervals. This showed where the service was compliant with regulatory requirements and where improvements were required for corrective action.

The registered manager was fully aware of the improvements required, including those areas highlighted as part of this inspection. This referred specifically where staff had not completed the 'Care Certificate' as part of their induction, where medication competency assessments for staff remained outstanding; and where staff had not received regular formal supervision and an appraisal of their overall performance. There was evidence to show the registered manager had delegated some of these responsibilities to senior members of staff to complete. They told us senior staff had been encouraged to ensure the above was achieved, however a formal plan with timescales to address these shortfalls had not been put into place to make sure these areas were addressed.

Staff were generally complimentary about the management team and told us they enjoyed working at 24A Corporation Road. The registered manager and deputy manager knew the people they cared for well and had a good working relationship with staff members. We saw that people using the service and staff were comfortable with the management team and spoke freely with them throughout our visit on a variety of topics and subjects. Staff demonstrated they had an understanding of the provider's vision and values and described how they provided the best possible care they could for people living at 24A Corporation Road.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and the subjects discussed. House meetings were also held for people using the service to enable them to have a voice and to contribute to the day-to-day running of the service.

The registered manager confirmed the provider had systems in place to recognise individual service's achievements and staff's hard work.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider must ensure people using the service are kept safe at all times and risk assessments are recorded for all areas of risk, including the actions to be taken to reduce these.</p>