Vibrance

Our House

Inspection report

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10 August 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 June 2017. At which a breach of legal requirements was found. This was because the assessment, auditing and reporting systems the provider had in place were not effective to ensure 'medicines as and when required' were audited and administered safely. It was also because essential documents were not sent to the local authority and the Care Quality Commission (CQC) as required by law.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 10 August 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Our House on our website at www.cqc.org.uk.

Our House provides accommodation and support with personal care for five people with a learning disability. At the time of the inspection there were five people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our focused inspection on 10 August 2017, we found that the provider had followed their plan which they had told us would be completed by 9 August 2017 and legal requirements had been met.

During this inspection we found the provider had made improvements. We found the registered manager liaised with the GP and had improved the management, administration and auditing of all medicines. The registered manager had also sent notifications and essential information to the local authorities and CQC as required. The registered manager, who was not present at the last inspection, was back at work and we noted that the service was well managed. The registered manager was supported by two senior care workers and an assistant director of operations, who regularly came to the service to undertake auditing of various aspects 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. Staff administered and managed medicines appropriately. This ensured people received their medicines as prescribed by their doctors.

Is the service well-led?

Good

The service is well-led. The service had a registered manager who was supported by senior care staff and the assistant director of operations to ensure the service was well managed.

The registered manager ensured that people and their relatives' views were sought and used to influence the quality of the service.

There were auditing systems in place to ensure errors or concerns were identified and addressed.

The registered manager sent notifications or significant information to the CQC and commissioning authorities.

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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 was a focussed inspection undertaken to check whether the provider had made improvements to meet legal requirements after our inspection on 28 June 2017. We inspected the service against two of the five questions we ask about services: is the service safe?; and is the service well-led? This is because the assessment, auditing and reporting systems the provider had in place were not effective and relevant applications or documents were not submitted to the local authority and the CQC.

This inspection took place on 10 August 2017 and was unannounced. It was undertaken by one inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. During the inspection we spoke with two people, one relative, two care workers, the registered manager and the assistant director of operations. We also observed people's interaction with staff and reviewed two care files, medicine administration records, health and safety records and the provider's policies and procedures.

Good

Is the service safe?

Our findings

During our last inspection in June 2017 we found that the administration and auditing of medicines and medicines to be taken 'as required' (PRN) were not always effective. Following that inspection, the provider sent us their action plan stating how they could make improvements. At this inspection we found that the provider had sought advice from the GP and made improvements to ensure PRN was well managed. Staff told us and records confirmed that staff followed a PRN protocol or guidance in administering, recording and reviewing of PRN medicines to ensure people were safe.

People and a relative told us staff administered their medicines on time as prescribed by their doctors. One person said, "Yes, [staff gave me my medicines on time]." A relative told us they were happy with how staff supported a person with their medicines.

The registered manager had reviewed their medicine auditing system. They told us and records showed, that medicines were audited daily by staff and weekly by the registered manager. We also checked two people's medicines and found that staff correctly administered medicines, and signed and dated medicine administration record sheets (MARS). This showed that medicines the management and administration of medicines were safe.

Good

Is the service well-led?

Our findings

At the last inspection in June 2017, we found the provider was not always well-led. At the time we found that the assessment, auditing and reporting systems the provider had in place were not effective. The provider did not ensure that PRN (as required) medicines were audited and essential assessments were not completed for people. We also found that relevant applications or documents were not submitted to the local authority and the Care Quality Commission (CQC) as required by law. This was a breach of Regulation 17 of Health and Social Care Act Regulated Activities Regulations 2014, Good governance.

We asked the provider to make improvements to ensure that there were effective auditing systems in place and that notifications were sent to the CQC and relevant commissioners. Following that inspection, the provider sent us their action plan stating how they would make the required improvements. At this inspection, we found the provider had put systems in place to ensure medicines were daily and weekly audited, and notifications were sent to the local authorities and the CQC.

People, their relatives and staff told us they were happy with management. One person said they "like" the service and "know" the manager. A relative told us, "The management is excellent. [The registered manager] has been here for some three years [and they have made significant improvements]." A member of staff said that the service was "well managed". They added, "I have worked in other services and I feel this is one of the best managed."

Following a period of extended unplanned absence the registered manager had returned to manage the service. A notification about the extended absence had been sent retrospectively to the CQC. The assistant director of the provider explained that it was an oversight on their part not to have sent the notification of absence but this would not happen again. We noted that the provider had put management arrangements in place during the registered manager's absence. Staff told us and records confirmed that the assistant director of the provider visited frequently to provide support. During our visit we saw the assistant director was present at the service, completing audits of various aspects of the service which they had noted the day before the inspection.

People and their relatives had opportunity to give feedback. Records showed that staff arranged meetings for people to discuss the quality of the service, for example, menus and activities. We noted that survey questionnaires had been distributed to and completed by relatives. The registered manager had analysed the feedback and, where needed, put an action plan. We noted relatives' feedback about the quality of the service was positive. A relative said that they were able to speak with the manager and that "nothing is hidden. I will be able to contact other family members".

Staff told us and records confirmed that the registered manager had good working relationships with families and healthcare professionals such as the GP, consultant psychiatrists and pharmacists. We observed that telephone communications between staff, and families and healthcare professionals were friendly.