

Vibrance

Our House

Inspection report

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Date of inspection visit:
28 June 2017

Date of publication:
01 August 2017

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?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 28 June 2017. The service was last inspected on 30 September 2015 and met all regulations inspected.

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.

People lived in spacious, clean and tidy premises. Staff understood their responsibilities to identify and report incidence of abuse. There were enough staff available to provide care and support people needed. People were confident that staff reviewed and followed their risk assessments in order to manage potential risks to their health and safety.

Staff recruitment processes were robust to ensure that new staff had been properly checked to ensure they were fit to work with people who used the service. Staff also had opportunities to develop their skills through the support, supervision and training they received at the service.

People were encouraged and supported to make their own decisions about their food, care and activities. Staff had received training on Mental Capacity Act 2005 and Deprivation of Liberty Safeguards for them. We found that the management of 'medicines when required' were not always effective. We made a recommendation about this and asked the provider how they intended to make improvement.

The care provided at the service was good. Staff were friendly, kind and caring. All people at the service looked clean and happy. Records showed people had regular medical checks. They also had a variety of activities within the service and in the community.

Although there were good systems and practices such as surveys and meetings to obtain people, relatives and staff views about the quality of care provided at the service, the management was not always effective.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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 were aware of the procedures to follow to ensure people were protected from abuse.

There were good staff recruitment systems in place.

The service had enough staff to ensure people received the care and support they needed.

Risk assessments were completed and medicines were administered by staff who had appropriate training.

Is the service effective?

Good ●

The service was effective. Staff received support, training and supervision to be able to deliver care and support people needed.

Staff had received training on Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

The service provided drinks and nutritious meals that met their dietary needs.

People were supported to have access to healthcare professionals.

Is the service caring?

Good ●

The service was caring. People and their relatives were happy and felt that staff were very caring.

Staff knew people's preferences and routines. This enabled them to provide care that reflected people's needs.

People were supported to live as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and their preferences taken into account in the way the way they received the service.

People and their relatives were involved in the review of care plans, which reflected changes to their needs. Staff supported people with activities and to go on holidays.

The service had a complaints procedure in place.

Is the service well-led?

The service was not always well-led. The assessment, auditing and reporting systems the provider had in place were not effective to ensure that medicines as required were audited, essential assessments completed and relevant applications or documents submitted to the local authority and the CQC.

People, their relatives and staff felt the registered manager was approachable.

People, their relatives and staff had opportunities to influence the quality of the service.

Requires Improvement ●

Our House

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 28 June 2017 and was unannounced. The inspection was conducted by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also consulted the local authority for their views and feedback.

During the inspection we observed care, spoke with two people using the service, two relatives, four care staff and an assistant director of the provider.

We reviewed three people's care files, staff training records, menus, the provider's policies and procedures, and health and safety documents. We viewed the premises and observed how staff communicated and supported people.

Is the service safe?

Our findings

Two people we spoke with told us they were safe within the service. One person said, "Yes, [I am safe]. Staff are all right." Another person nodded to confirm that they were 'safe' and 'happy' in the service. Relatives told us they were confident people were safe. One relative said, "[My relative] is hundred per cent safe....because the home is secure, staff trustworthy, facilities excellent and security is first class." Another relative told us, "[The person using the service] is safe. I am confident [the person] is safe and well looked after [by staff]."

Staff protected people from the risk of abuse. Staff told us, and records showed, that they had received training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to explain the process for reporting any abuse and who their concerns could be raised with, including the local authority. Staff told us that if they were concerned that people were at risk of abuse, they would speak to their manager. We noted that staff were aware of the provider's whistleblowing policy. This is a policy which enables employees to report concerns about practice within their organisation to regulatory authorities.

Care files showed that risk assessments had been completed for each person. The risk assessments described possible risks and how staff should ensure that people were protected. One of the risk assessments we checked showed the person needed one-to-one support "when out because [the person's health and safety can be at risk]". We noted that the support plan (one-to-one staff support) was not always provided when the person was out. We discussed this with staff and were advised that the person did not need the one-to-one support and they would review the care plan. We saw that the risk assessments were specific to people and detailed the action staff would need to take to ensure the risks were managed properly.

People were supported by staff who were checked to ensure that they were safe to work at the service. We noted that one new member of staff had been employed since the last inspection. We were not able to review staff recruitment files during the inspection as keys to the filing cabinet were with the registered manager, who was not available. Following the inspection, the assistant director of the provider sent us evidence confirming that the new member of staff had been checked through job applications, police checks and submission of two written references before starting work. This was confirmed during the inspection by the newly employed member of staff and other members we spoke with.

There were enough staff deployed to meet people's needs. Staff told us and the rota showed that there were three staff during the early shift and two staff in afternoon. On the day of the inspection there were five staff on shift to allow some of them to attend in-house training. Staff told us that the staffing level was enough. People and relatives also felt that they had no concerns about the staffing level at the service. We noted that there was a sleep-in member of staff to cover the night shift.

People told us their bedrooms and communal areas were "clean". Relatives also said they found the service to be "very clean". We noted that all areas of the service were tidy and there were no offensive smells. We

observed staff used appropriate protective materials and washed their hands when cooking or serving meals. Staff told us they had attended infection control training.

Staff carried out regular health and safety checks. We noted that there was a fire risk assessment had been completed and each person had their own fire risk assessment which described what action to take in an emergency case. Regular fire drills had been undertaken and equipment maintenance and safety checks such as gas boiler, fire alarm, legionella and portable appliances completed and recorded.

People received medicines on time. We noted one person asking staff if they could have their "pills" and staff giving them their medicine. Medicines were kept in locked cabinets in people's bedrooms. We checked the medicines were administered and recorded correctly except one medicine which was prescribed to administer as required. Even though the container and the medicine administration record sheet (MARS) stated that the person should take "Two four times a day when required", we noted that staff administered it continuously two or three times a day for thirteen days. Staff told us that the GP had advised them verbally to administer the medicine regularly. We noted that there was a protocol on 'medicines as required' and homely remedies. During the inspection staff rang and spoke with the GP to issue a prescription so that the advice given was reflected on the container and MARS. Staff also told us and records showed that they audited the medicines. We noted the pharmacist also visited the service once a year to audit medicines. We recommend that the registered manager adopts a best practice of managing 'medicines when required'.

Staff supported people with budgeting. We randomly checked two cash tins, receipts and records. All these were in order. This showed that staff managed people's finances well.

Is the service effective?

Our findings

People and their relatives told us staff had the skills and knowledge required to provide care that met their needs. One person said, "I am happy [with staff]." A relative told us, "I have great admiration for the knowledge and experience [of staff]. They do know [the person's needs]." Another relative told us that the person using service was receiving care and support that met their needs. They said staff were trained and knowledgeable.

Staff were positive about the training and support they received. One member of staff said, "I feel supported. I have had lots of training." During the inspection we noted a planned training programme was taking place. Staff told us, and records confirmed that the training provided varied and included first aid, autism awareness, lone working, adult safeguarding, medicine, epilepsy, and basic food hygiene.

Senior staff told us training provided at the service was based on the needs of the people. We looked at the training matrix which contained information about what and when staff completed or were due to complete training. We noted that staff had either completed their training or were booked for refresher courses. Staff also discussed their training and practice in their team meetings, which took place every four to six weeks. The staff last staff meeting minutes, which was dated 7 June 2017, showed staff discussed items such as activities, holiday, abuse, health and safety and complaints.

Staff told us that they also completed an induction programme when they started work at the service. The induction programme introduced new staff to how the service operated and stated requirements and expectations of providing care.

Staff received regular supervision. Copies of the supervision notes showed staff discussed people and their development needs during their supervision. All the staff we spoke with told us that they supported each other and worked as a team. They said they were confident to ask their managers if they needed any support with their job.

People consented to their care. Observations of care showed that people were encouraged and supported to make choices and decisions about their care. We noted people could get up at the time of their choice and could choose how to be supported. We saw staff knocked on bedroom doors for permission to enter offered people choice about what to wear, where to sit or what to eat. For example, people could freely move in the home including to the office where they could interact with senior staff.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation 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 we spoke with told us they had attended training on MCA and DoLS and we noted they were knowledgeable how to apply these in practice. Records showed that that a best interest decision was made by a GP for one person to access medical treatment.

People and relatives told us the food provided at the service was good. One person said the food was "nice" and they could choose what they wanted. A relative said, "The food is very good. [People] always have well-presented, tasty and decent portions." We observed lunchtime and saw people were offered the choice from the options. We saw people were offered drinks with their lunch which they all enjoyed.

Staff were aware of people's nutritional needs and preferences, including if people had health conditions (such as diabetes) that were affected by their diet and known allergies. The menu appeared to be nutritionally balanced and offered people a choice of what to eat. Food stocks were plentiful and there were fresh vegetables and fruits in the kitchen/diner.

Staff showed a good understanding of people's needs and the action they took if they suspected a person was unwell. This included an awareness of what to do if a person had an epileptic seizure and to ensure people had annual medical check. Records showed that regularly saw opticians, dentists and chiropodists. We saw each person had a 'Hospital Passport' which contained important personal, medical and social information which could be used by health professionals to provide appropriate care for people.

Is the service caring?

Our findings

People and their relatives told us staff were caring, kind and respectful. One person said that staff were "good". Another person nodded positively when we asked if the staff were caring and if they liked them. A relative told us that the staff were "very caring" and they had no concerns about the quality of care provided. Another relative said, "Staff treat [people] with respect and dignity." Our observation showed that staff addressed people in their preferred names and showed kindness and respect when they interacted with them.

Staff were knowledgeable about people's needs including their preferences and individual routines. They told us how they promoted people's independence, for example, by encouraging and supporting people to make drinks independently based on their risk assessment. A member of staff gave example of how they communicated with people who had communication needs by using gestures, signs or Makaton.

Staff told us and we saw how they ensured people's individual needs. For example, we saw a member of staff providing nail varnish with the colour and design of people's choice. We saw all people who used the service were smartly dressed for the weather and were all presentable. Relatives confirmed that people were always "smart and clean". Relatives also told us and we saw that people's bedrooms were always clean and were personalised with pictures, photos and personal items.

People and relatives were involved in their care plans. Care files showed that people and their representatives' views were included and people's "goals", what support they needed from staff and other professionals were highlighted. Staff told us they were aware of their responsibility to treat people as individual by taking their knowledge of equality and diversity into account. We noted one person was supported to attend a place of worship and people's assessments contained key areas such as health, communication, personal hygiene, mobility, sleeping, and sexuality and social interaction, cultural, ethical and spiritual needs.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs by ensuring that their needs were met. One person confirmed that they were "happy" with the support staff provided. A relative told us that staff looked after people, "do their best [to respond to people's needs]". Another relative spoke positively about the service and staff and said that the person using the service was "lucky to be there". This showed people and relatives were satisfied with the way staff responded to people's needs.

Staff understood and respected people's choices. For example, they knew people's religions and if whether or not they were practising. Where people practised their religion, staff supported what that meant and provided them with appropriate support. Each person had also a key worker who regularly discussed and updated changes to people's care. This ensured that people's needs were identified and met.

Care plans and risk assessments were regularly reviewed. Relatives we spoke with confirmed that they had attended care plan reviews and had contributed to the assessments. Records showed that the care plans and risk assessments were signed by people and staff. Relatives were positive about their communication with staff and told us staff updated them with any changes to people's care.

People had different activities. During the inspection we noted three people were supported to attend a physical exercise class in the community. When they returned from the class, people confirmed that they had enjoyed it. We also noted that each person had an activity plan that reflected their preference. The activities were varied and included bowling, pub night, shopping, and ironing, watching television, snooker, relaxing and movie. We also noted one person did voluntary work.

Staff supported people on holidays, trips to the seaside and with celebration of various events. Staff told us that they were planning a summer party to which they would invite relatives and people's friends. We also noted that overseas and within the country holidays had been booked for people based on their preferences.

We noted most of the people had lived at the service for many years. Staff told us that any new person would be admitted to the service following their pre-assessment of needs. This was to ensure that the service had appropriate facilities that would meet the person's needs. Staff confirmed that people would be admitted to the service only if it was appropriate for them

Relatives told us they knew the provider's complaints procedure. One relative said, "I am aware of the complaints procedure. I was given a folder with all information including complaints, which I still have." Another relative said, "I have no complaints. If I had a complaint I will probably get in touch with social services I will speak to the home, of course to find out why." We noted that there had been no recorded complaints since the last inspection.

Is the service well-led?

Our findings

During the inspection we found that the registered manager had been away for more than a month and the provider had not informed of this and how they intended to manage the service. The assistant director informed us that the registered manager's absence for over a month was not planned but it was an oversight of the service not to send a notification to let the CQC. After our visit to the service, we have been notified that the registered manager had returned to work. We noted that two senior staff were given the responsibility to manage the service during the registered manager's absence. We were also informed that the registered manager would be back to work on 4 July 2017.

We noted that the systems the provider had in place were not always effective to ensure people's needs were met. For example, in spite of the provider's medicine and home remedy procedures, the audits had not identified the issues with recording and managing medicines. We also found that the registered manager had yet to complete MCA for people and make DoLS applications for people to the local authority.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, their relatives and staff were positive about the service. Two people we spoke with told us they were happy and liked the service. We observed all the people using the service were relaxed when interacting with each other and staff. A relative told us that they were happy with the management of the service. Another relative said, "The manager is first class. She is very approachable. All staff are approachable". A member of staff told us that they could talk to the manager and that she was "approachable".

The assistant director and senior staff from the head office regularly visited and undertook various audits and provided support for staff. These audits and staff support included checking care files and policies, speaking with people and staff, and observing how staff cared for people. We noted staff from the head office also came to check the facilities were safe and in good working order.

The registered manager sought people and relatives' feedback as part of their quality assurance system. Staff told us and relatives confirmed that they had distributed survey questionnaires to relatives to ask them their views of the quality of aspects of the service. After the inspection, the assistant director confirmed by email that the registered manager had analysed the feedback and put an action plan in place. During the inspection we saw compliments and 'thank you' cards staff received from relatives.

Handover between shifts and regular staff meetings allowed staff to share information so that they were aware of what was going on within the service and what they needed to undertake to meet people's needs. Staff told us they attended the handover and staff meetings. We also noted that the registered manager encouraged and supported staff to upgrade their knowledge by attending on job training (including refresher courses) and enrolling on a university course.

The registered manager understood their responsibilities of ensuring information relating to people and

staff were protected. We found people and staff's records were kept securely which showed the service recognised the importance of people and staff personal details were kept securely to ensure their confidentiality. We noted the registered manager held the keys for the filing cabinets where staff personal details were kept.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The assessment, auditing and reporting systems the provider had in place were not effective to ensure that 'medicines as required' were audited, essential assessments completed and relevant applications or documents submitted to the local authority and the CQC.</p>