Vibrance

Vibrance - 2 - 3 Orchard Close

Inspection report

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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

This unannounced inspection took place on 14 and 15 January 2015.

Orchard Close is a 14 bed service providing support and accommodation to people with mental health support needs. At the time of the inspection 11 people were living there. There are two large houses in a residential area close to public transport and other services. Each house accommodates up to seven people. The ground floors of both houses are accessible for people with mobility problems. There are also accessible shower facilities in both houses. People live in a clean and safe environment that is suitable for their needs.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People were safe at the service. They were supported by caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible. A care coordinator told us that the manager was "on the ball" and made sure everyone was safe.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. When appropriate people were supported to take more responsibility for their own medicines.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective and responsive service.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed both in terms of their physical and mental health needs.

A social worker told us that staff had proved to be caring and friendly in their approach to working with people.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

People lived in a clean environment that was suitable for their needs. Improvements were needed to some of the bathing facilities and the provider was in the process of identifying funding to address this.

Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty. Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty

Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that this was not thought to be necessary for any of the people who used the service.

People were encouraged and supported to maintain their independence and develop their skills. A care coordinator told us that people were empowered and encouraged to "do things."

People were happy with the food provided and told us that they had access to drinks and snacks when they wanted these.

People were actively involved in developing their care plans and in agreeing how they should be supported.

The registered manager and the provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

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 provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People were cared for in a safe environment.

Systems were in place to support people to receive their medicines appropriately and safely.

Risks were clearly identified and systems were in place to minimise these and to keep people as safe as possible.

Is the service effective?

Good

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People enjoyed their meals and were supported to have a healthy nutritious diet that met their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service was caring. We saw that staff supported people appropriately and responded to them in a friendly way.

People were supported by a small consistent staff team who knew them well.

People were encouraged to be as independent as possible and to participate in the day to day running of the service.

People were treated with kindness and their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People received individualised care and support. They were encouraged to make choices and to have as much control as possible about their lives.

People's healthcare needs were identified and responded to. The signs that a person's mental health might be deteriorating were identified and staff were aware of these.

People were encouraged to be involved in activities of their choice in the community.

People were confident that any concerns would be listened to and addressed.

Is the service well-led?

Good

The service was well-led. People were happy with the way the service was managed and with the quality of service.

The registered manager and the provider monitored the quality of the service provided to ensure that people's needs were being met and that they were receiving a safe and effective service.

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

The staff team worked in partnership with relevant health and social care practitioners.

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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 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 unannounced inspection took place on 14 and 15 January 2016 and was unannounced on 15 January 2016. The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

At the last inspection on 28 February 2014 the service met the regulations we inspected.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we met spoke with seven people who used the service and observed the care and support provided by the staff. We spoke with three members of staff, the registered manager and one person's care coordinator. We looked at four peoples care records and other records relating to the management of the home. This included two sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

After the inspection we received feedback from a community mental health nurse and two social workers.

Good

Is the service safe?

Our findings

People who used the service told us that this was a safe place to be. One person said, "I do feel safe here. Very safe." Another told us, "I feel safe and well looked after." Health and social care professionals also felt that a safe service was provide at Orchard Close. A care coordinator told us that the manager made sure that everyone was safe.

We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible whilst encouraging and maintaining independence. Risk assessments were up to date and were relevant to each person's individual needs. They included warning signs that the persons mental health might be deteriorating. A care coordinator told us that staff recognised signs of deterioration and concerns and contacted the relevant people when this happened.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure that people were safe. There was a consistent staff team and any absences were covered by the staff and regular relief staff. This meant that people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety.

Although people were not able to take full responsibility for their medicines, systems were in place to support them to be more independent in this area. Five people were on a programme to support them to manage and take their own medicines. They were at different stages depending on their ability and progress. One person told us that they were at the stage where they 'popped' the tablets from the container, took them and signed to say they had done this. They added that staff watched them do this.

All staff received medicines training to give them an understanding of the medicines administration process. Their competency to administer medicines was assessed and monitored by the registered manager to ensure that medicines were administered safely and appropriately.

Medicines were securely and safely stored. Most medicines were stored in an appropriate metal cabinet and two people kept their medicines in a safe in their room. There was a facility to store controlled drugs but at the time of the visit none of the people were prescribed controlled drugs.

Appropriate arrangements were in place in relation to the recording of medicines. We saw that the medicines administration records (MARS) were detailed, had been appropriately completed and were up to date. This meant that there was an accurate record of the medicines that people had received. Therefore healthcare practitioners would have the necessary information to effectively review people's medicines. Records included information on any allergies people had. They also included protocols to guide staff as to how to administer medicines that were prescribed on a 'when required' basis.

The above systems ensured that people received their prescribed medicines safely and appropriately.

People were supported in a safe, clean environment. None of the people who used the service required any specialist equipment but some people used a wheelchair both within the service and when outside. However they did not need to use a hoist to transfer to or from their chair. Records showed that other equipment such as fire safety equipment was available, was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use. Most of the premises was in an acceptable state of repair but some of the bathrooms were not and one bathroom was not in use due to this. However, this had been identified by the registered manager and the provider and they were in the process of identifying funding to upgrade the bathing facilities.

There was a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files for two members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. People were protected by the recruitment process which ensured that staff were suitable to work with people who need support.

People told us staff were available when they needed them. One person told us, "There are enough staff to look after us." There were some vacancies at the service and in one of the houses people were more independent than in the other and did not need a high level of support. Staffing levels had been changed as a result of this. During the day there were three staff on duty between the two houses and at night there was one waking night staff and one staff sleeping in. The night staff were based in the house where people had the highest support needs and carried out hourly checks in the other house. Assistive technology was going to be installed to alert staff to doors being opened and people needing assistance. The registered manager was aware that staffing levels would need to be reviewed when more people used the service or if individual needs increased. From our observations and discussions we found that staffing levels were sufficient to meet people's needs.

The provider had appropriate systems in place in the event of an emergency. For example, there was a contingency folder and a torch situated next to the exit door. It contained details of action to be taken and who to contact in the event of an emergency. There were also contact details for people who used the service and personal emergency evacuation plans. A fire risk assessment had been completed and fire alarms were tested weekly. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. There were clear guidelines in place for the action to be taken by night staff in an emergency. This meant that systems were in place to keep people as safe as possible in the event of an emergency arising.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Good

Is the service effective?

Our findings

People who used the service and health and social care practitioners were positive about the service provided. One person said, "It's lovely here. I have been in other care homes and this is much better." We saw that in a quality assurance survey a health care practitioner had commented, "I feel that [Orchard Close] are the prime organisation for mental health in the borough. It has excellent staff and has my whole support."

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. There was a small consistent staff team who knew people well and were able to tell us about their individual needs and preferences. Staff told us that training was relevant to the needs of the people who used the service and was up to date. Training included health & safety, safeguarding adults, medicines and the Mental Capacity Act 2005. Staff also received training to meet people's specific needs. For example, mental health. A healthcare professional told us that they felt staff were competent and able to deal with issues. A care coordinator said that there was a good core group of staff who knew individuals well.

Staff told us that they received good support from the manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). Systems were in place to share information with staff including staff meetings and handovers. Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

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. The application 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 had received MCA and DoLS training and were aware of people's rights to make decisions about their lives. People who used the service had the capacity to make decisions about their care and were encouraged and supported to do this. We saw that people had signed their care plans and other documents indicating their knowledge of and agreement with these. One person told us, "I agree with the care plan." The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit this was not needed for any of the people who used the service.

We found that people were supported and encouraged to maintain good health and had access to

healthcare services. People saw professionals such as GPs, dentists, community psychiatric nurses (CPN), social workers and psychiatrists. People told us that staff arranged for them to see their GP when needed. If needed they were supported to attend appointments and meetings with healthcare professionals. A care coordinator told us that their 'client' had complex needs and that staff were managing them well. Details of medical appointments, why people had needed these and the outcome were all recorded. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

The care plans we looked at were up to date, and gave a picture of what was needed and how this was to be achieved. Therefore staff had the necessary information to enable them to provide effective support to people in line with their needs and wishes.

We saw that the service was provided in two adjacent houses in a residential area. This was close to local services and transport links. There were no environmental adaptations but there were ground floor bedrooms and shower with shower facilities that were suitable for people with mobility difficulties. The environment met the needs of people who used the service.

People were provided with a choice of suitable, nutritious food and drink. They were all able to eat independently and to choose what they wanted to eat and drink. They had access to drinks and snacks when they wanted. One person told us, "I like the food." Another said, "I can drink tea and coffee whenever I want." We saw that when there were concerns about a person's weight or eating referrals were made to the appropriate professional and a care plan was put in place to address the issue. For example, one person had a healthy eating and also an exercise plan to support them to manage weight gain.

Good

Is the service caring?

Our findings

People were happy with the way in which staff treated them. One person said, "The staff are caring here. Throughout the inspection we observed staff speaking to people in a polite and professional manner. We saw that people were treated with dignity and respect and their privacy was maintained. A social worker told us that staff had proved to be caring and friendly in their approach to working with [their client]. They added that the person needed lots of encouragement and motivation and they felt that staff had given this.

People were supported by a small consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate deterioration in their mental health or overall well being. A social worker told us that staff were well informed about their clients care and support needs.

People were encouraged to express their views and wishes. A care coordinator told us that staff empowered people. People had access to a local advocacy service and this was used if they needed additional or external support with any specific issues.

Staff respected people's confidentiality. They treated personal information in confidence and were aware of the importance of maintaining confidentiality. Confidential information about people was kept securely in the office.

Staff gave us examples of how they had provided support to people's diverse needs including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to were aware of these and of the need to provide sensitive support.

Some people were supported to maintain their independence and others to develop their independence skills. One person told us that they cooked, cleaned and managed some of their money. They were also working towards taking responsibility for their own medicines. A care coordinator told us that people had detailed plans and goals and were working towards these.

People received caring support at the end of their life. Staff had received palliative care training and had supported three people with end of life care. All three people had been diagnosed with cancer and with the help of family, district and MacMillan nurses had been cared for 'at home' in line with their wishes.

Good

Is the service responsive?

Our findings

People received individualised care and support that was responsive to their needs. A community mental health nurse told us that staff were responsive to [their clients] needs and contacted their service whenever there was a concern."

People's care plans were personalised and contained assessments of their needs and risks. People who used the service were involved in developing and reviewing their care plans and they had signed these in acknowledgment and agreement with the contents. One person told us, "If there is anything I am not happy about I talk to [the manager] and she does something about it. Either I write it for her or I talk to her. She will talk to staff and we write it as guidelines or put it in my care plan." Another person said, "Yes I have a care plan. I helped write it. I do agree with it."

The care plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. A care coordinator told us that they felt that there were detailed plans and goals and that people were working towards these.

People had individual discussions with their key worker and information from these discussions was used to update care plans and risk assessments. We found that care plans were evaluated each month and updated when needed. Staff told us that as well as getting information at shift handover they read the communication book to ensure that they were aware of any change in people's needs and were then able to respond appropriately. This meant that staff had current information about people's needs and how best to meet these.

People were all able to and did choose what they did and when, what they ate and how they spent their time. People were encouraged to do things both in the service and in the community. During the inspection we saw that people went out when they wanted. They just let staff know that they were going out and what they were going to do. One person told us that they played bingo, did karaoke and went to a Jewish club. Another person had been doing voluntary work one day a week but due to recent ill health had not been able to continue. The service had forged good links with a secondary school in the borough and now some people went to the school every Monday evening to join in activities. They had also joined them for visits to different places. People told us that they enjoyed this. People were encouraged to maintain contact with their relatives and relatives were invited to visit the service. One person told us, "My dad comes two or three times a week and he is welcomed by staff." People were protected from the risk of social isolation.

People were supported and encouraged to raise any issues that they were not happy about. We saw that the service's complaints procedure was displayed on a notice board in a communal area. People said they knew how to complain and who to complain to. One person, "I know how to make a complaint. I think they would consider my complaints in a serious way." We saw that when a complaint had been made this was taken seriously and the necessary action taken to address the issue. People benefitted from a service that listened to and addressed complaints and concerns.

Good

Is the service well-led?

Our findings

People told us that they thought the service was well managed and that they liked living there. A care coordinator told us that the registered manager led by example and was a role model for staff. They added that the registered manager was 'on the ball'. A person who used the service said, "[The manager] is brilliant."

There was a registered manager in post and a clear management structure. Staff were clear about their roles and responsibilities. In addition to the registered manager there was a deputy manager. Staff told us that they got good support from the registered manager and were free to seek advice. They said that the registered manager was accessible and approachable and provided clear guidance about how they should carry out their duties.

People were involved in the development of the service. This was in terms of issues specifically related to Orchard Close and also those related to the provider's overall services. Two people were on the management board as trustees. People were asked for their opinions and ideas at meetings with their keyworker and at reviews. Additionally the provider held 'service user' participation forums. One person told us, "There are community meetings. I like to make a contribution." We saw that people were involved in staff interviews and six of them had received training to help them to do this. People were listened to and their views were taken into account when changes to the service were being considered.

We found that the registered manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service and staff. Formal systems included audits and checks of medicines, records and finances. The registered manager also monitored staff competency through observation and by discussion with them. We saw evidence of this in staff records. People were provided with a service that was monitored by the manager to ensure that it was safe and met their needs.

The provider had a number of different ways in which they monitored the quality of service provided. This included monthly unannounced monitoring visits carried out by different members of the senior management team, including the chief executive. Reports of these visits showed that they spoke to people who used the service and to staff, checked the environment and also records. They wrote a report of their visit and this included any action that was required. Records showed that required actions were checked at the next visit to ensure that they had been completed. In addition, periodically more comprehensive audits were carried. This included financial and health and safety audits. Therefore, people were provided with a service that was robustly monitored by the provider to ensure that it was safe and met their needs.

The provider obtained feedback about the service in different ways. They had a care quality committee and people who used their services were part of this. People who used this service were supported to attend user participation meetings and workshops to enable them to express their views. At these meeting independent facilitators supported people to say what they liked or did not like about services. The provider also sought

feedback from people who used the service, relatives and staff by means of an annual quality assurance survey. Responses from this were analysed and an action plan put in place to respond to any issues that had arisen. Therefore people used a service which actively sought and valued their opinions which were listened to and acted on to improve and develop the service.

The staff team worked in partnership with relevant health and social care practitioners. A healthcare practitioner told us that staff followed their recommendations and were proactive. A social worker said that communication was good and that staff identified further areas for support and development and fed these back.