Care Quality Commission

Vibrance

Argyle Road

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 30 June 2016. At our last inspection on 7 January 2014, we found that the provider breached regulations relating to meeting nutritional needs. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. Argyle Road provides accommodation and support with personal care on a respite basis for up to six people with a learning disability. At the time of the inspection there were three 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 and relatives told us that they felt safe using the service. They told us the staff were good and trustworthy. We noted the service had policies and procedures on adult safeguarding and staff were of how to follow and implement the policies. Staff told us they had received training for their roles and had regular supervision which allowed them to discuss training and practice issues. Staff and the records we checked showed that staff had attended training in Mental Capacity Act 2005 (MCA), medicine administration, health and safety, and moving and handling. We noted that there was a good staff recruitment system in place which ensured that new staff were appropriately checked and received induction before they started work at the service.

Staff completed and reviewed assessments of needs and care plans. Care files showed that people and their representatives were involved in the assessments and care plans. People and relatives told us they received care that reflected their needs. Staff delivered care in a manner that ensured people's dignity and privacy.

Staff ensured that people's health care needs were met. Records showed staff support people to make and attend healthcare appointments. People told us the food provided reflected their preference and they could decide when and what to eat. We saw all parts of the service were clean and people could access communal areas.

The service had a complaints procedure. People and relatives told us staff were approachable. They told us they knew how to make a complaint. We noted complaints were appropriately investigated and responded to. There were systems for auditing the service and gathering feedback from people. The registered manager was also developing new systems for obtaining feedback from people and relatives to improve the quality 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. People and their relatives told us they were safe in the service.

Risk assessments were completed and staff had good knowledge about adult safeguarding.

People and their relatives told us there were enough staff at the service. The service's recruitment procedure ensured that staff were appropriately vetted before they started work.

Is the service effective?

Good

The service was effective. Staff had training and support top deliver care that people needed.

People were consulted and provided with meals that reflected their dietary preferences. Staff supported people to be registered and access healthcare services.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This showed that staff had appropriate knowledge to ensure people's rights to make decisions about their care and were protected.

Is the service caring?

Good

The service was caring. People told us staff were caring. We noted staff maintained good relationships with people and relatives.

People told us, and we observed, staff treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive. People's care was based on their assessment of needs and people told us they were involved in the review of their care plans.

People engaged in activities of their choice and those who used short stay or respite service were able to continue with their

routine programmes whilst using the service.

People and relatives told us they knew how to make a complaint. Information about the complaints procedure was available at the service and in people's care files.

Is the service well-led?

Good

The service was well-led. People, their relatives and staff told us that the registered manager was approachable and supportive. We noted the registered manager was well supported by the provider.

There were systems in place to ensure the quality of the service was monitored. People, relatives and staff had opportunity to share their views. The registered manager was developing new quality assurance and key working systems to improve the quality of the service.

Care Quality Commission

Argyle 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 30 June 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

As part of the inspection we reviewed the information we held about the service. This included any complaints we received and statutory notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people using the service, one relative and member of staff and the registered manager. We observed people using the service and reviewed three care files, three staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We had a guided tour of the premises.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and this view was echoed by their relatives. One person said, "Yes, I feel safe here. It's fine. It's all right." Another person told us, "I am safe at this service. The staff help me. They are good." A relative said, "[My relative] is very safe. If I thought [my relative] was not safe and not well minded, I wouldn't bring [them] here. I trust the staff."

There were effective systems in place to make sure people were protected from the risk of abuse and harm. We saw a copy of the service's safeguarding policy and noted that the registered manager kept a simplified guidance in the office which staff could refer to when or if they needed to report a safeguarding incident. Training records and certificates confirmed that staff had attended training in safeguarding. We found staff were knowledgeable and experienced in safeguarding. They demonstrated their knowledge of adult safeguarding by explaining the different forms of abuse and how to report incidents of concerns using the service's policies including the whistle blowing policy.

The registered manager followed their policies and procedures to manage incidents and accidents. Notifications the registered manager showed that incidents were reported, investigated and action taken to ensure people were safe. People's care files contained assessments of needs risk assessments which provided information on how staff support people to reduce the risks. A member of staff told us that they knew the details and how to manage the risks to people. They gave an example of a person who they had to closely observe by being with them during certain events identified in their files.

People managed their own finances or had their representatives managed for them. Staff told us they managed personal allowances for people. Relatives told us they were "happy" with how staff managed people's personal allowance. They told us staff recorded all transactions and gave them the receipts and any changes when people finished their stay at the service. The registered manager explained the process for managing people's personal allowances and stated that staff were required to check, record and sign during the handovers so that any mistakes were avoided or identified immediately. We checked two people's records and cash tins and noted that there was more money (£5.89) than the amount recorded. This extra amount was recorded and signed by staff confirming wrongly that it had been given to a person using the service. This registered manager said this was an isolated case and staff always checked, recorded and kept the receipts. The registered manager said the system would be reviewed and a new one would be put in place to ensure discrepancies in recording and finance were prevented.

We saw that the rooms were spacious and all parts of the home were clean, tidy and bright. Relatives told us they found the home clean and the staff we spoke with said they did carry out cleaning daily. Records showed that maintenance and auditing of the facilities and equipment had taken place to ensure they were safe to use. Fire risk assessments had been completed and fire drills, portable electrical appliance testing (PAT), fire alarms and emergency lights were tested and recorded. We saw that all windows on the first floor had safety aspects to ensure people were safe.

People and relatives told us that there were enough staff at the service. One person said that there were

always staff at the service to "help" them when they needed. A relative told us that there were "enough staff at the service because there was always staff member to respond" to their calls. Staff told us that in most cases the staffing level was enough but there were some occasions when staff who did not come to work were not replaced and they were under pressure to complete tasks. The staff rota showed that there were a minimum of two staff during the day and one sleeping-in at night. We noted there was a day when only one staff member was on shift to support four people. We discussed this with the registered manager who told us that this incident happened as a result of a staff member not notifying them in time that they were not turning up for their shift. The registered manager said they provided the support people along with the staff member. They explained the disciplinary measures they had taken to ensure this issue would not happen again.

People were supported by staff who were appropriately recruited. The registered manager told us that staff recruitment took place at the head office and all new staff were checked to ensure that they were fit to provide care. The staff files contained two written references, police checks, application forms job descriptions and evidence of identity. The registered manager and records confirmed that new staff had completed an induction programme before starting work. This showed staff were appropriately vetted for and introduced to their roles.

People told us staff administered their medicines. One person said, "Yes, the give my medicine with my breakfast." We saw medicines were securely kept in a locked cabinet. We checked three people's medicines and the medicine administration record sheets (MARS) and found that they were in order. We saw that staff had signed the MARS to confirm people had taken their medicines. We noted the registered manager audited medicines monthly to ensure that there were no gaps in administration. Staff also liaised with families to check that people had their medicines and prescriptions when they came for short says at the service.

Good

Is the service effective?

Our findings

People told us the food provided at the service met their needs. One person said, "The food was OK. It has also improved". Another person told us, "The food is very nice." A third person said, "I like the food. They cook food that I want." A relative told us, "The food is good and balanced." Staff told us they discussed people's food choices every week and developed the menus. People confirmed this and said staff asked them and prepared the meals they preferred on different days. We saw the menu was displayed and people were able to know the meals they were having each day. People, staff and records showed that the service provided food that reflected people's dietary, medical and cultural preferences.

People and their relatives told us that they were happy with the service. One person said, "The staff are very good." A relative told us the staff were experienced, knowledgeable and looked after "[a person] beautifully". Relatives told us that the staff knew how to support people and meet their needs.

We noted there was good communication and understanding between people, relatives and staff. A person using the service told us that most of the staff promoted their independence and encouraged them to do things such as cooking light meals and making hot drinks independently. However, they said, there were occasions when some staff did not want them to do things such as making their breakfast independently. The registered manager told us that they were aware of this issue and were providing training for staff to ensure that they promoted people's independence by following their care plan and by supporting them to be as independent as possible. The registered manager said even though this was not an issue with most of the staff, all staff would be reminded in their supervision and team meetings that they support people to do more for themselves where it was safe and appropriate.

Staff told us they received "lots" of training. A member of staff said they received training in a wide range of areas that included challenging behaviour, first aid, medicine, moving and handling, communication, safeguarding, food hygiene, and infection control. They told us they felt supported by management and they had supervision (one-to-one) meetings with their line managers to discuss training and practice issues. We saw training certificates in staff files that confirmed that they had completed training in different areas related to their roles. Records also showed that staff had supervision and annual appraisals. This demonstrated that staff had training and support that prepared them to meet people's needs.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). Records showed and they told us that they had attended training in MCA. The 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. 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 noted that there were

documents which detailed people's capacity assessments. People told us that they decided a lot of their day-to-day life including going out, returning to the service, going to bed and when to have their meals. We observed that people moved freely in the home and made their breakfast at different times and when they needed. Care files showed that people consented to care by, for example, stating and signing that they agreed for staff to administer their medicines.

People received support with healthcare needs. Records showed that people were registered with and received medical care from healthcare services such as GPs, dentists and opticians. We noted that staff made referrals to an occupational therapist and people were able to receive support with their needs. We saw evidence in people's care files that confirmed that they had a "Health Action Plan" (which was also called a "Hospital Passport"). This contained information about people's medical, social and support needs, which could be available to healthcare professionals, such as nurses in hospitals and general practices so that they would provide appropriate and effective care if and when they attended these services. The registered manager said the Health Action plan was available for all people irrespective of the length of time they came to use the service. This ensured that information relating to each person's needs was available they attended healthcare services.

Good

Is the service caring?

Our findings

People and their relatives talked positively about the care provided at the service. One person said, "The staff help me a lot with washing my hair and shower." Another person said, "I am happy. They look after me. They do listen and are caring". A relative said, "[A person using the service] is always happy here." We observed that the relationships people and relatives developed with staff were friendly and understanding with all of them laughing and joking when interacting. This helped people and relatives to talk openly and to be involved in the care provided at the service. A relative told us staff regularly updated them and they could also contact the service to ask the wellbeing of their relative.

People were involved in their assessments and review of care plans. People and relatives told us they were invited and involved in their reviews. One person told us they discussed their care with their key worker. A key worker is a member of staff who had a special interest in organising care plan reviews and making sure that people had appropriate services to meet their needs. Records showed that some keyworkers worked as relief which meant that they were available only on certain days at the service. The registered manager told us they would revise the key working system to make it effective by assigning relief staff to be a co- key worker with another staff.

Staff told us they knew people's support needs and risk assessments. A member of staff told us that they knew people's likes, dislikes, preferences and needs. Staff gave examples of some people's likes and needs, and told us how they ensured these were met. We noted people's care plans contained information which staff gave as examples. This showed people were supported by staff who understood their needs and provided appropriate care.

People told us staff treated them with dignity and respect and that their confidentiality was maintained. One person said, "Yes, they respect. They treat me with dignity." Staff told us they gave people choice of how they wanted to be supported. They told us they ensured people's privacy by, for example, knocking on the doors and waiting for response before entering people's rooms. They told us they shut the doors and pulled down the curtains to ensure people's privacy when providing personal care. We observed staff asked permission if we could see their bedrooms. We also saw that staff knocked on the doors and waited before entering bedrooms. This showed people were treated with dignity and their privacy was respected.

All parts of the service were clean and tidy. We observed that the rooms were spacious, bright and had a relaxed feel. A television with a large screen was available in the dining/lounge room and people told us they had their own television in their bedrooms. People told us they cleaned their rooms and made up their beds with staff support. During the inspection we observed staff doing cleaning and taking out dustbins. This showed staff ensured people lived in a comfortable and caring environment.

Good

Is the service responsive?

Our findings

People and relatives told us they received personalised care. One person told us they were happy with their care because they could "do what they wanted. They could go out and come back when they wanted." A relative told us that the service was suitable for their loved one because staff "knew" their needs. They told us the person using the service was happy with the staff.

A person using the service told us that this service was suitable to their needs. They told us they had visited the service before deciding to move here. The registered manager explained the admission process and said that once referrals were received for new people, staff visited completed their assessment of need at their place and at the service. They informed us that new people and their representatives were encouraged to visit the service to see and decide if they liked it and were happy to proceed with the referral. We were informed that staff would also make the decision based on their assessment if a new person's needs could be met and they could be accepted to the service.

People's care files contained their assessment of needs and care plans. People and relatives told us they were involved in assessments and care plan reviews. We saw multidisciplinary reviews involving professionals had taken place and people and their relatives were involved. We noted that people signed their care plans to confirm they were involved in the processes.

People told us they were happy with the activities available to them at the service. One person told us they were independent accessing community based amenities. They told us they went to the shops or for a walk and they were happy doing these at the moment. We noted two other people attended day centres. Relatives and staff told us people who came for respite care (or for short stay to give their families a break) continued with their routine activities when using the service.

Staff facilitated and supported people to keep in touch with their families. People told us staff supported them to visit their families. Staff told us, and records confirmed, people visited or were visited by their families. One person told us they had recently moved to the service and were finding out a place of worship they could go to. Staff told us they would provide appropriates support for people to ensure they were able to attend a place of worship of their choice.

There was a complaints procedure in place and that people and relatives were aware of what to do if they had a concern. One person said that if they had a complaint they would talk to staff. A relative told us that they knew how to make a complaint and said they "haven't heard anybody complaining about this service. I am very happy [about the service]". Staff told us they took people's concerns seriously and ensured they were recorded and investigated. We noted that there was one complaint that was recorded and investigated since the last inspection. We saw complaints information was displayed at in the home and was available in people's care files.

Good

Is the service well-led?

Our findings

The service had a registered manager who ensured conditions of registration from CQC and other external organisations were understood and complied with. Most of the people and all of relatives we spoke with told us that the registered manager was approachable. One person said, "I can talk to the manager." A relative told us, "The manager is great, approachable and kind." However, one person told us, "The manager is sometimes bossy but [they are] OK." We found the registered manager to be open minded and co-operative with the inspection process.

Staff told us the registered manager was approachable and supportive to them. They told us they could discuss their training needs and practice issues in supervision and team meetings which took place regularly. Staff told us they worked as a team and said they felt the service was managed well.

The registered manager was well supported by senior managers from the head office. We were informed that an assistant director of operations visited monthly to undertake an audit of various aspects of the service and give feedback to the registered manager to make improvements as required. We noted the last such visit took place on 16 June 2016.

There were different systems of gathering feedback about the quality of the service. One of these was "service users' forum" which was facilitated by an independent person. The registered manager told us people attended this forum and discussed issues related to the service. We were informed that the forum gave people to share their experience about the service without influence from staff. The registered manager also stated that staff asked people and relatives informally what they thought about the service provided. We were informed that a business plan for the service was developed with the view to make improvement. One of the plans included in the business plan was the intended introduction of a new key working system. We saw a sample of a letter the registered manager prepared to send to the families explaining the new key working system and its benefits in improving the quality of the service. Another was the planned introduction of a technology which would assist the management of the service. The registered manager told us that letters were being sent out to relatives "to capture their views" regarding the key new working system.

We noted training programmes for staff and various auditing systems such as medicine and health and safety were in place to ensure the service was safe. The registered manager told the service would develop a new quality assurance system which would ask people and relatives to say their level of satisfaction with the service. We were told that questionnaires would be sent to people and relatives at least once a year and their views would be used to improve the service.