

Vibrance

Vibrance - 24A Corporation Road

Inspection report

24A Corporation Road
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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

The inspection was completed on 23 March 2016 and there were seven people living in the service when we inspected.

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

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service ensured people's safety.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive. People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

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.

There was enough staff available to meet people's needs safely.

The provider had systems in place to manage safeguarding concerns and to ensure that people were protected from abuse.

The provider had arrangements in place to manage people's medicines to an acceptable level and safely.

Is the service effective?

Good ●

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional care needs were well documented and supported by staff.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Is the service well-led?

The service was well-led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the registered manager and deputy manager.

There was a positive culture that was open and inclusive. The provider had effective systems in place to monitor and assess the quality of the service provided.

Good ●

Vibrance - 24A Corporation Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 March 2016 and was unannounced. The inspection team consisted of one inspector.

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

Not all people living at the service were able to verbally communicate with us or had limited communication abilities. Therefore we observed people's non-verbal cues and looked at how staff interacted with the people they supported. We spoke with six people who used the service, four members of support staff, the deputy manager and the registered manager. We also spoke with two relatives.

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

Is the service safe?

Our findings

Staff told us that people living at the service were kept safe at all times. Three people told us that staff looked after them well and that they had no worries or concerns. Two relatives confirmed that they were confident and had 'peace of mind' that their member of family was kept safe.

Staff had attended training in safeguarding people. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff confirmed they would do this without hesitation in order to promote people's safety and wellbeing. Staff were confident that the registered manager and deputy manager would act appropriately on people's behalf.

Staff undertook risk assessments to keep people safe. These identified how people could be supported to maintain their independence and how to mitigate potential risks to their health and wellbeing. Staff knew the people they supported, for example, staff were able to tell us who was at risk of poor mobility, who was at risk of choking, who was at risk of developing pressure ulcers and who required staff support and the arrangements in place to help them to manage this safely. In addition, risk assessments had been completed to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Systems were in place to enable people where appropriate to take responsible risks as part of an independent lifestyle. There was a 'can do' rather than 'can't do' attitude, for example, staff confirmed that one person was able to self-administer their own medication despite having a sensory impairment. We spoke with the person and they confirmed that they were happy with this arrangement as it helped to maintain their independence and self-esteem. Environmental risks, for example, those relating to the service's fire arrangements were in place. In relation to the latter, there were no areas for corrective action highlighted.

Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and staff rosters viewed confirmed this. Two people who used the service received additional support hours. For example, one person received an additional 21 hours to enable staff to assist them with their personal care needs as their anxiety and distress increased at this time. Another person received an extra 17 hours to enable staff to assist them to access the local community and provide a more enhanced quality of life. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided promptly and without delay.

Suitable arrangements were in place to ensure that the right staff were employed at the service. The registered manager advised that one person who used the service was supported to be part of the interview panel on two occasions during 2015. This entailed meeting the prospective applicant and asking them some questions. In addition to this they talked about their experiences and what it was like to live at 24A Corporation Road. This showed that the provider was committed to involving people who used the service. Staff recruitment records for one member of staff appointed within the last 12 months showed that the

provider had operated a thorough recruitment procedure in line with their policy and procedures. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

The arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people living at the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for each person and these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and where these highlighted areas for improvement and corrective action, evidence showed that these had been addressed.

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to the people they supported. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. The staff training matrix confirmed what staff told us. One member of staff told us, "The training here is excellent." Another member of staff told us, "The training provided by the organisation is very good." In addition, the registered manager had completed a 'Learning and Development' needs analysis in October 2015 for the period 2016 to 2017. This showed that both mandatory and specialist training relating to the needs of the people staff supported, had been identified and booked for staff throughout the coming months.

The registered manager confirmed that newly employed staff received a 'corporate' induction. This enabled staff to gain an overview of the organisation's aims and objectives, its 'core' values and ensured that staff understood the provider's expectations of them as an employee. In addition, staff received an 'in-house' orientation induction and was given the opportunity to 'shadow' and work alongside more experienced members of staff. Although the induction records for one member of staff could not be located at the time of the inspection, the member of staff confirmed that they had received a robust induction as detailed above.

Staff told us that they received good day-to-day support from work colleagues and received formal supervision at regular intervals. They told us that supervision was used to help support them to improve their practice and to discuss key areas relating to the people they supported. Staff told us that this was a two-way process and that they felt supported and valued by the management team. Staff confirmed that they received positive praise. Records confirmed what staff had told us and showed that staff received formal supervision at regular intervals.

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. 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.

Records showed that staff had received MCA training. Staff were able to demonstrate a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and when these should be applied. Where people did not have capacity or had fluctuating capacity, appropriate records to evidence this were in place. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. One Deprivation of Liberty application had been made to the Local Authority for their consideration and authorisation.

We found that the arrangements for the administration of covert medication for one person had been assessed and agreed in their best interest by the appropriate people involved in their lives. 'Covert' refers to

where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

People told us and some people indicated by their non-verbal cues that they liked the meals provided. Staff confirmed that the weekly menu was developed jointly by staff and people using the service on a Sunday and this helped to inform the weekly food shop. One person told us that they were supported by staff to make their own breakfast, drinks, snacks and assist with meal preparation where appropriate. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met, for example, staff were aware of who was at risk of choking, who was at high nutritional risk, who required a soft diet and who required support to follow a healthy eating plan. People's nutritional requirements had been assessed and documented. Where people were at risk of the above, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, where people were identified as being at risk of choking, interventions and advice from the local Speech and Language Therapy Team had been sought and implemented so as to ensure the person's health, safety and wellbeing.

People's healthcare needs were well managed. Two relatives told us that they were always kept informed of their member of family's healthcare needs and outcomes. People were supported to maintain good healthcare and had access to a range of healthcare services, for example, GP, Consultant Psychiatrist and Occupational Therapist. Each person had a health action plan in place and these identified individual's health care needs and the support to be provided by staff. In addition, each person was noted to have a 'Hospital Passport'. This document provides hospital staff with important information about the individual person which could prove useful if they were to visit the hospital for an appointment or during a hospital admission. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People were happy with the care and support they received. Two relatives told us that the care and support their member of family received was excellent and to a very high standard. They told us that they could not fault the care and support provided. We noted that staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly, welcoming and calm. Staff had a good rapport with the people they supported and we observed much social banter and discussion which people appeared to enjoy.

Staff communicated well with the people they supported, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand. One person was supported by their keyworker to access an online person-centred support planning tool via an electronic tablet. This was used to help aid their communication and to ensure they had a positive experience. The registered manager also told us that another electronic communication programme was being considered for others who used the service. This utilised Makaton symbols, signs and signing videos in addition to photographs and audio cues. The registered manager confirmed that some members of staff were receiving this training.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences, likes and dislikes. For example, one person had requested a cat and this had been agreed and actioned. Staff supported the person to buy the cat food and to enable them to feed and look after it.

People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, the support plan for one person recorded that they required minimal support to manage their own personal care. In addition, they were able to assist with making drinks, snacks and meal preparation.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering their room and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people's choice of dress and hairstyle. One person was supported by staff to wear make-up, have their nails painted and to dye their hair. The person confirmed that this was very important to them.

People were supported to maintain relationships with others. The registered manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need.

People's support plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The support plans were wide-ranging and detailed and staff were made aware of changes in people's needs through handover meetings, discussions with the management team and reading people's care records. Where people's needs had changed there was evidence to show that the person's support plan had been reviewed and up-dated accordingly to reflect a change in their personal circumstances. For example, one person's support plan had been up-dated to reflect that healthcare professionals believed the person to have a progressive disease of the nervous system which could cause them to have tremors and for their movements to be slower. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed. Information relating to people's specific medical conditions was available for staff to give them greater insight and understanding.

Staff told us that there were people who could become anxious or distressed. The support plans for these people considered individual people's reasons for becoming anxious and the steps staff should take to reassure them. Guidance and directions for staff on the best ways to support the person were clearly identified and recorded so as to ensure people's and others safety, wellbeing and quality of life.

It was evident from our discussions with staff that they tried to ensure that people had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. A weekly activity sheet detailing activities undertaken each week in line with people's personal preferences and preferred routines was recorded. People were able to attend day-centres, college, attend external social clubs, go out for meals, go shopping, participate in arts and crafts and attend pottery classes. One person told us that they liked music and in particular one singer. Their keyworker confirmed that they would be attending one of their concerts later in the year.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. The registered manager told us and records confirmed that no complaints had been raised since our last inspection to the service in January 2014.

Is the service well-led?

Our findings

The service had a registered manager in post and they were supported by a deputy manager. The registered manager confirmed that their hours were supernumerary to the roster Monday to Thursday. They also told us that they managed another service in Essex and divided their time between both services. The registered manager confirmed that they were able to manage both services well, particularly as they could delegate some tasks to the deputy manager. The registered manager had an understanding and awareness of the new fundamental standards and our new approach to inspecting adult social care services, which was introduced in October 2014.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the completion of a number of audits at regular intervals, for example, medication and health and safety. In addition to this the registered manager confirmed that a monthly quality monitoring audit was completed by a representative of the organisation. This showed where the service was compliant with regulatory requirements and where improvements were required for corrective action. Where improvements were required an action plan had been formulated detailing actions taken.

The registered manager confirmed that the views of people who used the service, those acting on their behalf and other interested parties had been sought at the end of 2015. These had been returned to the service in January 2016 and all of the comments received were noted to be positive and complementary about the quality of the service provided. The latter was recorded as either 'Good' or 'Very good'. Comments from relatives included, 'Once again I would like to say that without exception I find all the staff at Corporation Road to be professional, knowledgeable, welcoming and helpful. My relative is extremely happy at Corporation Road and therefore I am happy.' Another survey recorded, 'I would just like to say that [name of relative] could not have had any better care anywhere or have been made to feel happier.'

The registered manager and deputy manager demonstrated that they were fully aware of all aspects of the service and knew the people and the staff supporting them, well. Records and documents relating to the running of the service and the care people received were clear, were easily accessible and well organised.

Staff told us that the overall culture across the service was open and inclusive. Staff told us that they received very good support from the registered manager and deputy manager and that they felt valued and was clear about their roles and responsibilities. One member of staff told us, "The staff team are very supportive of one another. It is like one big happy family. The registered manager and deputy manager are very approachable. I really enjoy working here." Another member of staff told us, "There is really good staff support here. There is good communication and the management team are very good." This showed that people using the service benefited from a staff team that worked together and were clear about their roles and responsibilities.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm

this and the subjects discussed. House meetings for people using the service were also conducted at regular intervals. The registered manager confirmed that a written record was maintained and a taped recording was also completed so as to enable one person who had a sensory impairment to feel involved and valued.

The registered manager confirmed that the provider had systems in place to recognise individual service's achievements and staff's hard work. Where appropriate people using the service, relatives and staff can nominate an individual member of staff for a 'Colin Richardson Award.' The provider also has a policy for the recognition of long service staff. These staff get an extra annual leave day or vouchers.