

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

We inspected the service on 11 December 2018. The inspection was unannounced. Argyle Road is a 'care home'. Argyle Road provides accommodation and support with personal care on a respite basis for up to six people with a learning disability. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there was one person using the service.

At the last inspection in June 2016 the service was rated Good. At this inspection we found the service remained Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service did not have a registered manager in place. However, a new manager had been recruited and would register with CQC. 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.

Risk assessments had been completed for each person and staff were aware of the steps they were required to take to minimise the risks. Staff understood the service's safeguarding procedures to ensure incidents of abuse were reported. Incidents, accidents and complaints were recorded, monitored, and lessons learnt to ensure there was a continued improvement.

There were enough staff to support people. Staff were properly checked to ensure they were safe to work with people. Staff benefitted from the training and support arrangements available to them.

Arrangements were in place for safe management of medicines.

People and relatives were involved in developing people's care plans. Care plans were personalised and contained people's goals and how they wanted staff to support them. People's communication needs were recognised and appropriate support provided through the assessment of needs and care planning systems.

The provider was compliant with the principles of the Mental Capacity Act 2005. Staff encouraged and supported people to make decisions about their care. They treated people with respect and ensured people's privacy and dignity was maintained.

The provider worked in partnership with health professionals and ensured people were assisted to access medical help, when needed.

People's nutritional and dietary needs were met. People could choose what, when and where to have their meals.

There were auditing and quality monitoring systems in place to ensure the service was managed effectively.

Equality and diversity of people was promoted and there was no evidence that people were discriminated against.

There were arrangements in place to ensure the spread of infections was controlled and the service was clean and safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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 11 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information that we held about the service, including any notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We contacted social care professionals at a local authority for feedback about the quality of the service.

During our inspection, we spoke with one person using the service. We also spoke with two relatives by telephone and looked at two people's care records. This included their care plans, risk assessments and daily notes. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with a care staff member and the person in charge of the service.

Is the service safe?

Our findings

A person using the service and relatives told us the service was safe. The person said, "Yes, I feel safe." A relative told us, "We have used the service for 16 years and we have always been happy. I trust Argyle Road."

Our observations throughout the day showed the person using the service was relaxed with staff that supported them. Staff were clear about what abuse or poor practice meant. They knew how to recognise potential abuse, how to protect people from risk of abuse and how to report any incidents of abuse. A member of staff told us, "If I become aware of an abuse, I will report it to my manager."

Each person had a risk assessment which identified possible risks and provided guidance for staff on how to manage them. We saw that risks associated with health needs such as diabetes and epilepsy were identified and plans of action to reduce the risks were put in place.

Incidents and accidents were monitored and recorded. The person in charge told us that they monitored incidents and accidents and drew lessons to ensure there was a continued improvement to the service.

Records showed and staff told us that they had attended fire safety training. We noted fire drills took place and regular safety checks such as fire alarms, emergency lights, firefighting equipment and portable electric appliances tests had taken place. The service had recently been visited by an environmental health officer who made recommendations in relation to the kitchen. We noted the person in charge had addressed these recommendations.

There were enough staff to meet people's needs. During our visit there were a care member of staff and the person in charge supporting one person. We were informed that the number of staff varied from time to time depending on the needs of people who used the service.

Staff recruitment systems were robust ensuring new staff were appropriately checked before they started work at the service. The provider had carried out pre-employment checks such as criminal record checks, references and proof of the person's identity to ensure staff were safe to support people.

We checked the medicine administration record (MAR) sheets of the person using the service and that of another person who had recently used the service. We noted both people were on prescribed medicines 'when and as required' (PRN) only. The MAR showed that staff had recorded and signed confirming they had administered these medicines. We also noted that there was a PRN protocol in place. We noted staff had medicine training and there was a system in place for auditing medicines.

Staff understood the importance of using personal protective equipment (PPE) such as gloves and aprons when providing personal care or carrying out cleaning. We saw that the service was clean with no sign of malodours.

Is the service effective?

Our findings

People and relatives felt staff were competent to deliver effective care. A person using the service said, "[Staff] are good." A relative told us, "[Staff] know what [person's] needs are. They give [person] what [they] need. They are trained." Records showed staff had attended various training programmes related to their roles. We noted staff had completed induction programmes when they started work at the service. A member of staff told us their training included face-to-face and online training. We looked at the provider's training matrix and noted that staff training was up-to-date.

Staff were supported in their roles. A member of staff said, "The manager supports us. They listen to staff. They help with supporting people." Records showed that staff had regular supervision and annual appraisals which provided them with opportunities to discuss their practice, training and development needs.

People's needs had been assessed before they started using the service. The person in charge told us, and records showed, that people and their relatives had visited the service to check if it was suitable for them. They told us that people were accepted only if it was felt their needs could be met and the service was suitable for them.

The Mental Capacity Act 2005 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Our observations of the service, records and discussion with staff showed staff sought people's consent when providing care.

People were able to choose what and when to eat. A person told us, "I don't like early breakfast. I will have it later." We noted people were involved in the preparation of the menus and shopping list. Discussions with staff and relatives confirmed that the service provided meals that met people's dietary preferences including their religion, culture and medical dietary requirements.

Staff supported people to access healthcare, when and as needed. Care plans contained people's GP and other healthcare professionals' contact details. Staff told us they knew how to respond to people's health concerns, for example, by calling an ambulance in an emergency, and supporting people to attend medical appointments.

Is the service caring?

Our findings

People and relatives spoke positively about staff and care they provided. One person said, "I like the staff. [Staff] help with washing and cooking." A relative told us, "[Staff] are very caring. They are just like friends. [Person using the service] is so happy with staff."

We observed staff had built a friendly relationship with people. We saw people approaching staff, joking, hugging and laughing with them in a friendly way.

A person told us they were able to carry out some tasks independently such as making breakfast and setting tables. A member of staff said their aim was to support people to achieve their goals of living as independent as possible in the community. They said they encouraged and supported people to do as much as possible for themselves so they could gain experience and confidence to live independently in the community.

Records showed that assessment of needs and care plans were reviewed consistently when people came for respite. People's needs included communication, health and activities. The person in charge told us the reviews of the care plans helped the service to identify and meet any changes to people's support needs. Records showed and people and relatives confirmed that they were involved in the review of care plans.

Staff treated people with respect and ensured their privacy and dignity was maintained whilst providing care and support. One member of staff said, "I ask [people] how they want to be supported. I respect their choice. I knock on the door before entering rooms. I make sure that the door and curtain was closed when giving personal care." Staff also understood confidentiality and made sure that records containing people's personal information were kept securely in locked filing cabinets. All the relatives we spoke with told us that staff were respectful to people and themselves.

Is the service responsive?

Our findings

People and their relatives told us that people had various activities that met their needs. A person using the service said, "I go out for walks. I go to college. I go to the shops." A relative told us, "[Staff] always provide good service. [Person] has lots of activities." During the inspection we observed a member of staff going out to a local shop with a person using the service. We noted each person had an activity plan which contained lists of day and night activities.

People and their relatives felt staff listened to them. They told us they had opportunities to contribute to their care reviews. One person said, "I attended my review meeting." A relative told us, "Yes, I attended a review meeting and discussed [person's] support needs." We saw people's support plan was personalised. For example, one person's support plan detailed the person's goals and how they wanted to be supported. The support plans were written in first person form, showing the person was at the centre of the plan. We noted people or their relatives had signed and dated to confirm their involvement in the support plans.

Staff were clear about equality and diversity. The person in charge told us that they did not discriminate against people on the grounds of differences such as age, disability, religion, sex or sexuality. They gave examples of how they promoted equality and diversity. These included, providing people with meals that reflected their cultural and religious preferences, supporting people to practise their faith, providing people using the service and staff with equality and diversity training.

The service complied with the Accessible Information Standard. Care plans included people's ability to communicate and recorded how staff should communicate with people. The person in charge told us that the service looked at each person's needs and provided information in a format suitable (including using pictures and easy ready format) for them.

No complaints had been received since our last inspection in June 2016. Two relatives we spoke with told us that they "never had to make a complaint". They said they knew who to contact if they had a concern. The service had a complaints policy.

At the time of this inspection, the service did not routinely support people with end of life care. However, we noted that support plans contained a Do Not Resuscitate (DNR) and burial arrangements where people could make advanced decisions.

Is the service well-led?

Our findings

The person in charge of the service had been a registered manager for one of the provider's other services. We were informed that a new manager had been recruited but had yet to start work at the service. The provider was aware that the new manager had to apply and be assessed by the CQC to be a registered manager.

People and relatives were positive about the management. A person using the service said, "Yes, I know the manager. They are good." A relative told us, "[The person in charge] is the new manager. We are very happy with the management."

The person in charge told us and records showed that the provider carried out regular audits of the service. These included audits of medicine management, daily logs, infection control practices, admissions of people, training and support plans. This was used as part of ongoing effective management of the service.

A relative told us staff asked them how they felt about the quality of the service. The person in charge showed us a form they had developed for people and relatives to complete when they came to and left from the service. We saw the form had a section where people could give their feedback on the quality of the service. We also noted that the provider used an independent organisation to carry out a satisfaction survey of the people and their relatives. The outcome of the last satisfaction survey, undertaken in July 2018, was yet to be available.

The service had received written compliments from people using the service and their relatives. A person using the service wrote, "It is always a privilege and a pleasure to stay at Argyle Road. It is like my second home." A relative commented, "Thank you so much for looking after [person using the service]. [Person] always looks forward to spending time at Argyle Road." The person in charge was clear that feedback was a useful tool for learning and making further improvement to the service.

Staff told us that the person in charge was approachable and supportive to them. They said they had regular team meetings. The minutes of the last staff meeting, dated 26 November 2018, showed staff discussed topics such as a leaving do for their colleague, Christmas and 'service user' feedback.

The provider had sent us notifications or safeguarding concerns about the service. A notification is information about important events which the provider is required to tell us about by law. The person in charge was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.