

Vibrance

Vibrance - 16 Sylvan Road

Inspection report

16 Sylvan 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 

Overall summary

This unannounced inspection took place 20 November 2014. This is a summary of what we found.

Sylvan Road is a 4 bed service providing support and accommodation to people with mental health difficulties. It is a large 'ordinary' house in a residential area close to public transport and other services. The house does not have any special adaptations. A ground floor bathroom and shower are available which can meet the needs of a person with limited mobility. People lived in a clean, safe environment that was 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.

Summary of findings

People told us they felt safe at Sylvan Road and that they were supported by kind, caring staff who treated them with respect. One person told us that they felt safe because there was always a member of staff there that they trusted.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

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. There were not any DoLS in place when we visited. People were able to make choices about their care and support and to 'come and go' when they wished.

People chose what they wanted to eat and told us that they enjoyed the food. They also said that they could have drinks and snacks whenever they wanted. One person told us, "The food is lovely here and I can make tea and coffee 24hours a day."

Staff received the support and training they needed to provide a safe and appropriate service that met people's needs.

People knew how to raise concerns and felt that any concerns they made would be listened to and acted upon.

The manager and the provider monitored the service closely to ensure that people received a service that met their needs and wishes safely.

Summary of findings

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 was safe. People told us that they felt safe at Sylvan Road because staff were always there to help them.

There were enough staff available to support them safely.

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

Good



Is the service effective?

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed. They had the capacity to make decisions about their care and were encouraged and supported to do this.

Good



Is the service caring?

The service was caring. People told us that the staff team were caring and treated them with dignity and respect.

People received care and support from staff who knew their needs, likes and preferences.

Good



Is the service responsive?

The service was responsive. People's healthcare needs were identified and responded to.

People told us that they had not made any complaints but thought they would be listened to if they did.

Good



Is the service well-led?

The service was well led. People used a service that actively sought and valued their opinions which were listened to and acted on to improve and develop the service.

The provider monitored the quality of the service provided to ensure that people's needs were met and that they received the support that they needed and wanted.

Good



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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 checked 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 20 November 2014 and was unannounced.

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.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return

(PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection.

At the last inspection on 12 November 2013 we found the service met the regulations we inspected.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with people who used the service, staff and visiting healthcare professionals. We spoke with the four people who used the service, two staff, the manager, a psychiatrist and a community psychiatric nurse. We looked at three people's 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 & safety and maintenance records, quality monitoring records and medicine records.

Is the service safe?

Our findings

Care provided was safe. People told us that they felt safe in their home and liked living at Sylvan Road. They said that 'their home' was safe because there was always a member of staff available who they trusted. The healthcare professionals we spoke with also felt that the service was safe and that staff and 'residents' were "comfortable with each other."

Staff told us and records confirmed that they had received vulnerable adults training. Staff were clear about their responsibility to ensure that people were safe. They were confident that any concerns were listened to and dealt with quickly. There was a small consistent staff team and any absences were covered by the staff as far as possible. Regular bank staff were used if needed to maintain consistency for people, in order to ensure that they received support from staff that they knew and trusted.

The provider had a safe recruitment and selection process in place to ensure that staff were suitable to work with vulnerable adults. This included prospective staff completing an application form and attending an interview. We looked at two staff files and found that the necessary checks had been carried out before they began to work with people. This included checking proof of identity, obtaining two references and evidence of checks to find out if the person had any criminal convictions or if they were on any list that barred them from working with vulnerable adults.

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.

People who used the service were protected from risks. Their care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were up to date and were relevant to each person's individual needs. Staff told us of some of the ways that they supported people to remain safe but also to be as independent as possible. For example, one person offered to make us a drink when we arrived. They were encouraged to do this and staff supervised and provided guidance to them in order to ensure that they carried out this task safely.

The provider had appropriate systems in place in the event of an emergency and there was an emergency contingency plan. Staff told us that there was an on call system and also that another of the provider's services was nearby and could be called upon in the event of an emergency. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency. This meant that systems were in place to keep people as safe as possible in the event of an emergency arising.

From our observations at the time of the visit we found that staffing levels were sufficient to meet people's needs. Some people went out independently but staff were always available to accompany them if they asked for or needed this. For example, one person preferred to have staff with them when they collected money from the bank. People told us that there was, "always staff here."

We looked at the medicines records for three of the four people. We also looked at how medicines were stored, stock levels, medicines administration and medicines monitoring. Medicines were ordered, stored and administered by staff who had received medicines training and had been assessed as competent to do this by the manager. Staff competency was assessed and monitored by the manager to ensure that medicines were being administered safely and appropriately. The manager also carried out monthly medicines audits. This meant that there were systems in place to check that people received their prescribed medicines safely and appropriately.

Medicines were securely and safely stored in appropriate metal cabinets either in the office or in the person's room. Where the medicines were stored was determined on an individual basis according to risk. There were also appropriate storage facilities for controlled drugs but at the time of the visit none of the people who used the service were prescribed controlled drugs. Keys for medication cupboards were kept securely in the office to ensure that unauthorised people did not have access to medication.

We saw that the medicines administration records (MARS) included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. We saw that the MARS had been appropriately

Is the service safe?

completed and were up to date. We checked the stock levels of medicines for three people against the medicines records and found these agreed. Therefore people had received their prescribed medicines.

People were cared for in a safe, clean and comfortable environment. None of the people who used the service required any special equipment. 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 they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use.

Is the service effective?

Our findings

People told us that they were happy living at Sylvan Road and with the support provided by the staff team. They had confidence in the staff. One person told us, “They [staff] know what they are doing.”

People were supported by a small consistent staff team. Staff told us that training was ‘good’ and was updated as and when needed. Basic training included food hygiene, health & safety, safeguarding vulnerable adults and support planning. Staff also received training specific to the needs of people who used the service. For example, mental health awareness, schizophrenia and palliative care. All of the staff had obtained a National Vocational Qualification (NVQ) level two or three in social care. This showed that people were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

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). One member of staff told us, “Supervision is monthly but the [manager’s] door is open for discussions in between.” They told us that during supervision they could bring up any issues, give and receive feedback and discuss their training and development needs. 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.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people’s rights to make decisions about their lives. The MCA is legislation to protect people who are unable to make decisions for themselves. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. All of the people who used the service could ‘come and go’ as they pleased. However, some people preferred to have staff support on occasions. People had the capacity to make decisions about their care and were encouraged and supported to do this. The manager told us that people did refuse things and that staff followed up the refusals. They explained what was needed and why and showed them any information

that was available. If the person still did not want to do something or have something done then that was okay. The manager was aware of how to obtain a best interest 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 people who used the service.

We found that people were supported 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 as and when needed. A healthcare professional told us that staff had managed the care of a person recovering from major surgery very well. They said that staff had supported the person to attend appointments and that the person had made a ‘tremendous recovery.’

Care plans were reviewed monthly with each individual person and included information about their physical and mental health needs. They also included ‘relapse indicators’ that might indicate that the person’s mental health was deteriorating or becoming less stable. The care plans we looked at were up to date, detailed and gave a clear picture of what was needed and how this was to be provided by the staff who cared for them. Therefore staff had the necessary information to enable them to provide effective support to people in line with their needs and wishes.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat at a weekly meeting and helped with the shopping and the cooking. People told us that they liked the food and could have drinks and snacks when they wanted. One person said, “The food is lovely here and I can make tea and coffee 24 hours a day.” They also told us that they enjoyed having a take away meal and were having one that night. We noted that people could choose what they liked as two people wanted a Chinese meal and two wanted something different. A member of staff told us that this was okay as it was, “their choice.” People were happy with the meals that they received.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that people made themselves drinks and had snacks during the day. People were able to eat independently and did not need assistance from staff. We found that there had been concerns about a person’s weight and appetite when they were recovering from major surgery and advice had been

Is the service effective?

sought from the relevant healthcare professional. A healthcare professional told us that the staff team had kept weight charts and had respected the person's choice about what they wanted to eat. Their care plan included information about the types of food the person needed to be encouraged to eat to support them in their recovery.

We saw that Sylvan Road was a large, 'ordinary' house in a residential area. There were no environmental adaptations as people did not require this but there was a ground floor bedroom with shower facilities that could be used by a person who was less mobile. Therefore the environment met the needs of people who used the service.

Is the service caring?

Our findings

People told us that staff were caring and treated them with respect. They said that they 'rated the staff very highly for care, respect and dignity.' One person said, "Yes, they are very caring." Throughout the inspection we observed staff speaking to people in a polite and professional manner. People were treated with dignity and staff spent time talking to them and discussing what they wanted to do.

The staff we spoke with had worked with the people who used the service for several years. They told us about people's needs, likes, dislikes and interests. They knew people's individual patterns and routines and therefore were able to identify if a person was unhappy or unwell. A healthcare professional told us that the person they visited responded well to their 'carer' and that the 'carer' had a clear understanding of the person and their responses. They also said that staff 'managed' the person well and respected their choices and decisions.

People told us that staff encouraged them to maintain relationships with their friends and family. One person told

us that their relatives could visit whenever they wanted. Another person visited a friend regularly and had a mobile phone to enable them to get advice or assistance if needed. Also staff could check that the person was okay.

People were encouraged to be as independent as possible and to participate in the day to day running of the service. For example, they assisted with cleaning and were supported to do their own laundry and make drinks and snacks. People's individual wishes and needs were taken into account. For example, one person now preferred to use a taxi when they went out but another liked trains and buses so used public transport.

Staff had received end of life care training and had supported people at the end of their life in a caring manner. We saw that people had been asked about their wishes about how they wanted to be cared for at the end of their life. For example, we saw that one person had indicated their wishes for their funeral arrangements and these were recorded in their file.

Is the service responsive?

Our findings

People's care plans were personalised, comprehensive and contained assessments of their needs and risks, what they preferred to be called and their life history. They covered all aspects of mental 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. People who used the service were involved in developing and reviewing their care plans and we saw that they had signed these. We found that care plans were reviewed with the person each month and updated when needed. One member of staff told us that handovers between shifts were detailed. They added that they read daily reports and the diary to ensure that they were aware of any change of need 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 encouraged to make choices and to have as much control as possible over what they did and how they were supported. We observed that they chose what and when to eat and drink and what they did. One person had a late breakfast, another spent time in their room and a third went out. One person told us, "We all have a choice."

People chose what they wanted to do each day and also planned for things they wished to do in the future. This was in discussion with each other at 'service user' meetings, in one to one meetings with their keyworker or informally as they chatted to staff during the day. Two people told us how much they enjoyed a recent trip to see Miss Saigon and also about the 'Monday' club they attended. In 'service

user' meeting minutes we saw that people had been asked for feedback about a trip to Southend and also if they wanted to arrange a trip to see the Christmas Lights. People were encouraged and, when needed, supported to do activities and trips that they liked. They were also encouraged to be part of their local community. One person went out each day to buy a paper, to have a walk and often visited the local café. Staff told us that the person was well known locally.

The service was responsive to people's healthcare needs and people were supported to attend appointments and check-ups. A healthcare professional told us that staff were observant, aware and identified problems. They always called to report any concerns or to seek advice. For example, one person was having problems with their leg and staff had arranged for the person to be provided with a wheelchair to use when they went out. For the same person we saw that long term healthcare plans had been put in place to support them in their recovery from major surgery. People's healthcare needs were therefore identified and responded to in a timely manner.

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 told us, "No I have not made a complaint but I think I would be listened to if I did." We saw that in a recent 'service user' meeting they had discussed how to complain and had been reminded that in addition to staff and the manager they could complain to the provider or the visiting 'housing officer'. People were therefore supported and encouraged to raise any issues that they were not happy about.

Is the service well-led?

Our findings

There was 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 and associated Regulations about how the service is run. The manager had been in post since May 2014 and had transferred from another of the provider's mental health services when it closed.

The service was well led. People we spoke with during the inspection told us that they were happy with the management of the home. One person said, "Yes, this place is well led." We saw that people were comfortable and relaxed when talking to the manager and one person was happy to go out shopping with them.

People living at Sylvan Road were involved in the development of the service. This was in terms of issues specifically related to Sylvan Road and also those related to the provider's overall services. They were asked for their opinions and ideas through 'service user' meetings. Additionally the provider held 'service user' participation forums and one person represented the service at these. The agenda for the next meeting informed people that they would be discussing the provider's business plan and also asking for their opinion about a 'my money' plan that was being developed for use in the services. There had not been any new staff recruited to the service for several years but the manager stressed that people would be included in this process. Therefore people were listened to and their views were taken into account when changes to the service were being considered.

Staff told us that the manager was accessible and approachable. They said that they felt supported and comfortable to approach the manager if they wished to discuss anything. One member of staff told us that the service was well led and that the manager led by example. Staff also told us that there was a 'free flow' of information. This was confirmed by our discussions with staff when we arrived at the service. They were aware of the changes made to the inspection process and also of the guidance available on the Care Quality Commission website. They said that they had discussed this at a staff team.

We found that the 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 include direct and indirect observation and discussions with people who used the service and staff. Formal systems included audits and spot checks of medicines, records and finances.

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 audits and audits of personal support received by people. Again reports were available and these showed the progress that had been made to meet the action points. Therefore, people were provided with a service that was robustly monitored by the provider to ensure that it was safe and met their needs.

There were also a number of different ways by which the provider obtained feedback about the service. The provider 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 meetings 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 questionnaire. 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.