

Vibrance

Vibrance - 83 Glengall Road

Inspection report

83 Glengall Road
Woodford Green
Essex
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Vibrance - 83 Glengall Road is a small residential care home providing personal and nursing care to seven people with learning disabilities aged 18 and over at the time of the inspection. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered to provide support to up to seven people and there were seven people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good the provider had provided enough and experienced staff and had arranged the service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

People's experience of using this service

Risk assessments had not been completed for one person. This meant staff did not have enough information to mitigate risks to people's health and safety. Pre-employment checks had been undertaken to ensure staff were of good character and had the necessary skills, experience and knowledge to work with people. There were enough staff to meet people's needs.

Medicines were managed safely. There were systems in place to ensure people were safeguarded from abuse.

People's needs were assessed and reviewed. Care plans were personalised ensuring each person's needs were identified and met. Equality and diversity was evident in the service through the care plans and support provided to people, which enabled people to practise their faith.

Staff had completed various training programmes to carry out their roles and felt supported by management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring. They supported people to live as independently as possible, whilst respecting their privacy and dignity. People enjoyed meals which reflected their preferences and culture. People had a variety of activities within the service and in the community. Staff ensured people's healthcare needs were

met.

The registered manager welcomed feedback and developed systems for auditing the service to help improve the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection on 1 August 2017, the home was rated good (report published 1 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Vibrance - 83 Glengall Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector. The inspection started and was completed on 7 February 2020.

Service and service type

Vibrance - 83 Glengall Road is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and observed how staff provided care to people. We spoke

with two relatives by telephone about their experience of the care provided. We spoke with three members of staff including the registered manager, assistant manager and care staff.

We reviewed a range of records. This included three people's care records, three staff files and multiple medicine records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence found during the inspection. This was included in our assessment of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People who had lived at the service for many years had risk assessments, which outlined potential risks and actions staff should take to protect them from harm. We saw risk assessments on people's health conditions, their behaviours and accessing the community. However, a risk assessment was not completed for one person. This meant risks to the person's health and wellbeing had not been identified. The registered manager explained that the person was new to the service and staff would complete a risk assessment which would identify possible risks and actions required to manage them.
- Care staff knew the person very well. A member of staff told us that they had read the person's assessment of needs and had known the person very well because the person had many visits and overnight stays before moving in to the service.
- Health and safety checks had been undertaken to ensure the facilities and equipment were safe. Records and certificates confirmed a fire risk assessment was completed and regular safety checks were done on areas such as fire alarms, emergency lights and gas boiler safety. This showed people lived in a safe environment.
- The service had fire emergency procedures in place. People had personal emergency evacuation plans (PEEPs) which provided guidance to staff and the emergency services regarding the level of support that people would require to evacuate from the home.

Preventing and controlling infection

- The premises were clean. A relative said, "The home is always clean." However, we noted that hand washing soaps and hand paper towels were not available in one toilet room. The registered manager told us that this was an oversight and they would ensure the facilities would be available. This would help reduce the chance of cross infections.
- Staff had received training in infection control and were aware of the provider's infection control procedures. They had access to personal protective equipment (PPE) such as disposable gloves and aprons and were observed using them when supporting people.

Systems and processes to safeguard people from the risk of abuse

- People were safe in the service. A relative told us, "Yes, [the person] is safe in the care home."
- People were protected from the risk of abuse. The provider had a safeguarding policy in place, which detailed the procedures the service had to follow to ensure people were safeguarded from abuse.
- Staff had received training on adult safeguarding and knew how to report a safeguarding incident. One member of staff listed the types of abuse, which included physical, financial, emotional and sexual abuse and said, "I will report an incident of abuse straightaway to my manager."

Staffing and recruitment

- The service had enough staff. People told us staff were available when they needed them. One person said, "Yes, [there are staff around when I needed support]." A relative told us, "The service has enough staff."
- The provider followed safe staff recruitment practices. Staff underwent pre-employment checks, which included checks on their evidence of personal identification, employment histories, qualifications, criminal records, and references to confirm they were safe to provide personal care.

Using medicines safely

- People received their medicines safely. Staff who administered medicines received training in medicines management which included an assessment of their competency.
- Medicine administration record sheets (MARs) and the medicines kept at the service showed no gaps, which meant that people received their medicines as prescribed by their health professionals.
- Medicines were securely stored and were only accessible by named staff responsible for medicines administration. Staff made regular checks on the medicines storage areas to ensure medicines were kept within a safe temperature range, so that they were effective when taken.
- Staff audited medicines regularly. This ensured any errors or gaps in the administration and recording of medicines were identified and appropriate action was taken.

Learning lessons when things go wrong

- The service recorded incidents and accidents and drew lessons to ensure they did not re-occur. For example, there had been an instance where one person had gone missing. The person had been found safely, but this led to protocols being put in place to ensure it did not happen again. This meant the service learned lessons when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they started using the service. The service had a system in place, which ensured people and their relatives or representatives had the opportunity to visit and make informed decisions about using the service.
- The service received referrals from health and social care professionals. This ensured that the service had enough information about people's needs.

Staff support: induction, training, skills and experience

- Staff had appropriate knowledge, skills and experience. One person said, "I like the staff." A relative told us, "[Staff] are knowledgeable and competent."
- Staff had completed an induction when they started work at the service. This introduced them to the policies, procedures and how the service operated. Where new staff had no previous experience of working in a care setting, the service required them to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction of new care workers.
- Staff had attended training programmes related to their roles. Training subjects included safeguarding, recognising the symptoms of dehydration and mental capacity awareness as well as others. One member of staff told us, "They gave me a lot of support. I feel I can talk to my manager. I had lots of training. I am happy working here."
- Staff received supervision and an annual appraisal. A member of staff told us that they had regular supervision with their line manager. Staff files confirmed that staff had supervision and annual appraisals. This meant staff had an opportunity to review their performance and training needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with health and social care professionals. Any changes to people's health and social care needs were monitored and reported to the relevant authorities. This showed the service worked with other agencies effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have a balanced diet. A relative said, "The food is of a good standard." We saw staff supporting people with their meals.
- People's dietary needs were included in their care plans. We noted people had varieties of meals which reflected their culture, religion and medical preferences.
- People were supported and encouraged to be involved in shopping and preparation of meals. We saw an example of a kettle specially designed electrical gadgets such as kettles, which people used safely to make

hot drinks.

- People chose what and when to have their meals. On the day of the inspection, people chose to have take-away food for their lunch.

Adapting service, design, decoration to meet people's needs

- The service was purpose built and designed to meet people's needs. The premises were accessible to people using the service.
- People personalised their rooms with pictures, ornaments and decorations of their preferences.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to have access to healthcare services. Care files showed people were supported to attend medical appointments. Each person had a 'hospital passport' which provided basic medical and support information about people so that healthcare staff knew how to support them effectively.
- The service kept medical diaries to ensure people attended their appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew that they needed to seek people's consent when offering them support. We observed staff asked people's consent when offering support or when they wanted to access their bedrooms.
- Staff had a good knowledge of how the MCA applied in care homes. They knew that when people lacked capacity to make certain decisions for themselves, they would discuss the issue with the person's relatives or representatives, so the decision could be made in their best interests.
- People's care plans included records of mental capacity assessments and best interest decisions. Records showed that DoLS authorisations had either been granted or applied for people. We noted the conditions were adhered to by the staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. One person told us, "Yes, I like [the staff]." A relative said, "The staff are so caring. Everything couldn't be more perfect at the service."
- Staff were friendly and polite when interacting with people. They explained how they provided care and approached people in a friendly manner.
- Staff understood equality and diversity and were aware of how to not discriminate people. One member of staff said, "Each person has the right to be treated equally, without discrimination."
- People's areas of needs such as religion, culture and communication were included in care plans. One person's care plan described how staff supported the person to practise their faith.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in decisions about their care. We noted staff asked people how they wanted to decorate their rooms, what meals they preferred and how they wished to relax or engage in the community during the day.
- Relatives were encouraged and supported to be involved in people's care. We were told by relatives and records showed that relatives supported people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained, and their dignity respected. Each person had their own bedroom. A relative told us there were no issues about people's privacy or dignity.
- Staff knew how to ensure people's privacy and dignity. A member of staff said, "Before entering a bedroom, ask permission from [people]. When sharing information about people, it has to be on a who needs to know basis. Confidential information must be kept safely."
- Staff supported people to maximise their independence. A member of staff told us, "Our job is to empower people, to do as much as possible by themselves."
- Care plans contained information on what people could carry out independently. For example, one person's care plan stated, "I can do some things on my own, but I do need support with other things. I can brush my hair by myself, [for example]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were yet to develop a care plan for one person, who had started using the service a few days before our visit. The person's initial assessment of needs had been completed and staff were aware of their support needs. The registered manager explained that they had arranged a meeting with relatives to develop a care plan for the person. However, we noted staff knew how to support the person.
- All the other people using the service had person-centred care plans. The care plans were written from people's perspective detailing what goals they wanted to achieve and how they wanted staff to support them.
- Staff knew people's needs. They told us they had worked with most people for a long time and were aware of their preferences and how to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plan's included people's communication needs and guidance for staff on how to communicate effectively with them.
- Staff used various means of communication such short sentences, gestures, pictures, photos as well as Makaton, a language that uses symbols, signs and speech to enable people to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff supported people to engage in the community. There was an additional member of staff who organised activities and supported people to various places by vehicle. Records showed people went out to a variety of activities.
- People hobbies and preferences were met. One person had a collection of items of their hobby which they kept in their bedroom.
- Staff supported people to keep in touch with their families and access community amenities. Relatives told us they regularly visited people at the service. On the day of the inspection, a relative visited and went out with one person for lunch and to socialise.
- People were supported to practise their faith. Staff supported one person to attend a place of worship whilst another person was supported to practise their faith at the service.

Improving care quality in response to complaints or concerns

- There was a complaints policy, which explained how complaints were managed. Relatives confirmed that they knew how to complain.
- No complaints had been received. However, there were written compliments. For example, one compliment read, "As a family, it gives us peace of mind to know [person] is in such good hands."

End of life care and support

- The service did not provide end of life care at the time of our visit. However, care plans showed that some people had made advanced decisions, for example, their funeral arrangements in case they were terminally ill.
- The registered manager explained that they would ensure all staff attend end of life care training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received high quality care which reflected their needs. One relative wrote a compliment which stated, "To date I have seen nothing to make me doubt [the quality of the service]." Care plans were reviewed ensuring people's needs were identified and met.
- Relatives were satisfied with the care provided to people. One relative told us, "The service is home away from home. They attend to everything, things I wouldn't notice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour.
- The registered manager notified the CQC of changes to the service or of any incidents they are legally obliged to do.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. The registered manager was supported by a deputy manager and three project workers. Each of these had a clear management responsibility, which ensured that there was a member of staff responsible for leading every shift.
- Staff were well supported in their roles and were clear about their responsibilities to ensure people received care suited to their needs.
- An area manager carried out monthly audits various aspects of the service. The registered manager also audited different areas including medicines which ensured people received safe and quality care.
- There were a range of policies and procedures in place. These were reviewed regularly in line with current legislation to ensure staff followed up to date guidance.
- The registered manager had completed a PIR which outlined what the service did well and the improvements they planned to make.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had developed a survey questionnaire to be completed by relatives and staff. They told us that once this was received and analysed, they would put a plan of action in place to improve the quality of the service.

- There was a system for relatives and visitors to leave comments and compliments. The comments and compliments were reviewed by the registered manager.
- Staff were involved in the service. They attended meetings and discussed their practice, training needs and the provider's policies and procedures.

Continuous learning and improving care

- Staff had training opportunities to develop their knowledge. A member of staff told us, "We are currently attending a course titled 'lead to succeed'. This is for deputies and project workers."
- The registered manager attended various training programmes and senior management meetings which helped further improve their management knowledge and practice.

Working in partnership with others

- The registered manager worked in partnership with other agencies, including local authority commissioners and the local clinical commissioning group (CCG).
- Local authority staff carried out quality assurance checks at the service and were welcome to visit when they wished. The last quality assurance check, which was carried out in May 2018, identified no concerns about the quality of the service. A summary of the report stated, "Throughout the visit, staff were observed to offer appropriate encouragement and engagement with residents. Residents were observed to be treated with kindness in a respectful manner."
- The managing director and the registered manager attended various social and healthcare meetings, conferences and workshops. These helped them to be up-to-date with current care practices and meet other professionals.