Vibrance

Vibrance 138 All Saints Road

Inspection report

138 All Saints Road
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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

Vibrance 138 All Saints Road is a respite care service providing short-term accommodation and personal care for people with learning disabilities and/or autism. It can accommodate up to six people at a time. At the time of our visit there were approximately 50 people who regularly used the service, four of whom were using it on the day of our inspection. The service is wheelchair accessible and based all on one floor.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had appropriate procedures and training to enable staff to prevent, recognise and report potential abuse. People had personalised risk assessments that took into account their individual differences and contained the information staff needed to support them safely. There were suitable arrangements to keep the environment safe. Medicines were managed safely.

The service had a number of staff vacancies but the provider was recruiting at the time of our inspection. Staffing levels set by the provider continued to be met because the service was able to use a number of regular staff from agencies. However, staff were not always able to support people to take part in outdoor activities because of low staffing levels that did not always take people's individual needs and abilities into account. We recommend that the provider review the staffing levels to take this into account. There was a range of indoor activities available to people within the service.

Staff received the training and support they needed to perform their roles effectively. They received advice on best practice from specialist services that worked with people who used this service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a variety of nutritious food. Staff monitored their health and supported them with healthcare appointments when needed. The premises contained adaptations to accommodate people with a variety of needs and was suitably decorated to provide a homely environment.

Staff were able to build positive caring relationships with people. They demonstrated that they knew people well enough to communicate effectively with them. Staff used a variety of techniques and aids to facilitate communication, help people understand information and hence to make choices about the care they received.

People had access to private space when they wanted it. Staff were respectful of people's privacy and dignity. Care was planned to maximise people's independence by giving staff the information they needed to support people to do as much for themselves as they could.

People's needs were assessed when they first used the service and this was used to create personalised care plans. Staff took into account people's individual needs and abilities, cultural backgrounds and preferences

when providing care. The service worked well with other providers to give people consistent, joined-up care. The provider handled complaints appropriately.

The provider and registered manager used a variety of tools to assess, monitor and improve the quality of the service. This included audits, visits from senior staff and discussions in staff meetings. However, staff felt they were not always listened to or consulted about changes to their roles and that this may have contributed to high staff turnover. We recommend that the provider review their quality improvement systems to take into account staff involvement and morale.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The provider had fixed staffing levels that did not always take into account people's individual needs and dependencies. This meant that at times people were not always supported with their social and recreational needs according to their needs.

The provider had systems in place to identify and manage risks. Good medicines management practices were in place to ensure people received their medicines as prescribed. Staff were appropriately recruited to ensure the safety of people.

Staff were aware of the action to take to help safeguard people against the risk of abuse.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Vibrance 138 All Saints 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 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 comprehensive inspection took place on 19 May 2017. It was unannounced and carried out by one inspector.

Before the inspection, we looked at the information we held about the service. This included previous inspection reports, notifications the provider is required to send us about significant events that happen at the service and the service's provider information return (PIR). The PIR is a document we ask providers to submit before our inspection about how they are meeting the requirements of the five key questions and what improvements they intend to make.

During the inspection, we observed staff caring for people and spoke with one person who used the service and one relative of a person who used the service. Throughout this report, we have referred to them collectively as "people and relatives." This is to preserve the anonymity of the person using the service. We also spoke with four members of staff and the registered manager. We looked at three people's care plans, three staff files and other records such as audits and safety checks.

After the inspection, we contacted a commissioner who worked alongside the service to seek their views about the service.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us the service was safe. One said, "If there was any bullying here I'd tell staff."

All of the staff we spoke with told us they were concerned that current staffing levels did not allow them to safely support people out for trips and other outdoor activities. Although most felt staffing was at a safe level while within the premises, staff believed this was having a significant impact on people's experience whilst using the service. This meant people generally did not go out at weekends, or during the week if they did not use day services such as colleges and day centres, because it was not safe to do so. This particularly applied to people with higher needs who would normally require two staff to support them. Records of people's care confirmed this was the case.

We saw evidence that staff had raised this concern at a team meeting in September 2016 and the manager had responded that two staff must always be able to support six people. Although they did provide one-to-one support for people who were assessed as needing it, staffing levels did not necessarily take into account people's individual needs, for example where people required two staff to assist them to use equipment such as hoists. Staff told us this meant they were often "too stretched" to provide activities. The registered manager told us it was difficult to increase staffing levels beyond what was required to care for people safely, because each person received funding for a set number of staff hours.

We recommend that the provider review staffing levels in line with national guidance to ensure that all people's needs, including their social and recreational needs, are being met appropriately.

The registered manager told us there were approximately 50 people who were regular users of the service, of whom up to six could stay there at any one time. At the time of our visit the service employed two permanent members of staff and was therefore relying heavily on agency staff to meet needs. However, the registered manager told us they managed this by using a small number of regular agency staff, whose photographs were displayed at the service as part of the staff team to help people familiarise themselves with them. The registered manager also told us they were in the process of recruiting four new permanent staff

We saw evidence that staff recorded any minor injuries or marks they found on people's bodies to help identify any patterns that might indicate abuse. They also contacted people's families to report any marks they found, recording any explanations the families gave. We looked at some safeguarding records and found the provider responded appropriately to allegations of abuse. Staff were familiar with different types of abuse, their signs and how to report them.

Each person who used the service had an individual risk assessment, which covered risks specific to them and how staff should manage the risks to keep them safe while restricting their freedom as little as possible. For example, one person disliked staff checking on them during the night so staff reminded them regularly how to use their call bell. Risk management plans included the safe management of epileptic seizures, moving and handling, road safety, cooking and, particularly for people who were less mobile, prevention

and management of pressure ulcers. Risk assessments took into account people's abilities, strengths and preferences.

There were suitable arrangements to keep the environment safe. Fire extinguishers, hoists and other equipment were checked and serviced regularly. Furniture had rounded edges to minimise the risk of injury if people were to trip or fall onto it. Staff carried out daily checks of hot water temperatures from taps and showers to make sure they were safe. Chemicals were kept securely in locked cupboards where only staff could access them.

Although people who used the service were expected to supply their own equipment if it was portable, for example wheelchairs, walking frames or slings to use with hoists, the service had larger items such as hoists and hospital beds for those who needed them. Staff told us about plans to install new shower equipment to enable people with more complex personal care needs to use the service.

Each bedroom contained cabinets for people to store their medicines and these were kept locked when in use. As part of people's assessments, staff checked the arrangements they had for the supply of medicines and made sure they had enough to cover their whole respite stay. If people had medicines prescribed only to take when required, there were clear protocols in place to instruct staff about when and how people should take the medicines. We checked a sample of medicines administration and stock records, which contained no discrepancies and indicated people received their medicines as prescribed.

Good

Is the service effective?

Our findings

Staff fed back positively about the training and support they received, saying it was good and covered all their needs. Records showed that staff received regular one to one supervision and a variety of training appropriate to the needs of people who used the service. The registered manager told us they took staff training and experience into account when planning rotas so that when people with specialised care needs were staying at the service, staff with training in those areas were on shift. If people were likely to present behaviour that challenged the service or required specific intervention techniques, the local team for people with learning disabilities provided training, support and advice before the person's first visit to the service. This helped to ensure people received support from staff who had the necessary skills and knowledge.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence that the provider applied for DoLS authorisations for people who used the service and, where necessary, put urgent DoLS authorisations in place to cover emergency admissions or when existing authorisations were due to expire before the local authority was able to renew them. This prevented people from being deprived of their liberty without the correct safeguards in place. The provider also assessed people's mental capacity to make other decisions about their care and involved the appropriate agencies in any decisions that were made on their behalf. This helped to ensure decisions about people's care were made in their best interests.

People and relatives told us food provided at the service was good and there were always alternatives available if people did not want what was on the menu. We looked at some sample menus and saw three different choices were given for each main meal. Staff confirmed that people could choose whatever they liked for lighter meals. People had individual eating and drinking guidelines to cover their needs and preferences, such as different food textures to minimise choking risk, and there were also general guidelines from a local healthcare provider about what types of food were suitable or unsuitable for people with difficulty swallowing.

Staff told us people's families usually supported them to attend healthcare appointments but they were able to do so if families could not. People and relatives confirmed this. We saw evidence that staff also liaised with families and noted when people attended healthcare appointments with families. They noted the outcomes of the appointments along with any professional advice given to people about their healthcare, including adding copies of any written guidance to people's care plans. This helped staff ensure that people's health needs were met both within the service and outside it.

The service was based in a purpose-built building designed to meet the diverse needs of people who used the service. The building was all on one floor with wide corridors, grab rails and no steps to improve accessibility. Although people generally did not live at the service for extended periods of time, staff told us people still had a say in how the building was decorated. The service had a 'home from home' philosophy and was decorated in a homely style with ornaments, comfortable furniture and pictures including a wide

variety of people's own artwork. There was an adapted kitchen with a work surface designed so that people who used wheelchairs could eat or prepare food there.

Good

Is the service caring?

Our findings

People and their relatives said staff were caring. One told us, "They are really concerned with people's welfare" and another said, "They are easy to talk to and friendly." The service had a 'Who is here today' board that had photographs of both people and staff who were at the service that day. This was to help people get to know and build relationships with staff and other people who used the respite service. Staff knew how to tell if people were unhappy, uncomfortable or upset and how best to support them in those situations. There were examples of this in people's care plans to help staff respond consistently and build rapport with people.

We saw evidence that staff gathered information about how people communicated and used it to inform care plans. This included specific gestures or body language people used, even if they were able to communicate verbally. This meant staff had the information they needed to get to know people, build rapport and enable them to make choices about their care.

We observed staff using different communication styles to suit the different needs of people using the service. There was a picture board based on the Picture Exchange Communication System (PECS), which is designed to enable people to communicate by choosing from a variety of images to indicate what they want. These included pictures of different activities, places and routine tasks such as personal care tasks. This was designed to enable people to make choices about their care if they were not able to express themselves verbally.

Each person who used the service at any one time had their own bedroom where they could keep their personal possessions and have access to private space. People and relatives told us staff respected people's privacy. One said, "They always knock." Another said, "They are respectful. I'm very happy." Staff told us they supported people with medicines and all aspects of personal care in private.

People's care plans were designed to maximise their independence and had details of what people could do for themselves and what they would like to become more independent with. For example, where people required prompting to complete tasks there were details of how much prompting they needed, to maximise how much people did for themselves. We saw people independently engaging in activities throughout our inspection, although staff occasionally checked to see if they needed help or wanted company.

Good

Is the service responsive?

Our findings

People and relatives told us the service provided person centred care that met individual needs. Each person had an assessment of their needs, which was used to create a personalised care plan. The registered manager told us they would not admit anyone to the service, even in an emergency, before they had a care plan in place. This minimised the risk of people receiving unsafe or inappropriate care from staff who did not know the necessary details about the person and their needs and preferences. Staff were able to describe differences in the ways they supported different people because of different levels of ability, cultural needs and other diverse factors.

Care plans we looked at contained information about people's health conditions, disabilities, usual care arrangements and emergency contact details, strengths and needs, religious and cultural needs, usual routines, interests and hobbies. They demonstrated what support people preferred to receive with their personal care and other routine tasks. Care plans were updated regularly to keep up to date with people's changing needs. Staff told us they tried to keep as close as possible to the routines people had in their own homes, to help them settle in and feel at home. Staff also told us all of the people who regularly used the service lived with their families apart from one person who was staying at the service until they found suitable permanent accommodation.

Each person's care plan included the goals they wished to work towards and how the service was supporting them to do so. These included looking for employment, living more independently, staying healthy and accessing the community more.

People had access to individual activities at the service and told us they were able to choose what they wanted to do. When we arrived we observed one person using a computer and another person looking at magazines and watching television. There was also a variety of games and musical instruments and we later observed a person playing the keyboard. Staff told us people were able to continue attending day centres and colleges while staying at the service. People's care plans contained information about how to protect them from the risks of social isolation and boredom, including the activities they liked to do and how to support people to stay in touch with their families during longer stays.

We saw evidence that where people used other services, such as those provided by the community learning disabilities team, the service had gathered information from those services and used it to inform care plans. This helped to ensure people received consistent care that met their assessed needs.

The provider had a clear procedure for handling complaints. We saw examples of where people's relatives had raised concerns and complaints. The registered manager investigated the complaints, recorded action they took and fed back to the person who made the complaint. Records showed complaints were resolved to the person's satisfaction within a month of the complaint being made.

Good

Is the service well-led?

Our findings

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.

People and relatives spoke positively about the manager. One said, "She is a good manager and runs things well." Another said the management of the service was "fantastic," adding, "They treat everyone very well." They also said they were able to express their opinions openly to the manager, who listened to them. Staff felt the manager had a strong focus on quality improvement and was not afraid to make changes when they were needed.

However, staff also told us they were not always consulted about changes that affected them, such as the introduction of sleep-in shifts and short notice changes to their rotas. Some staff said that although there was a staff forum where they had an opportunity to express their opinions, management did not always listen to them or take their views into account. They felt this may have contributed to high staff turnover rates, which could affect the quality of the service because it meant people were unable to benefit from consistent care delivered by a stable team of staff who knew them well.

We recommend that the provider review their quality improvement systems based on current good practice to take into account staff involvement, morale and other ways of reducing turnover.

We saw that each person had a 'checking in and out form' that the service used to pass messages on to people's families at the end of their stay, gather any feedback from families and record possessions people brought to the service to make sure they did not leave anything behind. There were also shift plans assigning care tasks to specific members of staff so important jobs were not missed. This helped to ensure people received a good quality service because appropriate communication was maintained.

The registered manager and staff carried out regular checks and audits to monitor the quality of the service. There were weekly audits of medicines designed to identify any errors and ensure people received their medicines as prescribed. There was evidence that the provider carried out their own inspections of the service. After each inspection, the registered manager made an action plan and the actions were completed on time.

The provider had a number of schemes intended to improve the quality of the service and quality of life for people who used it. For example, there was a fundraising scheme called 'Make It Happen' designed to allow people to achieve their goals such as activities or trips they wanted to try. Staff told us the scheme was too new to gauge how successful it was, but they believed it was a good idea. The registered manager told us about their plans to improve the service. These included plans for a new sensory room to provide stimulation and relaxation to people and other equipment to help enhance people's independence and comfort.