

Vibrance

Vibrance Outreach

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Vibrance outreach is a domiciliary care agency providing personal care to one person in their own home. The provider also runs other schemes that do not carry out a regulated activity.

People's experience of using this service and what we found

The person's friend told us the service was safe. The provider had identified a range of risks to protect people from the risk of harm to their wellbeing, however pressure ulcer risk assessments were not comprehensive.

The person's friend told us the service was well run. There was an open culture at the service. However, the provider had did not have systems in place to fully assess the quality of the service and make any necessary improvements. We have made a recommendation about quality assurance. Staff told us they received training to help them carry out their roles although the provider did not keep full records of supervisions. The provider told us they would record supervisions going forward.

Staff understood their responsibilities to report signs of abuse to the manager. The person's friend told us staff had developed good working relationships with the person using the service. The person's independence was promoted and their privacy was protected. The person's friend felt confident to raise concerns if required.

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 supported people to eat and drink enough and to have access to healthcare.

The provider developed care records based on referrals by the commissioning local authority which included the person's likes and dislikes and updated them regularly.

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

Rating at last inspection

The last rating for this service was good (published July 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Vibrance Outreach

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 and one 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

It was a requirement of the service's registration that there is a registered manager in post. The service did not have a registered manager in post during the inspection. A registered manager is registered with the Care Quality Commission meaning they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager running the service had been in post for a year but the provider had not applied for them to be the registered manager of the service.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 the friend of one person who used the service. We spoke with the manager of the service.

We reviewed a range of records relating to the management of the service, including policies and procedures. We looked at one staff file in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at one person's care records. We spoke with one member of care staff.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to the person's health and wellbeing, such as the risks associated with a medical condition were well managed.
- The provider had assessed these different risks and completed risk assessments with a plan for staff to follow to minimise the risks.
- The provider had sought medical support regarding pressure sores and their advice was recorded in the communication logs. Staff told us how they supported people with pressure area care however, the provider did not have a detailed and dedicated risk assessment about preventing pressure sores such as a turning plan to prevent contact on the area in order to ensure staff were as clear as possible about the required actions.

We recommend the provider seek and implement guidance and support from reputable sources about managing the risk of pressure sores.

Systems and processes to safeguard people from the risk of abuse

- The person's friend told us people were safe while receiving care from the service.
- The person's friend said, "[Person] is very happy to be supported by these carers. The carers are all good."
- The manager and staff understood their responsibilities in order to protect people from abuse and staff were guided by a safeguarding procedure.
- Staff told us they would, "log any incidents of abuse and report it to the manager."

Staffing and recruitment

- The provider had a team of staff to provide care. During the inspection two staff members were not able to work. This meant the manager was providing care cover.
- A person's friend told us there were normally enough staff to meet the needs of the person and they received consistent care from a key worker.
- Staff told us they thought there were enough staff to meet the person's needs.
- The provider had safe recruitment practices and had conducted the relevant checks of staff. Records showed completed application forms, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- Medicines were managed safely.
- The person's friend told us, "There is a [medicine administration record] sheet which is filled in every day."

- The provider checked people's MAR to ensure there were not any errors in administration and daily logs demonstrated staff supported people with their medicines in line with their support plans.

Preventing and controlling infection

- The provider had a system in place to control the spread of infection and a policy to guide staff.
- The provider supplied gloves and aprons to prevent the spread of infection after personal care was performed.
- A person's friend told us, "The flat is cleaned daily. The carers Hoover round, dust and wash up every day. They also do the laundry and [person] always has clean clothes. I've noticed that they always wear aprons and gloves when giving personal care."

Learning lessons when things go wrong

- Records demonstrated the provider had learnt lessons when things had gone wrong and made changes to the service based on concerns found.

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 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; Staff support: induction, training, skills and experience

- The provider assessed people's needs before they began supporting them to make sure care was provided in line with their needs.
- Staff received training to help them to support people as required.
- Staff told us they felt they had the right knowledge to carry out their roles.
- Staff shadowed experienced staff when they started working for the provider so they could get to know the person's support needs.
- Staff received supervision to discuss their roles and any needs they had but this was not recorded. The provider told us they would record supervisions going forward.

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

- People were supported with nutrition and hydration in accordance with their care plans.
- Staff told us they prepared people's food to help them eat safely.
- A person's friend told us people were supported to eat and drink enough. They said, "All the meals are excellent. They're freshly prepared. [Person] has lots to drink through the day and the carers bring him fresh orange juice which he particularly enjoys."
- Daily logs demonstrated staff supported people to eat the balanced meals they preferred and were in line with their medical requirements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services.
- Records demonstrated referrals had been made to a range of professionals such as, GPs, speech and language therapists and chiropodists.
- The provider ensured urgent medical attention had been obtained in an emergency.
- Staff provided information to other healthcare professionals in a timely fashion so that the person's health could be best supported.
- A person's friend told us, "The carers make all the appointments with the GP when necessary. I often take [person] with the carers to the GP."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care was obtained in accordance with law and guidance. The person's care was based on the assessment of the commissioning body.
- Records showed where people had legally appointed people to make decisions on their behalf.

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 developed positive and caring relationships with people using the service.
- A person's friend told us, "All the carers are kind, caring and decent people. I wouldn't fault any of them."
- Staff spoke warmly of the person using the service. One staff member told us, "I've got a really good relationship with [person], they are a lovely person and we have a good relationship of trust."
- Records captured people's religious needs and staff told us they respected people's diversity and gave examples of facilitating visits from religious leaders.
- Discussions with the manager demonstrated the service welcomed all people equally with respect to their human rights and sexual orientation.

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

- The provider ensured people were involved in making decisions about their care.
- Staff emphasised the importance of giving people choices about their care. One staff member said, "You always give [person] choices. I always ask [person] which shirt do you want, what do you want for dinner? He'll pick."
- A person's friend told us, "They always listen and act on what [person] wants."

Respecting and promoting people's privacy, dignity and independence

- Staff explained they respected people's privacy and dignity while undertaking a person's personal care.
- Care records gave detailed information about how to promote people's independence in carrying out their own care.

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.

End of life care and support

- The provider had an end of life policy.
- The service was not supporting anyone at the end of their life at the time of the inspection but had not discussed end of life choices with the person using the service. This is required because sudden death may occur.

We recommend the service seek guidance from reputable sources about end of life care.

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

- The provider created detailed plans of people's support needs. These were reviewed and adapted when people's health needs changed.
- A person's friend told us they took the person's views into consideration when planning their care and a copy of their care plan was kept in their home.
- Staff were aware of their responsibility to monitor people for changes to their wellbeing and gave examples of when they had supported healthcare professionals to support a person.
- Staff told us changes to a person's support needs were well communicated amongst staff and acted upon to keep the person safe.
- Care records were personalised, containing information about people's preferences. They captured what activities people liked to do and we saw evidence staff supported people to do them.
- Care staff found the care plans informative and knew what people liked and did not like. A person's friend told us, "I believe this company is person-centred, care and support is helping to keep [person] happy and as well as [person] can be."

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.

- The provider recorded people's communication needs in their care plans. This meant staff knew how to best communicate with people about their needs.
- Care plans contained pictorial communication methods to help staff do this.
- A person's friend told us staff communicated well and staff gave examples about how they use different methods to fully communicate with people who could not always express themselves verbally.

Improving care quality in response to complaints or concerns

- Records demonstrated complaints were well managed.
- People had access to information about how to make a complaint.
- A person's friend told us they felt confident in raising concerns and one complaint had been dealt with to their satisfaction.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager in post had not applied to become registered with the Care Quality Commission as required under their registration. The manager had been in post for a year.
- A person's friend told us, "I can't fault this service in any way. It has consistently delivered high quality care to [person]." However, the service was not always set up in a way that promoted good quality care.
- The provider conducted some checks on the quality of the service such as spot checks, care plan reviews and medicine administration record audits. However, these had not picked up on the areas where we found further improvements were required such as, recording of supervisions and having more comprehensive risk assessment in relation to pressure sore management.

We recommend the provider seek and implement guidance from reputable sources about effective quality assurance systems.

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

- There was an open and positive culture at the service.
- A person's friend told us, "The company has a hands-on approach and seem to work well as a team... I would recommend this service because I've seen how they treat [person] and I know he's happy. I can't fault this service in anyway."
- Staff and a person's friend found the manager approachable. A member of staff told us, "[Manager] is really good, everything runs smoothly."

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us the manager listens to their input about service delivery. Staff told us they were praised for a job well done and this was recorded.
- One member of staff said, "I've got a good relationship with [the manager]. She listens to what I have to say."
- A friend of a person using the service told us they were pleased with the way the service communicates with them.
- The manager demonstrated they understood their responsibility of duty of candour. Duty of candour is

intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. There was evidence the manager had had transparent conversations with health and social care professionals where required.

- The provider learnt from concerns and had developed improvements for service delivery.

Working in partnership with others

- The provider worked in partnership with health and social care professionals.
- The provider had sought to build a relationship with a college for the benefit of the person using the service.