

Vibrance

Vibrance - 138-138a Mason Way

Inspection report

138-138a Mason Way
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 January 2016 and was unannounced. We had previously visited the service in October 2013 and found it to be compliant with the then legislation.

Vibrance at Mason Way are two separate houses on an ordinary housing estate that can accommodate up to eight people with a learning disability or autistic spectrum disorder. There were currently seven people using the service and the service had recently applied to increase their numbers to accommodate 10 people. We are processing this application.

The service had a registered manager who had been in post for several years and knew the people and service well. 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.

We found a good all round service that understood the needs of people that they supported. The vision and values of what the service wanted to achieve was widely understood and practiced by people. People at this service were valued members of their community and had ordinary life experiences that were fulfilling and appropriately supportive to allow people choice and independence.

People were kept safe, but allowed to take measured risk. There was a cohesive staff team that were well supported and had the correct skills to support and empower people. Medicine was well managed with actions taken when needed to keep people as safe as they could be.

Staff showed that they cared for people. Privacy and dignity was respected. People were involved with their care planning and determining their lifestyle. People had individualised care and support that allowed them to lead a meaningful life.

The management team were effective in supporting this service. People at the service were involved with the running and decision making at different levels. Quality was monitored and actions taken to learn from events and improve the service for people.

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.

There were sufficient staff available flexibly to meet peoples needs and to support them as they needed.

Medicine was well managed with appropriate actions taken to ensure people received medicine as prescribed.

People were supported to take appropriate risks with measures seen to keep them safe.

People were protected from bullying and avoidable harm.

Is the service effective?

Good ●

The service was effective.

There were sufficient skilled and knowledgeable staff employed.

Consent to care support was in line with legislation. No one was deprived of their liberty.

People were supported to eat and drink well and maintain good health.

Is the service caring?

Good ●

The service was caring.

People had positive caring relationships with staff and others living at the service.

People were supported to express views and involved in decisions about their care support.

People had their privacy, dignity and confidentiality respected.

Is the service responsive?

Good ●

The service was responsive.

People contributed to assessments and the planning of care.

Peoples preferences were taken account of and plans were up to date.

The service routinely listened to people and had processes

Is the service well-led?

Good ●

The service was well led.

There was a positive and inclusive culture that listened to and respected people.

There was good visible leadership.

Both the manager and provider were aware of quality monitoring and developing this service for the benefit of people living here.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 January 2016 and was unannounced.

The membership of the inspection team was made up of two inspectors. We examined all the information we hold on this service and this included past inspection reports and notifications. Notification are events that the service must legally tell us about.

The methods that were used included talking to five people using the service, interviewing the two staff on duty, observation of support given, and reviews of three care plan records. In addition we examined rosters, recruitment, training and other records related to quality monitoring and the running of the service

Is the service safe?

Our findings

People were protected from bullying, harassment and avoidable harm. We saw that staff were aware of when and how people were vulnerable and that measures had been put in place to keep them safe. An example of this was within money management. One person in the past had been vulnerable to harassment when in the community with regards their money. This person still had sufficient money that they managed, but the amount they carried upon them was limited. The person felt safer and was happier with this arrangement. A different example was staff dropping a person off for a day time activity. The staff member ensured they were at the correct location and had been made known to the activities supervisor before leaving them for the day.

Staff knew how to access the procedure on safeguarding vulnerable adults from abuse. And showed us an up to date copy. This was very information and described how they might recognise different types of potential abuse. Staff confirmed that their training was based upon this policy and tended to be delivered by the people who wrote the policy and procedure. We have not received any notifications about any safeguarding incidents. Staff informed us that no incidents had occurred for us to be informed about.

People living at the service told us their was sufficient staff to support them, saying staff came quickly if needed. One person showed us the call system and explained that at night they could call and speak to the sleep in person if they needed to. We looked at the roster and saw that all shifts were covered and there were no gaps. Staff explained how staffing levels were flexible to meet the needs of people. An example given was two people planning to attend a late night entertainment that would potentially end at one o'clock in the morning and staff had been identified to make this happen for people. We examined the recruitment records for two staff and saw that appropriate checks had been made including detailed application forms, references and criminal records checks.

People did received medicines that were prescribed for them. One person told us that they had medicine and that staff gave this to them every morning and they were clear as to why they took the medicine. We observed that some people self-medicated using doset boxes which were kept in locked cabinets in their rooms. There were appropriate risk assessments and checks in place to keep this safe, but encouraging independence and personalised care and support. There were processes in place to order medicine and it was stored appropriately with staff ensuring the temperature of storage was maintained. Staff confirmed that they had training before they administered medicines. One member of staff had been trained, but had yet to be assessed as competent and confident with the systems in place. We examined the medication administration records and found these to be well managed. We discussed an error that had occurred in the last two days. Staff had already found the error and had taken action to ensure the person had the correct medicine available to them and had taken medical advice to make sure the person was adequately protected from harm. Medicine was regularly audited so ensure people had received their medicine as intended.

Is the service effective?

Our findings

Staff had the skills and knowledge to support people in their care. Staff told us that they received regular training of good quality that was kept up to date. People at the service told us they had confidence in the staff that supported them. We found that there was a good system to delegate and communicate within the staff group to ensure people were effectively supported. We found that the handover sheet was used by the lead person to direct support and ensure all aspects of care and support were fulfilled. Staff were placed on duty in such a way that they had the specific skills such as medicine administration training and first aid. We saw records that showed that staff training was logged and monitored. Staff explained that they had all had baseline training such as moving and handling, food safety training, person centred planning that focused on personalisation and had training in the Mental Capacity Act and safeguarding. Staff explained that additional training was found when the needs of people in their care changed. An example of this was training in diabetes, autism awareness and skin care.

We found that staff were well supported. Staff felt there was good team working, with a high percentage of long term serving staff in post and little staff turnover. We saw that staff had team meetings once a month and minutes were kept. Staff received regular one to one supervision and were currently undergoing their annual appraisal.

We found good examples of staff seeking consent and acting within relevant legislation and guidance. Staff were routinely seeking peoples consent to care and support. People were presumed to have capacity and were asked their views and opinions on how they wished to live their lives. Information was presented in a manner that people could understand. People knew their care support plans and who their keyworker was and felt very involved in determining the support they needed. There was no deprivation or restriction on people's liberty and people were free to come and go as they pleased, but staff discreetly monitored people's whereabouts to keep them safe.

People decided what they wanted to eat and meal times. One person explained that they did their food shopping at a well-known food supermarket. "Sometimes next door do it, sometimes it's me". They also showed us the routine that people at the service followed in being involved with their own food preparations and the washing up roster. The menu we saw was varied and balanced and a choice made by the people living at the service. People were able to get hot drinks freely from the kitchen whenever they wanted them. One person showed us their own painted mug from which they liked to drink their tea. We were told that on occasions people ate out at local cafes and got snacks out or took packed lunch to their day time pursuits. One person told us about the Christmas dinner everyone had attended together as a Christmas social event. People had sufficient to eat and drink to meet their dietary needs.

During our visit we observed staff supporting people to attend doctors' appointments. These were as a result of attending annual health checks that were in place for people who used the service. Staff had a good relationship with the local GP surgery and supplying pharmacist. This enabled people to maintain good health.

Is the service caring?

Our findings

People told us that they felt well supported and looked after by staff. We observed positive, meaningful relationships between staff and people living in the service. One person told us, "We're all friends and we all get along." Another person said, "I don't want to move this is my home now." Staff were aware of people's previous life histories and their likes and dislikes and the impact that this may have upon them.

Care plans included information about people's life history, what was important to the person and situations that may trigger anxiety and information for staff on how to manage changes in people's behaviour.

We found that people were routinely consulted about every day decisions. One person showed us the menu. They pointed to this evening's meal of Shepard's pie and said, "You see that. Guess who decided to have that on the menu? You are looking at them". They were proud and pleased with this decision. People described how they chose to spend their day and were positive about the contribution and involvement in their local community for example one person said how they did the garden and a local older people's home. Staff told us about the monthly keyworker meetings that were held with people at the service. This was an opportunity to review and listen to people if they wanted to change anything in their lives and to discuss how this would happen. People spoken to knew who their keyworker was. We saw that care plans had been signed by people. People were actively involved in deciding their care and support needs.

People's privacy and dignity was maintained and promoted. People had a key to their own bedrooms and kept these locked. One person decided to show us their bedroom. This was very individualised and reflected them as a person. Achievement certificates and photographs were displayed and several meaningful items were available and in use by the person. They had chosen their own colour for the walls and the duvet. They had their own laundry basket and did their laundry separately when needed. They told us, "My bed is comfy and the room is warm and cosy". Staff demonstrated respect for privacy and confidentiality when administering medicines as they asked another service user to leave whilst attending to a different person's medicine administration.

Is the service responsive?

Our findings

People told us that they were happy living at the service. We found that staff provided good, person centred care which met people's needs. Staff demonstrated a good understanding of the people that they supported. This meant that they were able to support people in a way that they preferred. We saw evidence in care plans that people and those who were important to them had been involved in planning their care and in deciding how the support was delivered. We looked at the care plans for three people living in the service. They all contained detailed information about people's life history, their preferences, what was important to them and detailed guidance on people's likes and dislikes. Care plans contained details about situations that may trigger changes in people's behaviour which meant that staff knew how to respond if people became unsettled or unhappy. General assessments, care plans and risk assessments were regularly reviewed and updated to ensure people's needs were responded to appropriately.

Staff supported people to keep in contact with relatives and maintain relationships with people externally from the service. An example being that one person told us that they were supported by staff to attend a family wedding. We saw that staff encouraged people to participate in activities within the service. There were rotas on the wall for people to participate in household activities such as cleaning, cooking and laundry. We observed people freely making their own breakfast, loading the dishwasher and making hot drinks. People told us about making shopping lists and going to local supermarkets for their weekly shop. This showed us the right balance was achieved with support and independence.

Staff also supported people to be involved in the wider community. People told us that they had the freedom to go out when they wanted to provided that they made staff aware where they were going. One person told us, "I can do my own thing. I can do all the things that I want really." One person told us that they volunteered in a charity shop and another person had guidelines in their care plan to support them to independently go to the local shops. Another person told us that they went out independently every weekend and had lunch. We saw evidence that this was supported in their care plan by guidelines and a risk assessment.

The staff at the service listen to people to improve the service on offer. One person we spoke with told us that they knew who the manager was and that they saw them all the time. They were certain that they knew their rights and felt they could speak up and would be listened to. They said, "I'm quite happy here and do not want to move anywhere else. I have a keyworker and can talk to [named staff member]".

There was a complaints procedure available to people. This had photographs of people that could be contacted and their telephone number. People at the service had access to telephones including their own personal mobiles. The complaints procedure gave examples of potential complaints a person could make to ensure the process was understood by people. No complaints had been received for quite some time and therefore we could not review the responses given. However given the openness of staff, the contentment of people using the service and the processes in place we were confident that people would be listened to.

Is the service well-led?

Our findings

We found a staff group and service user group that felt involved in the running of this service. Staff had all undergone an induction that covered the values and vision that the service aimed for. We found that staff presented and interacted in a positive way, putting people at the centre of what they did. The values of everyday living within one's own community were clear from the comings and goings throughout the day. People at the service were empowered and knew about how things were run. They were involved in the staff recruitment and knew about what training staff had received. Staff freely gave information to people to weigh up their options and decide upon a given situation and allowed people to decide for themselves. The registered manager had been at the service for some time and was well liked by everyone we spoke with. They frequently worked care shifts and therefore were accessible to people and were able to understand the issues faced by support staff and people living at the service. There was good communication within the team. Staff had access to other managers within the organisation who attended team meetings or delivered training.

All the policies and procedures we examined were up to date and based up current guidance and good practice. Staff were able to access these from the computer at the service. Staff were keen to deliver the best possible support to people to meet their needs. A person at the service had recently been diagnosed with a new medical condition that impacted upon their learning disability. To update and understand for the benefit of the person the key worker visited another unit where they were caring for a person with the same conditions. This was to ensure that they were providing the best care for people living in this service.

We found that managers external to the service visited each month and produced a report. During the visit they spoke with people who lived at the service and staff to seek their views. They also examined records such as rosters, training and staff vacancies. Before the visit they examined incidents and accident reporting and quality monitoring records kept by staff at the service. The report contained actions that were monitored by the external visitors so that quality was improved and so that senior people within the organisation were aware of developments within the service. We saw two clear examples where improvements had been made based upon monitoring events. This included actions taken to prevent a person from recurrent falls and actions to prevent further medicine errors. The service was keen to be open and learn from events to prevent similar incidents.