

Vibrance

Vibrance - 138-138a Mason Way

Inspection report

138-138a Mason Way
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16 July 2018

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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

Vibrance -138-138a Mason way is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

The service is registered to provide personal care for up to ten adults with a learning disability. At the time of our inspection six people were using the service.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were sufficient staff available to meet people's needs. We did note that staff had been reduced on some days due to vacancies in the service. This reduction in staff did not match what was recorded in the tenant's guide. Staff told us they were meeting people's needs but felt they could deliver a more responsive service with additional staffing.

Staff understood how to protect people from harm and their responsibilities to raise concerns and record safety incidents. The service managed risks to people to reduce potential hazards. Where people required support to take their medicines, this was provided in a safe way. Staff understood their responsibilities in relation to hygiene and infection control.

People shopped for their own food and created their own menus. The service provided staff with training to ensure they had the skills to support people effectively, in line with current best practice. When needed people received support from health professionals in a timely manner. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People continued to receive support that was responsive to their individual needs. People were consulted regarding their preferences and interests and these were incorporated into their support plan to ensure they were supported to lead the life they wanted to. Staff supported people to be as independent as possible. The support people received was reviewed with them to ensure it remained relevant. People knew how to raise any concerns or complaints, and these were responded to in a timely manner.

Staff felt supported by the registered manager. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. We did find that some records whilst still being reflective of people's needs required reviewing.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This comprehensive inspection took place on 13 and 16 July 2018 and was unannounced. The inspection was carried out by one inspector. We reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law.

We visited the service and spoke with three people living in the service, and observed how staff interacted with them. We also spoke with the deputy manager and the registered manager. Following the inspection, we contacted another staff member by telephone. We looked at the care records of two people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Is the service safe?

Our findings

The service continued to provide safe care. People told us or indicated they felt safe living at the service. One person said, "I can talk to staff there is always someone to go and talk with." We observed during the inspection people coming into the office to talk with staff, this relaxed manner demonstrated they had trust in the staff supporting them. Staff told us they recognised if a person felt concerned, anxious or unsafe by their behaviours and mannerisms. One person was upset, the deputy chatted to them and offered reassurance during our visit.

Risks to people had been considered and assessments were in place. We saw a risk assessment that considered the risks of the person using their camcorder in the community, this had involved the person and guidance was in place to minimise any risks that could occur.

People living in the service could go out independently. On the first day of inspection there were only three people in the service and on the second day everybody had gone out. We noted there was only one person on duty on both days of the inspection. Whilst we observed people's needs were met, staff told us they could do so much more if they had more staff. The registered manager told us they were currently recruiting and hoped this would reduce the occasions when there was only one staff member available. They added if anyone had any appointments or wanted to go out with a member of staff then this was arranged.

When looking at the rota there were other days when two staff were available at all times. People also received one to one hours that were provided by a different company so they could attend any of their arranged activities. One staff member said, "We do meet everybody's needs but it does limit spontaneity, we cannot just respond to an immediate request but have to organise it usually for another day or time. We could do so much more if we were not working alone." When we spoke with people they confirmed there was always a staff member around when they needed them. There was also a contingency plan in place should staff need to respond to an emergency.

Medicines were managed and administered to people as prescribed and some people continued to manage their medicines independently. People's medicine administration records had been completed accurately. Staff had completed training on the safe handling of medicines and their competencies to administer medicines were checked to ensure their practices were safe. Regular audits were undertaken by the managers of the service to check on the management of people's medicines.

Staff encouraged people to keep their home environment clean. Although registered as a care home people lived in two domestic style houses and had rotas they had worked out between them for their housekeeping jobs. We saw cleaning products were stored securely. People that used the service were independent with their personal hygiene but staff told us protective equipment such as gloves were available for use should they need them. The registered manager completed audits in respect of infection control and cleanliness of the service, the provider also completed an annual audit.

The registered manager recorded all accidents or incidents on the providers electronic system. This meant

the registered manager could look for any patterns or trends, and the provider could check all necessary actions were taken.

Is the service effective?

Our findings

People's needs had been assessed before they moved into the service to ensure they could be met. Support plans had been developed from these initial assessments and reviewed to ensure the staff team continued to meet people's changing needs. People were treated as equals and they were given every opportunity to make decisions about their life and live a fulfilled life which was free from discrimination. One person said, "We have tenant's meetings and everybody is busy here."

We noted most staff working at the service had worked there for a long time. We did see new staff without any previous experience in care completed the care certificate during their induction. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care.

Staff continued to receive training to develop their skills and understanding. One member of staff told us, "There is a lot of training available, we have had the diabetic nurse come in and deliver training, and we had dementia training when we were supporting a person with this. Staff were supported through regular supervision meetings with their line manager. These meetings provided opportunities to discuss their work, issues or concerns they may have as well as training and development opportunities. All staff received an appraisal of their work annually. Staff told us they felt they received good support from the management staff and, as the team was very small, they communicated effectively with each other.

People continued to be supported to eat and drink sufficient to maintain a balanced diet. On the day of our inspection, people showed us the menus they had planned and told us people took turns to cook. People told us they enjoyed the food and were involved in planning and purchasing food for the service. One person told us, "We share the cooking and shopping here." We saw fresh fruit and vegetables were available.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working within the principles of the MCA. Staff had received training in this area and there was no restrictions on people's liberties.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Staff supported people to maintain a healthy life such as attending regular appointments. Staff supported people to understand information about their care and any additional treatment they required. Each person had a health passport which provided other healthcare professionals with information about their medical history, personal backgrounds and current medicines.

Staff had recently supported people to attend annual health checks.

The service was registered as a care home but it consisted of two domestic style houses where people lived as independently as they were able. People could choose what colour they wanted their bedrooms painted and personalised their rooms in the way they wanted.

Is the service caring?

Our findings

People continued to be supported by a staff team that knew them well and treated them well. A person told us "The staff are really nice." Another person said, "The staff listen to me and I have my room how I want." Throughout our inspection, we observed and heard a lot of kind interactions between people and staff. Staff spoke to people in a caring and respectful manner. People were relaxed in the presence of staff and we observed the deputy manager taking calls from people letting them know they had arrived safely to their various appointments and everyone popped into the office on their return to tell the deputy they had returned.

We saw throughout our visit people going out to their various activities or appointments. One person showed us the fish pond and fed the fish, they told us it was a nice area to sit and relax in.

Staff had worked at the service for a long time and knew people well. They were knowledgeable about people's individual social and communication needs. They gave people the time to express their feeling and views. Staff recorded information about people's communication needs. One care plan stated, "[Named person] is able to speak, also uses a little Makaton that staff understand." Makaton uses signs and symbols to help people communicate. Staff treated people with dignity and respect at all times and discretely monitored people to ensure they continued to manage their personal care independently.

People were encouraged to be as independent as possible in their own home. We saw people chose where to be and how to spend their time; for example, we saw somebody decided to do their cleaning unsupported. A staff member told us, "People work out their own rotas for their jobs, they write their own shopping lists and menus. Staff were committed to encouraging people to live their lives in the way they wanted, which meant people felt listened to and valued. One person said, "I come and go as I want."

People told us that their families could visit the service and they were able to maintain relationships with those most important to them. Some of the people had expressed an interest in joining a dating agency and staff supported people to do this safely. On the second day of our visit some of the people living at the service attended a workshop on relationships.

Is the service responsive?

Our findings

Staff provided person centred support that was focused on the individual. Each person had a care plan which provided staff with the information they required to support people with their needs including their emotional well-being. Information about their backgrounds and the people who were important to them were documented. People's preferences, likes and dislikes were recorded such as their preferred routines and how they liked to be supported. One care plan said, "[Person] likes to be busy." People told us that staff provided them with the care and support that they needed and were confident that staff would assist them if their needs changed. People's day to day concerns were dealt with daily or discussed at key workers meetings. Staff completed a monthly synopsis that recorded information about what things were working and what support people might need.

People continued to be supported to take part in activities they chose and were meaningful for them. On the day of our inspection, one person told us about what they were doing that day. They said, "I am going to do a bit of cleaning, then I will have lunch, then I am going out with my boyfriend." Staff told us one person is very busy and goes out every day to various activities and events. They told us they attended a local community centre, volunteered two days a week in local shops, and attended lots of other activities of their choosing. Another person attended a gardening voluntary group. Staff were committed to supporting people to access the community and supported people to find out what events were planned in the community. Three people attended Church every Sunday together and the local vicar popped in to the service for a chat and coffee.

Staff told us the staff team worked extremely hard to support people to access the community and hoped that once more staff had been recruited they would be able to support people with even more opportunities.

The registered manager had not received any formal complaints since our last inspection, but said that any complaints would be logged and investigated in line with the provider's complaints policy.

The service was not currently supporting anyone at the end of their life. They did tell us about a person they had recently supported. This person had lived in the service for a long time and the staff and people that used the service were committed to supporting them at home. The registered manager told us, "We all supported [named person], staff and other people would sit with them and hold their hand. Healthcare professionals worked with us including providing us with a talk on end of life care." The registered manager went on to tell us everybody had been involved in the funeral, a staff member who was also a minister conducted the service and people living at the service all spoke about the person during the service.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff told us that the service continued to be well-led. The service has an established registered manager who had worked in the service for a long time. They demonstrated that they knew people well and put people at the centre of everything they did. All the staff we spoke with understood their roles and responsibilities and what was expected of them. They said they enjoyed working at the service. A staff member said, "It is an excellent company to work for." Another staff member told us, "This is a nice place for people to be, staff here care about clients and people get to do what they want, I would be happy for a relative of mine to be here." A person said, "I am happy living here, people can visit and we have parties."

The staff team continued to support people effectively and even when they were lone working they made sure people were still able to attend their usual activities, appointments and events. Staff we spoke with told us that previously there had always been two staff available to support people throughout the day and on some days, that remained the case. Staff were committed to the service and felt that when two staff were available it gave them more opportunities to respond to spontaneous requests from people. We looked at the tenant's guide and noticed that this detailed that two staff members would be on duty throughout the day. This meant that the current information provided to people was incorrect. The registered manager told us they would inform the provider.

The provider had a quality monitoring system whereby a number of internal audits and checks were completed on a regular basis to ensure the safety and quality of the service was maintained. These checks included audits of records, equipment, medicines management and the environment so that any areas needing improvement could be addressed in a timely way. We found during our review of records there were some that required a review. This included people's personal emergency evacuation plans (PEEP) and some individual risk assessments which the registered manager told us still reflected the correct information but had not been formerly reviewed within the last year. The registered manager told us these would be reviewed straight away.

The registered manager worked effectively with key organisations and agencies to support care provision and service development. For example, there was close liaison with health professionals to support people's ongoing physical and mental health. The provider kept staff updated with any changes to best practice and had recently provided the service with information related to the changes in data protection.