

Vibrance

Vibrance 138 All Saints Road

Inspection report

138 All Saints Road
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 30 December 2014 and was unannounced. This was the first inspection since the home registered under a new provider on 30 May 2014.

Vibrance 138 All Saints Road provides a respite service, with accommodation and personal care, for up to six people with a learning disability or autism. Some people had additional needs relating to physical and sensory disabilities and communication. On the day of our visit there were four people using the service.

The home 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.

Risk assessments were not always carried out for known risks to people, although management plans from other services were in use. This meant the service had not assessed whether the management plans remained suitable in protecting people and others from harm in this service.

Summary of findings

Some aspects of medicines management were safe, although records relating to medicines received and administered were not always accurate.

Accidents and incidents were clearly reported and senior managers analysed all reports to ensure the right action had been taken and to identify trends to prevent them from happening again.

There were systems in place to help safeguard people from abuse as staff understood safeguarding procedures.

Health and safety checks of the premises and equipment were carried out to ensure they were well maintained and safe, including the water, electrical and fire systems.

Recruitment procedures were robust with the necessary checks being carried out to ensure applicants were suitable to work in the home. There were enough staff to meet people's needs and staff were supported through effective supervision and training.

The service was not meeting their requirements in relation to Deprivation of Liberty Safeguards (DoLS). The manager had not assessed who required DoLS authorisations and applied for these for most people who use the service. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People's day-to-day health needs were met. People ate the food and drink they liked and received the right support in relation to their dietary needs.

Staff were caring and treated people with dignity and respect, making sure people were treated as individuals. Staff knew the people they were caring for and communicated with them in the best ways for each person. Staff supported people to be as independent as they wanted to be.

People were involved in planning their own care and care was delivered in the ways people wanted. Staff supported people to follow their interests and take part in education and social activities to reduce social isolation.

The organisation had a clear vision and values which were shared by staff. Leadership was visible at all levels with senior managers regularly visiting the service to provide support and check on the quality of the service. The manager promoted open communication and was responsive to the suggestions of others.

At this inspection there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. Risks assessments had not always been carried out by the service for known risks to people. Although management plans from other services were in use, the service had not ensured they remained suitable for use at this setting to protect people and others from harm.

Although some aspects of medicines management were safe we found one instance where a record of medicine administered had not been made, and no records made of a medicine received by the home. This meant medicine records were not always accurate.

Staff understood, and were trained in, recognising and responding to abuse and knew the action to take to safeguard people.

Accidents and incidents were recorded and analysed by senior managers to ensure the right action was taken to prevent them from reoccurring.

Health and safety checks of the premises and equipment were in place to ensure they were safe.

Recruitment procedures were robust as the necessary checks were carried out ensuring applicants were suitable to work with people using the service. Staffing levels were sufficient to meet people's needs.

Requires Improvement



Is the service effective?

The service was not always effective. People had not been assessed to identify who required DoLS authorisations and only one application had been made. This meant people may have been deprived of their liberties unlawfully.

Staff were supported to do their role and received supervision and training.

People's health needs were met. They received food and drink they liked and staff supported people in relation to their dietary needs effectively.

Requires Improvement



Is the service caring?

The service was caring. Staff were kind and treated people with dignity and respect.

People's care was delivered in the ways they wanted, and people were supported to be independent.

Good



Is the service responsive?

The service was responsive. People were supported to follow their interests, to access education and to participate in activities to reduce social isolation.

People and their relatives were involved in planning people's care.

Good



Summary of findings

The manager promoted the complaints procedure and encouraged people and relatives to raise concerns with them. They responded to concerns and suggestions appropriately.

Is the service well-led?

The service was well-led. The organisation had a clear vision and set of values which staff shared. They took part in award schemes to promote excellence, such as Investors in People.

Leadership was visible at all levels with senior managers regularly visiting the scheme to provide support and check on service quality.

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 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 30 December 2014 and was unannounced. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider. We also contacted a local commissioner to ask them about their views of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives, the manager, a director, one member of staff and two agency staff. We looked at four people's care records to see how their care was planned, two staff recruitment files and records relating to the management of the service including quality audits.

After the inspection we spoke with a second commissioner of the service to gather their views.

Is the service safe?

Our findings

The home had not carried out its own risk assessments for all risks relating to people returning to the service. For example, where the service had identified two individuals were at risk to themselves and others due to certain behaviours, risk assessments had not been carried out by the service. The manager told us they were actively using risk assessments from other professionals, such as the local mental health team and we saw these on file. However, this meant they had not ensured that the management plans in place remained suitable for use at this service in protecting the people and others from harm.

Recording of medicines received and administered was not always accurate which meant people were at risk due to inaccurate records. There were no records of receipt into the home made for one medicine recently received, although the manager was aware of this, however, records of other medicines received had been made. Earlier in the day staff had not signed the Medicines Administration Records (MAR) for one medicine they administered. This meant there was no record of this medicine being administered, although it could be implied from the stock balance check staff had recorded directly afterwards. The manager explained how this error would have been picked up in the midday audit taking place each day, although these audits were not recorded to evidence they took place. The manager made immediate arrangements to ensure they were recorded from now on to ensure a clear audit trail.

We observed staff administer medicines and saw this was done according to the company's medicines policy. Only staff trained in administering medicines who had passed a competency assessment administered medicines. Monthly audits were also carried out to check the medicines policy was being followed. In addition, records showed balance checks of medicines in stock were carried out each time a medicine was administered. When we checked stocks we confirmed medicines had been given as prescribed. Written guidance was available for medicines to be administered when required (PRN). This enabled staff to administer these medicines correctly. We saw evidence of people's current medicines on their MAR. People's allergy status was recorded to prevent inappropriate prescribing.

Accidents were clearly recorded electronically and submitted to the directors. A director told us how they met

with other directors each month to analyse all accidents and incidents across the organisation. They forwarded us recent meeting minutes to evidence this and we saw trends were noted with remedial action taken.

Staff received training in safeguarding adults and understood signs which may indicate people were being abused or neglected. Staff knew how to respond to these signs, reporting concerns to keep people safe. Where there had been an allegation of abuse the manager had followed the provider's safeguarding procedure to keep people safe and liaise with external professionals such as the local safeguarding team.

Systems in relation to the premises were maintained and checked which helped to ensure the premises were safe. The central heating, electric wiring and water systems had been tested to ensure they were safe. The risk of people being scalded by hot water was reduced as the temperature of hot water across the home was tested regularly to ensure this was within safe limits. A Legionella risk assessment was in place to reduce the risk of people contracting Legionella infections. Legionella is a bacterium which can accumulate rapidly in hot water systems if control mechanisms are not in place. Some staff had also been trained in Legionella awareness.

Equipment used in the home, including for people's care, was checked to ensure it was safe. Records showed regular testing of hoists, portable electrical appliances (PAT) and fire-fighting equipment.

Recruitment procedures were robust, ensuring staff were safe to work with people living in the home. Appropriate checks were carried out which included applicants previous work history, employment references a criminal records check and a health conditions assessment.

Relatives, the local authority commissioners and people working at the home told us there were enough staff to meet people's needs, although some told us more staff would be useful to do more activities outside the home. Our observations showed there were enough staff on duty. Staff were not rushed and spent time interacting with people, supporting them to do activities of their choice. The manager increased staffing levels when required to meet people's needs, such as when there were more people using the service.

Is the service effective?

Our findings

The provider was not meeting their requirements in relation to the Deprivation of Liberty Safeguards (DoLS) and legislation to help protect people's human rights in relation to capacity and consent. The manager and staff understood the Mental Capacity Act 2005 and DoLS and the manager believed that most of the 72 people who regularly used the respite service required DoLS authorisations. However, they had not assessed which people required DoLS. When we discussed this with the manager they told us they had not had the management resources to assess people and make the relevant referrals for DoLS. However, after the inspection the manager confirmed resources had been put in place and the relevant applications were being made. They had only applied for DoLS authorisation for one person at the time of the inspection. This meant people may have been deprived of their liberty unlawfully. These issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff dealt with behaviour which challenged others effectively. Staff had received training in understanding challenging behaviours. They knew the way individuals were likely to behave when distressed, and how to support them. Medicines were only used as a last resort to support people to manage their behaviours and guidelines were in place for staff to show when these should be administered and what action should be tried beforehand.

Staff had the necessary skills and knowledge to meet people's needs. The manager monitored people's training needs and a training programme was in place. Staff received regular training in a number of topics relevant to

their role, such as safeguarding, moving and handling, infection control and nutrition. Staff told us the training was usually good quality and suitable for their roles within the organisation.

The manager supervised staff frequently, supporting and guiding them to care for people. Staff felt supported and told us the supervisions helped them adapt to the changes when Vibrance took over the service. Annual appraisals were scheduled to take place in the new year.

People received the food they liked and relatives told us the food was good quality. One relative told us, "The food is nice, it's what [my family member] likes." Another relative said, "The food is good." Staff spent time with each person supporting them to choose their food and drink. Staff communicated with people in ways most appropriate to them, such as asking them to point to their preferred food choices. Mealtimes were flexible. We observed that when people indicated they were not ready to eat staff respected this and supported them to eat at a later time. People were supported to have a balanced diet that promoted healthy eating, with staff following guidelines in place to support a person who had nutritional needs. Staff understood people's dietary needs and provided suitable food. One relative told us, "Staff accommodate [my family member's particular dietary needs] well."

People's day-to-day health needs were met. Each time people planned to stay at this respite service a member of staff met with them and their representatives to discuss the care required and any changes since the last stay. People's health needs were discussed and care planned to take these into consideration. If any medical appointments were scheduled during their stay the service liaised with their representatives to arrange the support required and medical records were updated.

Is the service caring?

Our findings

People were treated with kindness. One family member told us, “I feel [my family member] is cared for, staff greet [them] by their first name which [they] like. Staff know [them].” Another relative told us, “Staff are kind.” A third relative said, “[My family member] is happy here. It’s lovely here, it’s like a family they are so caring.” A commissioner told us staff were, “Open and friendly”. Although people were unable to tell us what they thought about the staff, our observations were that staff treated people with kindness and compassion.

Staff understood people’s communication preferences and communicated in ways they could understand. Staff supported one person to use pictures to communicate, using Picture Exchange Communication System (PECS), a pictorial communication system. They encouraged a person to write what they wanted to say when they had difficulty communicating verbally. Staff gave people information and explanations to people when necessary. When offering choices staff limited the choices to avoid overwhelming people, helping them make choices, and repeated and rephrased their words when necessary, to help people understand better. Some people used a form of sign language, Makaton, to communicate, which staff understood.

Our observations and discussions with staff showed they knew the people they were caring for and supporting, including their preferences and personal histories. Staff used their understanding of people to talk about and engage people in things they knew people would be interested in, such as their hobbies and looking at family photos. A relative told us, “They understand what [my family member] needs.”

People had the privacy they needed and were treated with dignity. People were able to spend time alone in their bedroom when they wanted to and we saw staff knock before entering people’s bedrooms. People were able to move freely between the different rooms of the house as they wished, spending time in quieter rooms if they preferred. When people left the doors open while they met their own care needs, staff discreetly shut them to give people dignity.

Staff supported people to be as independent as they wanted to be. People’s care plans described people’s independent living skills and how they should be supported to retain and build on these. We observed staff following these care plans, for example, encouraging people to be involved in preparing their meals.

Is the service responsive?

Our findings

Relatives told us the service met the needs of their family members who used the service. One relative told us they also appreciated the flexibility of the service saying, “They are able to accommodate our requests for care at, sometimes, awkward times and at short notice.”

People and their relatives were involved in planning their own care and their care plans reflected how they would like to receive their care and support. People’s preferences were reflected in their care plans because staff had asked them or their relatives about them before they came to stay at the service. For example, people were asked how they liked their personal care to be delivered and preferred routines were recorded. Care plans were reviewed each time the person came to stay at the service. Staff were aware of this information ensuring people’s care was centred on them as individuals and provided in the best ways for each person.

People were supported to follow their interests and take part in social activities and education. When people came to stay at this respite centre they usually continued their usual routines. For example people continued to access their usual schools, day centres and other activity provisions and staff supported them to do so. Staff encouraged people to follow their interests at the respite service. For example, we observed one person who enjoyed using the computer being supported to do so.

Another person was able to watch TV programmes they enjoyed both in their bedroom and the communal areas. People who enjoyed arts and crafts were provided with a range of materials and support to do certain activities.

Staff made sure people felt they mattered. We observed staff spending time sitting and interacting with people showing interest in what they were doing. Staff allowed people using the service to lead activities. When one person asked to watch a DVD from their school pantomime staff supported them to watch this in their room. Where another person was interested in a specific topic staff understood this and asked them questions about this topic which they answered readily. When a third person requested hand massages using gestures, staff responded as the person had requested which the person enjoyed.

People were encouraged and supported to maintain relationships with people that mattered to them. Relatives told us they were always made to feel welcome and could visit at any time.

Relatives knew how to make a complaint and felt any concerns they raised would be responded to appropriately. One relative told us they had raised a concern about the security of the service and the manager had taken immediate action to rectify the issues and was “very supportive.” There had been several suggestions made by relatives which had been recorded, responded to and actioned. Complaints were encouraged as the complaints policy was explained to people and their relatives. A commissioner told us the manager had responded well to suggestions they, and relatives, had made to the booking-in system.

Is the service well-led?

Our findings

Relatives, a commissioner and staff told us since Vibrance had taken over, the management of the service had improved with a focus on quality, including the environment. A relative told us, “The home has been refurbished to nice taste, it’s more homely and feels clean and fresh.”

As an organisation, Vibrance had a core purpose to ‘support vulnerable people to lead their lives as they wish and to challenge barriers that prevent individual choice and fulfilment.’ The organisations values included valuing diversity, integrity, supporting staff to perform, challenging barriers and supporting people to take risks to live their lives as they wished. Staff attended a corporate induction where Vibrance’s purpose and values were explained and staff were aware of these.

The organisation was focused on excellence and had received a number of awards in the last 18 months, including Investors in People which recognises how staff were supported and developed, and the PQASSO quality mark. This quality mark is obtained when an organisation is externally assessed according to the Practical Quality Assurance System for Small Organisations (PQASSO). This is a quality assurance system which looks at standards relating to effective management and governance.

Leadership was visible at all levels as the senior managers regularly visited the service to carry out audits and checks on various aspects of the service. Recently the Chief Executive Officer had visited and records showed they checked the environment, complaints and compliments, accidents and injuries, care plans and people’s finances. Earlier in the year the director of quality had carried out a similar audit, focusing on areas such as health and safety,

medicines, complaints and notifications. Where these audits identified areas for improvement these had been actioned by the manager. The registered manager told us the senior managers were approachable and supportive.

Relatives and staff told us the manager was approachable and understood their role, and our observations supported this. One relative told us, “The manager is nice, she’s competent.”

Staff told us the manager worked hard to drive up quality and on a daily basis they checked standards in the home. These checks included whether people had received the right personal care and were well dressed, the quality of the daily care notes and food presentation. One staff member told us, “She gives 100% to [people using the service].” Staff said the manager was supportive and communicated well, giving feedback in a clear, constructive way which enabled them to improve. Several compliments from relatives and the directors had been received which the manager shared with the staff team to increase motivation.

The manager promoted open communication with people’s representatives, commissioners and staff. Parents and carers meetings were held. Minutes from a recent meeting showed parents and carers were encouraged to become more involved with the service, such as with gardening. A commissioner told us they met with the manager quarterly and communication from the service was good. Regular staff meetings were held most months where communication from across the organisation was shared, as well as guidance on aspects such as medicines management. Staff were also able to raise issues important to them. We observed a handover and saw this was comprehensive with staff coming on duty receiving information on events since their last shift as well as events scheduled during their shift.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place for establishing, and acting in accordance with, the best interests of people using the service. Regulation 18(2).</p>