

Vibrance

Vibrance - 16 Sylvan Road

Inspection report

16 Sylvan Road
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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

Sylvan Road is a 4 bed service providing support and accommodation to people with mental health difficulties. It is a large 'ordinary' house in a residential area close to public transport and other services.

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

People continued to receive safe care. Risks were identified and action taken to minimise risk and to support them as safely as possible. Systems were in place to ensure medicines were administered safely and when needed. There were enough staff on duty to support people.

People were supported by experienced staff who received training and support to enable them to continue to provide an effective service. The staff team worked closely with other professionals to ensure that people remained as healthy as possible and received the healthcare they needed.

People enjoyed their meals and were supported to have a nutritious diet that met their needs and preferences.

People continued to be supported by kind, caring staff who treated them with respect. Their privacy and dignity were maintained.

People continued to receive individualised care and support that was responsive to their needs. They were encouraged to make choices about their daily lives and to continue to do things they enjoyed.

Management systems ensured the service continued to be well led and that people were involved in decisions about their care and about what happened in the service.

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 remained good.

Is the service effective?

Good ●

The service remained 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.

This unannounced comprehensive inspection took place on 8 June 2017 and was carried out by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time observing care and support provided to people in the communal areas. We spoke with all four people who used the service, a senior support worker and two support workers. We looked at two people's care records and other records relating to the management of the service. This included, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and four medicines records. After the inspection we spoke to one relative by telephone and received written feedback from the NHS North and East London Commissioning and Support Unit.

Is the service safe?

Our findings

A relative told us their family member was safe at Sylvan Road and they were happy with the service provided. Feedback from the commissioning team was that they had no concerns about the quality of the service and had not needed to take any formal contractual action in respect of any performance concerns.

Systems were in place to ensure people were supported safely by staff. As a result of changes in needs three people now required staff to support them when out in the community. Staffing levels had been adjusted to ensure there were enough staff available to do this. Regular bank staff covered any gaps in the rota and this ensured people received support from staff they knew and who were aware of their needs and how to safely meet them.

People received their prescribed medicines safely and when they needed them. Staff had received medicines training and only administered medicines once they had been assessed as competent to do this. Medicines were securely stored and there were clear guidelines in place to ensure staff knew when and how to administer them. For people who required medicines by injections arrangements were in place for the GP service or community psychiatric nurses to administer these.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns.

Checks, auditing and when necessary servicing were carried out on the environment and services to ensure they were safe. For example, staff carried out weekly checks on fire alarms and water temperatures and monthly health and safety checks. In addition a more in-depth quarterly health and safety audit was carried out by staff and one of the providers head office staff with a responsibility for 'housing' issues.

Is the service effective?

Our findings

People and relatives were happy with the support provided by staff. A relative told us, "[Family member] is happy there. They [staff] deal with problems well."

People were supported by knowledgeable staff who received relevant training which enabled them to provide an effective service. All of the staff had obtained at least a National Vocational Qualification (NVQ) level three in social care. One member of staff told us, "It's a good company for training, everything is up to date. Another said, "We have continuous training and it's all up to date for this year." Staff also received regular supervision and told us this was every four to six weeks. One member of staff said, "We discuss clients, any concerns, and development. [Registered manager] supports me to better myself."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This was not necessary for any of the people who used the service. They had the capacity to make decisions about their care and were encouraged and supported to do this.

People were provided with a choice of suitable, nutritious food and drink. They were able to eat independently and did not need assistance from staff. They told us they chose their meals, liked the food and could have drinks when they wanted. Staff were aware of people's needs and preferences and adjusted meals to suit them.

People were supported to maintain good health and the staff team worked closely with other professionals to ensure they were supported to receive the healthcare they needed. A relative told us their family member had been ill and staff had taken them to hospital. The relative felt staff had dealt with the situation very well. People's mental health needs were monitored and care plans contained details of signs that might indicate their mental health was deteriorating or becoming less stable.

The environment met people's needs as they did not require any environmental adaptations but there was a ground floor bedroom with shower facilities that was used by a person who was less mobile.

Is the service caring?

Our findings

People were supported by a small consistent staff team who knew them very well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate they were unwell or had a problem. For example, a member of staff told us, "If [person] is agitated or incontinent we know something is wrong."

People were treated with respect and their privacy and dignity maintained. Throughout the inspection we saw staff speaking to people in a polite and professional manner. Staff were patient and considerate and took time to reassure people and explain things so they knew what was happening. For example, although it was Thursday some people thought they were going out to their 'Monday Club' and staff reminded them on a few occasions of this and of what was happening on that day.

People were listened to and involved in decisions about their care and about any changes to the service. As well as 'service user' meetings to discuss issues affecting everyone, people also had individual meetings with their keyworker. They were supported and encouraged to exercise their rights. For example, the inspection was on the day of the general election and one person told us they had voted by post and another said they were going to vote later.

People's needs were increasing but they were encouraged to remain as independent as possible and to participate in the day to day running of the service. For example, they assisted with laying and clearing the table at meal times and were supported to make drinks when they wished to.

Is the service responsive?

Our findings

People received care and support that met their individual needs. As people had become older their needs and wishes had changed and they required more support from staff. In response to this assessments and guidelines for supporting them had been reviewed and updated and links had been made with older person's services. For example, one person had been referred to the falls clinic.

People were encouraged to remain as active as possible and to continue to do the things they liked. One person told us about shows they had seen both in the west end of London and locally. They also liked to have their nails done and so were supported to have manicures in a nail salon. Another person liked to go to the pub once a week for a curry.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. They chose what they ate and drank and where they spent their time. For example, during the inspection one person chose to spend time in their room and just came down at lunch time. The person who liked to go to the theatre chose which show they went to by sitting with staff at the computer to see what was on.

People were supported and encouraged to raise any issues they were not happy about and the complaints procedure was displayed in a communal area. They could talk with staff or the registered manager either individually or during 'service user' meetings which were held each week. There had not been any recent complaints.

Is the service well-led?

Our findings

There was 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.

Staff said the registered manager provided good advice and support and were confident they would always take action in response to any concerns or issues. They told us the registered manager was, clear on what they wanted, listened, got everyone's point of view and used this to problem solve and improve the service. They added that the registered manager and senior managers in the organisation were approachable and available for advice and support when needed.

The registered manager monitored the quality of the service provided to ensure people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service and staff. Formal systems included audits and spot checks of medicines, records and finances.

The provider's quality assurance systems ensured that people received a safe and effective service. Monthly unannounced monitoring visits were carried out by a member of the senior management team. Reports of these visits showed they spoke to people who used the service, to staff, checked the environment and also records. Records also showed that any required actions were checked at the next visit to ensure that they had been completed.

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