

Vibrance

Larwood

Inspection report

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Ratings

Overall rating for this service	Good ●
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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 the 13 February 2018 and was unannounced. The inspection team consisted of one inspector. The previous inspection to the service was in November 2015 and the service was rated 'Good' overall.

Larwood is a registered care home providing 24 hour care for eight adults with severe or profound learning disabilities and those with additional mobility or physical difficulties. The care home is a large, detached purpose built house in a residential cul-de-sac. It has a very large garden housing two large summerhouses, one of which is used as a sensory room and the other an activity room where people do activities including music, arts and crafts and games. Each person has a single room and there is a communal bathroom, shower room, kitchen, dining room and lounge. There is a rear-enclosed garden at the back of the house with level access. At the time of our inspection there were eight people using the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

The service was safe. The recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. The service assessed people's health and wellbeing needs and carried out risk assessments to minimise risk to health. The registered manager and staff kept people's medication records up to date.

The service was effective. People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. Records we viewed showed people and their relatives were involved in the

planning and review of their care. Support plans were reviewed on a regular basis and when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints in a timely manner.

The service was well-led. Staff and people spoke very highly of the registered manager and the provider who were supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Larwood

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.

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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.

Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, project worker, support worker and two people who used the service. We reviewed four people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the registered manager and the provider.

Is the service safe?

Our findings

People living in the service told us they felt safe. We observed and heard staff listening to people's wishes and then proceeding to support people as they had requested and in a caring manner. One person told us, "Having staff around me all the time has made me feel safe". Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the management team would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately.

We looked at the safeguarding folder, which contained all the policies and procedures that inform staff on the different types of abuse, how to raise a safeguarding concern or alert with the local authority and what actions staff should take to safeguard people using the service. Staff knew that they should contact the local safeguarding team and the Care Quality Commission (CQC) if they had any concerns of potential abuse. Since our last inspection there had been no reported incidents of abuse.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. The registered manager informed us that staffing levels at the service were based on people's individual needs. This was confirmed by our observations of the care people received and the records we reviewed.

People received their medications as prescribed. We observed staff administering medication and people were supported in a dignified and respectful manner. For example, staff communicated directly and privately with the person being given medication. In addition, staff administering medication only focussed on administering medication and did not carry out other tasks whilst doing so. All staff administering medication had been trained and had their competencies reviewed on a regular basis.

We spoke to the registered manager about any lessons that may have been learnt when things have gone wrong. The registered manager informed us that they take every experience as a learning outcome. For example, when an incident occurs in the service e.g. if a person sustained a fall, all staff would collectively look at possible ways to prevent this from happening in the future. As a result, the registered manager added that the number of falls had been kept low.

Is the service effective?

Our findings

Arrangements were in place to ensure that staff received suitable training and gained the knowledge and skills they needed to meet people's assessed needs and preferences. The staff training files showed us that staff received reminders from the head office of training that was required. All the staff working in the service had attended training provided in house, by the Local Authority and other healthcare training agencies.

Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to understand their role and responsibilities and to get to know the people they were supporting. Upon completion of their training, staff then 'shadowed' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period so they can observe how to provide support to each person.

Staff received regular one-to-one supervision from the registered manager. The registered manager told us they received supervision from the registered provider. Supervisions are used as an opportunity to discuss training and development and ascertain if staff are meeting the aims and objectives that had been set from the previous supervision. Staff had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff received a yearly appraisal, which was used to assess their progress over the year.

Staff informed us that they supported people to eat at the person's own pace. We reviewed people's nutritional records and found that people were supported to eat meals and have enough drinks of their choice. During our inspection it was Pancake Day, we observed staff supporting people to make pancakes.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted the staff supported people to attend any hospital appointments as scheduled. Where required, staff supported people with access to their GP, mental health professionals and community mental health services. In addition, staff supported people to access dental care and vision tests in the community. Where appropriate this was discussed with the person and their relatives, to ensure everyone was involved and kept up to date with any changes.

The service decorated people's bedrooms to each individual's personal preference. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

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 (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

or authorisations to deprive a person of their liberty were being met. The registered manager informed us that there was currently no one under a deprivation of liberty; however should one become necessary they would make an application to the local authority. Staff demonstrated how they helped people to make decisions on a day-to-day basis.

Is the service caring?

Our findings

Staff told us they interacted with people in a respectful manner. We arrived just as the people in the service were preparing to leave. Our observations showed staff to be kind, caring and support people in a compassionate manner.

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

The staff team knew people well and promoted people's independence. Staff informed us that people's well-being and dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to.

The registered manager gave us examples of when the service had involved an advocate, such as when a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to care provision. The manager informed us people had the opportunity to attend self-advocacy groups if and when required.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff.

Staff and the registered manager encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. For example, one person was supported to go shopping for the care home with a member of staff. The person informed us, "I go out every week with the staff so we can do some shopping for everyone in the home, before we go out ask everyone what they want from the shops, like today [name] wanted a new radio so we went out and bought it for them".

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed and in the way, the person preferred.

People's strengths and levels of independence were identified and appropriate social activities planned. The support plan was regularly updated with relevant information as people's care needs changed. This told us that the care provided by staff was current and relevant to people's care and support needs.

We noted that each individual had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. This ensured that should the person become seriously unwell this information would be provided to the responding emergency services. The records we reviewed showed that people and their relatives had been involved in the process where possible.

We found people's support plans contained clear information regarding their end of life care arrangements. For example, clear instructions were documented on who the home was to contact and where the person's preferred place of rest would be.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either deal with it or notify the registered manager to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

Is the service well-led?

Our findings

The registered manager was visible within the service and they informed us that in their absence the project worker that looked after the service and kept them up-dated of all the changes and concerns regarding people. The registered manager had a very good knowledge of people living in the service and their relatives.

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 benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings on each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff that had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify specific areas of improvement and gave relatives an opportunity to give feedback to staff.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The registered manager carried out a monthly manager's audit where they checked support plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The registered manager had access to up to-date guidance and information on the service's computer system, which was password protected to help ensure that information was kept confidential and secure. The registered manager informed us that the service was continuously using past and present incidents as learning experiences for both staff and people using the service.

The registered manager met with other health professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make changes to people's support plans. Staff used a range of means to involve people in

planning their care, such as trying different ways of delivering care and watching people's responses to their care. Staff discussed people's needs with them and a support plan was put in place before they came to live at the service.