

Vibrance

Our House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Our House is a small residential care home providing personal and nursing care to five people with learning disabilities aged 18 to 65. At the time of the inspection four people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

There were enough staff to meet people's needs. The staff were checked to ensure that they were safe and had had appropriate knowledge and experience to provide care that people needed. However, the staff were not supported by management through supervision and one-to-one meeting. Improvements were needed in this area. We made a recommendation in this area.

The manager drew lessons from incidents, accidents, complaints and audits to make further improvements to the service. Systems were in place for relatives to give feedback about the service.

People had risk assessments which identified possible risks to them and provided guidance for staff on how to manage the risks. Staff knew what safeguarding meant to record and report any incidents of abuse. Health and safety systems were in place to ensure that the facilities and premises were safe. Infection control systems were in place to ensure the risk of cross infections was managed. Medicines were administered by staff and the manager continued to train and assess their competency to ensure they systems were effective.

People's needs were assessed before they started using the service. This ensured that people were admitted only if the service was suitable to their needs. Care plans were person-centred, which meant that they reflected people's needs, interests, preferences, choices and how they wanted staff to support them. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and relatives told us staff ensured people's privacy and treated them with respect and dignity. Staff knew how to communicate with people using different means of communication. This ensured people's needs were identified and responded to effectively.

Staff supported people to have meals of their choice. Staff also understood and met people's needs in terms equality and diversity.

People had access to healthcare. People also enjoyed activities and kept in touch with friends and relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was rated Good (report published on 6 September 2017).

Why we inspected:

This was a planned inspection based on the registration date of the service. You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Our House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector. The inspection started and ended on 8 January 2020.

Service and service type

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

The service did not have a registered manager. However, the service had employed a manager, who had applied to the CQC to register as a manager. Like the provider, a registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who commissioned the home's services. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed how staff provided care and communicated with people. We spoke with one person using the service, two relatives, two care staff and the manager. We also spoke by telephone with one relative. We reviewed two care files, two staff files and other documents including the provider's policies, procedures and health and safety records. These discussions helped us understand how the service was being run and what it was like to live and work there.

After the inspection

We requested more evidence to be sent to us to validate evidence we found and these were received after our site visit and included in our report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were various systems and procedures in place which ensured people were safeguarded. These included the providers' adult safeguarding policy, whistleblowing policy and staff recruitment processes. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.
- People and relatives felt people were safe within the service. One person told us, "Yes, [I am safe]". A relative told us, "I am confident [the person using the service] is safe."
- Staff had good knowledge of adult safeguarding. One member of staff said, "I will first report [an incident of abuse] to my line manager. If nothing is done about it, I'll report it to others, such as the local authority or the CQC."

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed. The risk assessments included risks when people were out in the community and when they were in at the service. Areas of the risks assessed included people's personal care, mobility, managing diabetes, epilepsy and behaviour. The risk assessments contained guidance for staff on how to manage the risks and ensure people were safe.
- A health and safety monitoring system was in place. There was a fire risk assessment and each person had a personal emergency evacuation plan. This helped staff to evacuate people safely in the event of an emergency.
- Staff checked and recorded the safety of the facilities and equipment to ensure they were safe.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. A relative told us, "There are always staff when I come. It doesn't seem to me they are understaffed." Another relative said, "There are ample staff."
- The staff rota showed there were enough staff at all times to meet people's needs. A member of staff confirmed that there were enough staff at the service.
- There were robust staff recruitment processes in place. Staff had provided references and undergone enhanced Disclosure and Barring Service (DBS) checks as part of their recruitment process. Employers complete DBS checks to see if staff have any criminal convictions or if they are on any list that bars them from working with vulnerable adults. This ensured staff were recruited with people's safety in mind.
- The provider relied heavily on 'bank staff'. These staff were recruited to work when required in any of the provider's services. The recruitment documents were kept at the provider's head office. The provider had confirmed to us that 'bank staff' were checked properly before they started working at the service.

Using medicines safely

- People received their medicines as prescribed. The provider had recently changed their medicines management system, which meant that medicines were received through blister packs and kept safely in locked cabinets. Staff also audited medicines to ensure any gaps were identified and action taken.
- Staff who administered medicines had undergone training to ensure they were competent in administering medicines. However, we observed that staff signed one person's medicine administration record (MAR) before administering the medicines to the person. We discussed this with the staff who explained that this occurred because they felt nervous due to our presence. The manager assured us that they would re-train and instruct all staff to follow the medicines administration policy.
- The service had medicine management policy and PRN (medicines to be taken as required) protocol. These gave guidance for staff on management and administration of medicines.

Preventing and controlling infection

- People were protected from the risk of infections. A relative told us, "The home is spotless, always clean." We observed all parts of the service was clean during our visit.
- Staff had attended infection prevention and control training and knew how to reduce the risk of cross infections. We observed staff were using personal protective equipment such as gloves and aprons when supporting people. A member of staff said, "Yes, I have attended training on infection control. I use gloves and aprons, and always wash my hands to reduce cross infections."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Incidents, accidents and complaints were recorded and lessons learnt, where needed. The manager said, "We cannot take our eyes off what is going on." We always learn when things go wrong and make improvements to ensure similar incidents are not repeated."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not supported in their roles. We noted there was no recorded evidence of supervision in some staff files. The manager said they had staff supervision policy and had asked senior staff to provide supervision but this had not taken place.
- Staff told us they had not received one-to-one supervision. The staff had been working at the service regularly for more than one year and yet they did not have formal supervision.
- Staff also told us they had not attended team meetings where they could share experience with colleagues. This meant staff did not have an opportunity to discuss their practice and support needs with a manager.

We recommend the provider adopts best practices of providing staff with support and supervision to ensure they perform their duties effectively.

- Relatives were happy with the staff. One relative said, "Staff are extremely experienced. They offer [people] the support they need". Another relative told us, "[Staff] are knowledgeable. Staff know the [people] very well."
- Staff had completed a range of training programmes related to their roles. One member of staff told us, "Yes, I had a lot of training which included fire safety, health and safety and moving and handling. I also had induction when I started work." This showed staff were provided with training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to determine if their needs could be met effectively. People had been living at the service for many years. The manager was aware of the need to undertake pre-admission assessments to ensure the service was suitable for new people before they were admitted.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have meals of their choice. A relative told us, "[Person] has put on weight since starting using the service. Staff support [person] with meals. The food is good."
- People's likes, dislikes and preferences of meals due to their faith, culture or medical needs were recorded. For example, one person's care plan stated, "Staff to support [person] to eat healthy to ensure the drinks and food contained [items of person's choice]."
- The meals provided during our visit reflected the menu and we noted that staff had good knowledge of

people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to have access to healthcare service. Records showed staff made referrals for people to receive medical care and arranged for professionals to visit people at the service, when needed.
- People's care files showed people had annual medical check-ups. We saw records of communications with healthcare professionals and noted staff supported people to attend their medical appointments.

Adapting service, design, decoration to meet people's needs

- The service was accessible to people who used the service. It was spacious and bright to meet people's needs. The premises were well decorated and there was suitable equipment to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions of authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. Where people could not make decisions, best interest decisions involving relatives and other health and social care professionals were documented.
- Staff had training in MCA. They told us they always presumed people had capacity and gave them opportunities to choose or make decisions about their care.
- We saw evidence of DoLS applications and authorisations in people's files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people well. One relative told us, "Staff support people very well. This is really like a home from home. It is appropriately named 'Our House'."
- People were protected from discrimination within the service. The manager understood that racism, homophobia, or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, and sexuality.
- Staff treated people without discrimination. A member of staff said, "I make sure that everyone is treated fairly and equally; I recognise people are different and have equal rights to a service. I give them choices and support people without discrimination."
- Care plans contained information on people's expression of sexuality, and their cultural and spiritual needs. This ensured staff had good knowledge of people's needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express and make decisions about their care. Staff understood people's communication preferences and used pictures and gestures to interact with them.
- Care plans provided information about people's communication needs. For example, one person's care plan stated, "Staff need to explain to [person] what is going to happen and what will happen at each step." This showed that care plans provided information on how to communicate effectively with people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "Staff ensure privacy. They treat people with full respect and dignity. You can't fault them."
- Staff knew how to ensure people's privacy. One member of staff said, "When I give personal care, I make sure that the door is closed. I also use towels to cover people. Before entering bedrooms, I make sure I knock on the door to let [people] know that I am there to assist them."
- People's records were kept securely in a locked office. Confidential records were available only to people who had the right to have access to them. Staff were aware of their responsibilities to maintain people's confidentiality.
- Staff promoted people's independence. We saw staff encouraging and supporting people to use their electronic gadget independently. People were also encouraged to take part in preparation of meals and going to local shops independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care plan, which detailed their needs, preferences and interests. The care plans were written in a way that they described the needs of people, how they wanted to be supported by staff and what they wished to achieve.
- Relatives told us they were satisfied with the service. They told us they were involved in the planning and review of care plans. One relative said, "Yes, I attended care reviews. We discussed [person's] needs."
- Staff knew each person's needs. They told us they had read and updated care plans. This meant that staff had knowledge about people's needs, preferences and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and staff knew how to communicate with them and meet their needs. For example, one person's care plan detailed the communication aids they used. Staff used pictures, symbols, objects and gestures to communicate with people, and these were recorded in people's files.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and emotional needs were met. People enjoyed a variety of activities within the service and in the community. They took part in baking, cinemas, bowling, pubs, day trips and shopping. One relative told us, "Staff supported [person] to go out, [they] were part of the community. Person enjoyed living at the service. It was much better experience for [person] than when [person] lived at home."
- When needed, staff supported people to attend a place of worship. This enabled people to practice their faith and to meet fellow worshippers.
- We noted one person had a special electronic equipment which they used for listening to music. We were informed by staff and the person that they enjoyed using the equipment.
- Staff encouraged people to stay in touch with their relatives. A relative told us, "Staff keep me updated about the well-being of [person]. I also visit [person] regularly." This helped people avoid becoming socially isolated.

Improving care quality in response to complaints or concerns

- Relatives knew how to make complaints if they had a concern. One relative said, "I know how to make a

complaint." There was a complaint policy and procedure. Staff confirmed that they had read and understood the complaints policy.

- The service had not received complaints. However, we noted compliments were received. The manager said they welcomed both complaints and compliments to help them improve the service.

End of life care and support

- At the time of the inspection the service was not providing end of life care. However, the manager said this was an area they would develop by ensuring staff had training and awareness in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The manager recorded and reviewed incidents and accidents. Various audits of the service were undertaken and lessons learnt to ensure there was good quality service. The manager attended care related meetings and the provider's management meetings where they shared experience with other care managers.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had been without a registered manager for over a year. At the time of the inspection, it was being managed by a manager, who had submitted an application to register with CQC. The manager told us they had been a registered manager of another service before taking up their post at this service.
- The manager and staff understood their roles, the risks to people, to the service and their regulatory requirements such as sending notifications to the CQC. A relative told us that the manager was approachable and kept them updated with information about a person using the service.
- Staff had clear roles including key working, which included a responsibility to monitor the needs of people and to ensure regular review meetings were arranged.
- The manager carried out various audits to ensure the service was running well. This included health and safety audits, medicines, people's personal allowance and maintenance of the facilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received high-quality care. One relative told us that they saw big improvements in a person's wellbeing whilst using the service.
- The manager understood their responsibility of duty of candour. They explained what duty of candour is and their commitment to be transparent and open at all times including when things were not right. The manager was open and transparent throughout the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and the relatives were involved in the development of the service. The facilities were designed with people's needs in mind which meant that they were accessible to people.
- A relative told us that the provider sent them surveys once a year and this allowed them to give feedback about their views of the quality of the service. They told us they were satisfied with the quality of the service.

A compliment received by the service stated, "Thanks to all staff for looking after [person] during challenging times."

- Birthdays and other faith and cultural occasions were organised and celebrated with people, relatives and people's friends. This showed the service recognised, planned and organised events taking people's equality and diversity into account.

Continuous learning and improving care

- The manager recorded and reviewed incidents and accidents. Various audits of the service were undertaken and lessons learnt to ensure there was good quality service. The manager attended care related meetings and the provider's management meetings where they shared experience with other care managers.

Working in partnership with others

- The manager worked well with staff from local social care authorities and health care professionals. The local authority social care quality team visited annually to check the quality of the service.