

Vibrance

# Vibrance - 1 Parkstone Avenue

## Inspection report

1 Parkstone Avenue  
Benfleet  
Essex  
SS7 1SP

Tel: 01702558571  
Website: [www.rchl.org.uk](http://www.rchl.org.uk)

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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

This inspection took place on the 5 and 6 January 2016 and was unannounced.

1 Parkstone Avenue provides accommodation and support for up to eight people who have a physical disability or learning disability. On the day of our inspection the service did not have any vacancies. The home does not provide nursing care.

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.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People were treated with kindness, dignity and respect by staff who knew them well. The registered manager ensured that staff had an understanding of people's support needs and had the skills and knowledge to meet them.

People were cared for by staff that had been recruited and employed after appropriate checks had been made. There were sufficient numbers of staff available to meet the needs of people.

People were protected against potential abuse as staff had received training and understood their responsibilities to keep people safe.

We found there were policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of what these meant and the implications for people living at the service. Where people had been deprived of their liberty, applications had been submitted to the local authority for a DoLS authorisation.

Medicines were stored and administered in a safe way.

Systems were in place to gather people's views. These included surveys, staff meetings and talking with relatives.

There were quality assurance systems in place which assessed and monitored the quality of the service. These included audits on medication management, incidents and accidents and health and safety.

## 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.

There were sufficient staffing levels to meet the needs of people.

People were protected from the risk of harm. Staff had received safeguarding training and knew how to keep people safe.

Medication was managed safely.

### Is the service effective?

Good ●

The service was effective.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff received training to support them to deliver care and fulfil their role.

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to appropriate services.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and had a good understanding of people's care and support needs.

Care plans and risk assessments were very detailed and individualised to meet people's needs.

People were supported to communicate their needs and preferences.

Staff interactions with people were positive and the atmosphere in the home was relaxed and calm.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and contained all relevant information needed to meet people's needs.

There was a clear complaints system in place and complaints were responded to in a timely manner.

### Is the service well-led?

Good ●

The service was well led.

Feedback from relatives, staff and healthcare professionals was positive.

Staff were fully supportive of the vision and values of the service.

There were effective systems in place to monitor the quality of the service people received.

# Vibrance - 1 Parkstone Avenue

## **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.

The inspection took place on the 5 and 6 January 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

A significant number of people living at the service had very complex needs and were not verbally able to communicate with us so we used observation as our main tool to gain insight of their experiences. We spoke with three relatives, five members of staff, the deputy manager and the registered manager. We contacted health and social care professionals such as GPs and occupational therapists to seek their views about the service.

We reviewed a range of documents and records including people's care plans, risk assessments and daily records of care and support. We also looked at records which showed how the service was managed, reviewed staffing records, quality assurance information and minutes from staff and relatives meetings. We also reviewed people's medical administration record (MAR) sheets.

# Is the service safe?

## Our findings

People were protected from the risk of harm and abuse. The service had safeguarding and whistleblowing policies and procedures in place. These documents were easily accessible and provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and understood the importance of keeping people safe and protecting them from harm. Staff we spoke with were able to identify the different types of abuse and told us what they would do if they witnessed or suspected abuse. One member of staff told us, "I would report to the manager immediately but if I thought they were involved I would go straight to Head Office." Another said, "It's my job to keep people safe if I thought people were being abused I would go straight to my manager or contact yourselves [CQC]."

Risks to people were well managed. The support plans we reviewed contained individual risk assessments. These identified the risk to the person, for example, accessing the local community or supporting people to transfer safely and the actions in place for staff to follow to reduce any risk. Risk assessments were reviewed every six months or sooner if required. A staff member told us, "We have to familiarise ourselves with people's risk assessments. Staff have to sign to confirm they have read and understood them [risk assessments]." This ensured staff knew how to manage risk and to support people safely.

People were cared for in a safe environment. Systems were in place for monitoring health and safety to ensure the safety of people, visitors and staff. We saw records of weekly fire alarm tests and evidence that equipment such as hoists, slings and low profiling beds were serviced and maintained. Accidents and incidents were reported on the provider's on line reporting system and were monitored by the registered manager and by the provider's senior management. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence. Records showed that senior management carried out monthly health and safety assessments and quarterly health and safety assessments were undertaken by the provider's housing officer. An annual fire risk assessment was also undertaken by the landlord of the property.

There were processes in place to keep people safe in the event of an emergency. Staff understood what they should do in emergency situations and had access to a list of contact numbers to call, which included the provider's on call management team.

There were enough skilled staff to support people and meet their needs. During our inspection we observed staff providing care and one to one support at different times. Staff were not rushed and attended to people's needs in a timely manner. Staff told us there were enough of them to meet people's needs. One member of staff said, "We are a small home and staffing levels are not an issue" and another said, "There's enough staff. I've worked here for seven years and we don't use agency [staff]. We are very good as a team and swop shifts or change things around so there's enough staff." Another said, "We have enough time to meet people's needs without rushing. We are a very good team and work together to help out, sometimes there are crazy days." The registered manager told us they had not used agency staff for a number of years and had built up a bank of relief workers. This ensured people were provided with continuity of care from

staff familiar to them.

People received their medication safely and as prescribed. People had care plans for their medication which included details on what medication they were taking, why they were taking the medication and possible side effects. People had individual Medication Administration Records (MAR) which included a photo of the individual. We observed part of a medication round and saw staff check the MAR before they administered medication. This ensured the person received the right medication. The home had 'as and when required' (PRN) medicines protocols in place which had been signed by people's GPs. Training records confirmed staff had received appropriate medication training and staff also completed competency assessments every year. There were appropriate arrangements in place for the ordering, storage and disposal of medication. Regular audits of medicine practices were undertaken by the registered manager and the deputy manager.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out Disclosure and Barring Checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and obtaining references. The recruitment records we looked at confirmed that appropriate checks had been undertaken and that the provider's recruitment processes had been followed. Recruitment records showed that people living at the home were involved in the recruitment process. For example one person had developed a list of questions they wanted to be asked to interviewees.

Safeguards were in place around people's finances and regular checks were made by senior management to ensure where staff were helping people with their money, the correct procedures had been followed.

## Is the service effective?

### Our findings

People who lived at the home received effective care and support from staff. Our observations showed that staff, the deputy manager and the registered manager knew people very well and were able to explain people's care needs and individual personalities.

Staff were supported to gain the knowledge and skills required to support them in their role. Staff told us they had received a good induction. They had spent time reading policies, getting to know people and shadowing more experienced staff. One staff member told us, "My induction was good. I did a lot of reading and was shown around the building and told what to do in an emergency. I shadowed staff which also helped me to get to know people. I was then observed me to make sure I was doing things right before I did things on my own".

People were cared for by staff who were supported to develop their skills to provide good care. All staff completed mandatory training which included safeguarding, medication, moving and handling, infection control, Mental Capacity Act, health & safety, food hygiene, first aid and fire safety. Staff also received specialist training to meet the needs of people such as epilepsy, dysphagia, dementia and catheter training. Most staff had completed a relevant health and social care qualification. One staff member said, "We have all the training we need and more, we just need to ask. The other day we had 'slide sheet' training from the occupational therapist." A healthcare professional told us, "Staff have attended dysphagia awareness training and texture modification training. Staff have been responsive in attending and participating in training sessions." Another healthcare professional said, "Parkstone had identified that some members of staff required refresher training to ensure correct use of equipment and a training session was promptly arranged". A relative said, "I think the staff have the skills they need to look after [name of family member] and the other people here. If I felt they didn't I would say something."

Staff told us, and records confirmed, they received regular supervision and had an appraisal in place. One staff member said, "I am very well supported. I have regular one to one's and can bring up anything. I feel I am listened to." Another said, "I'm well supported [name of manager] is brilliant. I have supervision every 4-5 weeks, but if I need one before I can always ask. The managers have an open door policy."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). 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.

Staff received training on MCA and had an understanding of the key principles of the MCA and DoLS. We spoke with the registered manager who was aware of their responsibilities with regard to DoLS. Records we looked at showed assessments had been undertaken of people's capacity to make decisions. Where people



had been deprived of their liberty the registered manager had made appropriate applications to the local authority for a DoLS authorisation. We saw records where 'best interest' meetings had been held. These meetings were attended by relatives, healthcare professionals, keyworkers, deputy manager and the registered manager.

People were supported to access healthcare when required and to attend appointments. People had a Medical Appointments Folder which included information regarding appointments, outcomes and copies of letter sent to and received from healthcare professionals. Records showed that support and guidance had been sought from healthcare professionals; where appropriate referrals had been made for example to GPs, occupational therapists and the speech and language team. A healthcare professional told us, "I am impressed at their flexibility to bring patients to clinic or facilitate meetings at the home, they demonstrate great compassion and empathy for the patients and I think find the right balance in how much to encourage treatments and maintain overall quality of life. They are diligent in dealing with GPs, hospital staff and other health professionals to get the best service for the residents."

People had Hospital Passports and Health Action Plans. These are documents which include the person's medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensured continuity of care and reduced people's anxiety. A healthcare professional told us, "They always bring their hospital passports with them and the staff always maintain a good level of communication with myself to achieve the best outcomes for their service users."

People were supported to have a balanced healthy diet. Staff had a good understanding of people's nutritional needs and how these were to be met. Staff used a variety of ways to support people to choose what they wanted such as pictorial menus and showing people a choice of food. One staff member told us, "People here have a certain way of communicating even if it's squeezing your finger to let you know if they like or dislike something." Another said, "One person can say what they want. For others you show pictures of the meals or the meal itself and they point with their eyes or we can tell by their facial expressions." Staff told us that there were alternatives if people did not want the food on the menu. Throughout our visit people were regularly provided with food and drinks.

## Is the service caring?

### Our findings

Staff provided a caring and supportive environment for people who lived at the home. Relatives we spoke to were very positive about the caring attitude of staff, the deputy manager and the registered manager. One relative told us, "All the staff are really pleasant and caring." Another relative said, "I come here quite a lot. They [staff] are all very nice and caring. They are good with [name of family member] and I see how they are with the others too; people are treated with kindness and compassion always." A staff member told us, "I'm here to do my very best. Caring, that's the main word which sums up our job."

During our visit we observed warm interactions between staff and people and the atmosphere within the home was calm and pleasant. Staff were very knowledgeable about the individual needs of people and communicated with them effectively. Staff took time to talk to people and ensured they were included in what was going on. We saw people being reassured by staff if they became anxious or upset. It was evident that they knew people well and had built up a caring relationship with them. Staff ensured people were aware of what was happening when they were being supported to eat or their personal care needs were being attended to. Throughout our inspection we noted staff would stop and chat to people as they walked by.

Staff treated people with dignity and respect. During our site visit we observed staff calling people by their preferred names and talking discreetly with people when checking whether they needed any support with personal care such as using the bathroom. Staff told us how they would support someone's privacy and dignity by knocking on people's doors before entering and ensured bedroom and bathroom doors were closed when delivering personal care. Staff took their time to support people with their personal care and ensured they were dressed in their preferred attire and looked good, which promoted their dignity.

Independence of people was promoted by staff. We saw one person being supported and encouraged by staff when they mobilised. Staff told us, "We try and maintain people's independence as much as possible for example eating; no matter how much time it takes we encourage them to eat by themselves." Another staff member said, "We help people to remain independent and follow their care plans. We don't take away their independence and do it for them otherwise they would lose that skill." We noted a compliment from a healthcare professional which said, "I'm really pleased with the way all the staff team have worked with [name of person] to improve their physical skills, confidence and cognitive skills. They should all be proud of themselves." Another healthcare professional told us, "[name of person] was discharged from hospital bed bound, after five weeks [name of person] is now walking with support. Staff have been very supportive and have followed recommendations made by the OT and PT. Care staff have increased this resident's confidence and have worked well as part of the team to improve and maintain their skills and quality of life."

People were supported and encouraged to maintain relationships with friends and families. There were no restrictions on people visiting the service. Relatives told us they could visit anytime they wanted. One relative said, "There's no restrictions on visiting they [staff] always welcome you in and make you a cup of tea."

The registered manager told us people were supported to access advocacy services. An advocate supports a person to have an independent voice and express their views when they are unable to do so themselves. Records confirmed advocacy had been sought for people.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People were supported as individuals, which included looking after their social interests and wellbeing.

Staff knew people very well and were able to describe their individual needs and preferences. People's needs had been fully assessed before they moved into the service and relatives told us they had been involved in the assessment process. One relative said, "[Names of staff] came to the hospital and asked lots of questions about what [name of family member] likes to do, background information and told us what they can help with."

Support plans included detailed information specific to the individual. If an individual's needs changed these were discussed at daily handover meetings, at monthly team meetings and recorded on the person's daily notes. People's care needs were reviewed regularly and relatives we spoke to confirmed they were involved in the review process. One relative told us, "We have regular meetings with the staff."

A healthcare professional told us that staff were committed to the review of people's care and did so in a detailed way, saying, "I was very impressed with the knowledge staff clearly had of the person I was visiting. They appeared to have constructed a person-centred and appropriate support plan, which was clearly reviewed often and was responsive to the adult's needs. Despite this adult's profound communication difficulties, I felt the approach of the care staff ensured wherever possible the adult was involved in their own care and given the opportunity to express their needs and wishes". Another healthcare professional said, "Parkstone have been proactive in their response to the changing needs of their clients and recognise the need for OT assessments. Staff have responded to the recommendations OT has offered. They have provided individuals with their own labelled moving and handling equipment and requested photo care plans where appropriate".

People were supported to live full and active lives. They accessed community activities and people had their own activity folders which showed what people liked to do and how they spent their time. The service had access to a mini bus which enabled them to access community activities. People were encouraged and supported to follow their interests such as playing and listening to music and going to the theatre. The provider had recently arranged for a visiting production company to put on a show at the home. A relative told us, "[name of family member] is always out doing different things. They take [name of family member] out to lots of places, we couldn't do that."

The provider had a complaints policy in place for receiving and dealing with complaints and concerns. Staff knew about the complaints policy and told us they would notify the registered manager or deputy manager if anyone had a concern or complaint. It was noted only one complaint had been received since the last inspection and this had been dealt with in a timely manner and in line with the provider's complaints policy. A relative told us, "When [name of family member] moved in we met [name of assistant director]. He told us about the complaints procedure and gave us a booklet. He told us if we had any problem to call [name of registered manager] and if we wanted to take anything further to contact him."

## Is the service well-led?

### Our findings

The service promoted a positive person centred culture and staff had a good knowledge about the people they were caring for. The registered manager and deputy manager were very visible within the service. We asked the registered manager what they were most proud of. They said, "Our staff team, they go above and beyond and go the extra mile. Teamwork is brilliant, they help one another out. If they feel people need things they advocate very much on their behalf."

People we spoke to told us that the registered manager and deputy manager were approachable and supportive. Staff told us they felt supported, valued and listened to by the management team. One staff member told us, "This is a good home, it is run very well. I'm happy working here we have all the resources we need and there's good morale within the team." Another said, "If I have any queries or worries they [management] are very helpful and tell you what to do and explain things to you; best management team I've ever come across."

Staff demonstrated they had an understanding of the provider's vision and values and described how they provide the best possible care they could for people. One staff member told us, "I find it totally rewarding helping the people here lead the best possible life they can. We encourage people to maintain their independence as much as possible". Another said, "We are all about the service users giving them as much of a life as possible, not wrapping them up in cotton wool, getting them out there and enjoying life."

Staff had regular supervision and team meetings. We saw minutes of team meetings which confirmed these were held every month. Staff signed copies of the minutes to confirm they had read them. At these meetings staff discussed any issues or concerns or changes to people's support plans and/or risk assessments. Staff told us they were able to put forward ideas for improving the service as well as providing their views on any proposed changes to the service.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people, for example, regular audits were undertaken on medication management and health and safety. The provider's senior management also carried out audits on a monthly basis. This showed that the home had a quality assurance programme in place which was effectively monitored.

The registered manager gathered people's views on the service through meetings, talking to people on a day to day basis and through questionnaires. The registered manager told us that the provider had recently undertaken a staff survey and was in the process of developing a 'staff survey action plan'. A member of staff from each service would be invited to attend a forum to share ideas and suggestions to staff responses. This showed that management listened to people's views and responded accordingly to improve the service. Feedback from relatives and stakeholder surveys was positive about the service.

The registered manager told us they were well supported by senior management. She told us, "The

company trusts our judgement and listens to what we have to say and is totally service user orientated."