Vibrance

Vibrance - 83 Glengall Road

Inspection report

83 Glengall Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 20 January 2016 and was unannounced. The provider met all the regulations we inspected at our last inspection on 20 November 2013.

Glengall Road is registered to provide accommodation and support with personal care for up to seven people with a learning disability. At the time of the inspection there were seven people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found the central heating system was not working adequately to ensure that the home was always comfortable for people. There were one-to-one staff arrangements in place to support people who had a behaviour that challenged the service. However, we found that these were not always effective.

People and their relatives were happy with the home. They told us staff were kind and the service met people's needs. People and relatives were satisfied with the amount and variety of activities available at the home. We noted staff supported people to go out to various places of leisure, shops and cafés.

Each person had a risk assessment and care plan. The care plans were reviewed regularly and there was evidence to show that people and their representatives were involved in the review of care plans. Staff told us and we observed there were arrangements for people to enjoy meals that reflected their cultural or personal references. Staff were experienced, trained and supported. We noted staff had good knowledge of each person's likes and dislikes and were trained in medicine administration. This showed people were supported by staff who understood their needs.

Staff told us they had attended various training courses related to their roles. Records showed staff had attended different training programmes including Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We observed how staff treated people with compassion and ensured that people had the opportunity to do as much as possible independently by themselves. This showed staff respected people's choice and rights.

There were various auditing systems in place. We noted people and relatives were consulted about the service and the home had a complaints procedure which people and relatives knew about. The equipment and facilities were checked and maintained regularly and it was evident that the home was clean and was free from offensive odours on the day of the inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Each person had a detailed risk assessment and staff knew what actions to take to respond to concerns. People and relatives told us staff were nice and they liked the home. However, we found that people were not always safe central heating and the one-to-one staff arrangements were not effective.

The staff recruitment system ensured that staff were appropriately checked before starting work at the home. This showed that people were supported by staff who were vetted.

Is the service effective?

Good

The service was effective. The home provided support in line with the requirements of the Mental Capacity Act 2005 and people's rights were protected through use of the Deprivation of Liberty Safeguards.

We noted staff received appropriate training and support for their roles.

People and relatives told us the food provided at the home was good. There were arrangements in place for people to have meals that reflected their cultural and personal preferences.

Is the service caring?

Good

The service was caring. People and relatives told us the service provided was next to none and they were happy with staff.

Staff knew people's likes and dislikes. We noted staff supported people to visit and keep in touch with their relatives. This staff communicated with relatives and updated them with information about people's wellbeing.

Is the service responsive?

Good

The service was responsive. We noted people had a range of activities to take part in and opportunities to go on holidays.

There was a complaints policy and people and their relatives

knew how to make a complaint if they were not happy about any aspect of the service.

Is the service well-led?

Good

The service was well-led. The health and safety of people was ensured through regular checks, audits and maintenance of the equipment and facilities.

People, relatives and staff told us the registered manager was approachable and we noted that resident and staff meetings took place. This showed people, relatives and staff had opportunities to share their views about the service.

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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 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 20 January 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The 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. The PIR also provides data about the organisation and service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we observed people's interaction with staff, and spoke to two people who used the service, two care staff and the registered manager. We spoke by telephone with two relatives and reviewed three people's care files, six staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We had a guided tour of the premises.

Requires Improvement

Is the service safe?

Our findings

One person told us their bedroom was cold. We noted the radiators in the dining room and a person's bedroom were on but they were not working effectively to make the rooms warm and comfortable enough for people. The registered manager told us that they were aware of the problem with the radiators. They showed us a record of evidence to confirm the engineers had visited the home the day before the inspection. The registered manager provided portable electric heaters for the dining room. However, it was not evident that the temperatures in the rooms were kept at a level where people felt comfortable. This had a potential to affect people's health and wellbeing.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information we had received from the registered manager showed that incidents such as physical abuse had been reported to the local authority and the Care Quality Commission (CQC) as safeguarding concerns. We noted staff had training on safeguarding and were aware of the provider's safeguarding procedure to record and report any form of abuse. During the inspection we observed one person was physically threatened by another in the dining area. The registered manager told us they provided one-to-one staff support for people who presented behaviour that challenged the service to ensure the other people who used the service were safe. Even though no physically abuse took place during the inspection our observation showed that people were not always protected and safe.
We recommend that the provider review the staffing level so that the one-to-one staff support for people is effective and people are safeguarded.

On the day of the inspection we noted that all parts of the home were clean and tidy. We noted how staff ensured that the equipment and premises were clean and tidy. We observed that staff washed their hands before and after preparing meals. This showed that staff managed the risks of infections well.

People and their relatives were happy with the home. One person said, "Yes, I like the home." A relative told us, "Staff are so kind. I could not wish for more." Another relative told us, "[The person] is safe in the home. [They have] everything [they] need at the home." We observed how staff communicated with people in a friendly manner. We saw that people were relaxed and smiled when interacting with staff.

Each person had a risk assessment which detailed possible risks and gave guidance for staff to ensure the risks were managed. For example, one person's risk assessment identified a risk of choking when eating meals and stated that staff should make sure the food was cut for the person. Staff were present when the person was eating. Another person's risk assessment stated that staff should follow guidelines about epilepsy support for one person. We noted that staff were aware of each person's risk assessment and were clear about how to manage the risks.

The service had enough staff to meet people's needs. Staff supported each other to carry out tasks and felt there were enough staff at the home. The registered manager told us that the home used staff from other

homes owned by the provider to cover sick leave or unplanned staff absence. The staff rota showed that there four care staff, a driver and the registered manager during early shift. The late shift was covered by three care staff and the night shift was covered by two waking night staff.

The provider had systems in place for staff recruitment. The registered manager told us that there were had been no new staff employed since the last inspection. The two staff files we checked contained evidence of two written references and police checks. We noted staff had completed an application form as part of their employment and had attended an induction programme before starting work. Staff told us they had previous experience working at services owned by the provider and at other locations.

Staff administered people's medicines. We checked the medicines and the medicine administration record sheets (MARS) and found that they were all in order except that staff administered and recorded one person's medicine once every three days instead of once every day as stated in the prescription. When we discussed this with staff we were told that the person's GP advised them by telephone to administer the medicine once every three days. The registered manager said staff would request the GP to make the changes on the prescription so that they would be reflected on the MARs. This would ensure that the medicines were correctly administered and recorded.

Good

Is the service effective?

Our findings

People and their relatives made positive comments about the staff. One person told us the staff were "good" and they liked them. A relative said, "The staff are very nice." Another relative told us staff knew what they were doing. They said they were happy with the staff because "[staff] talk to me regularly". Another relative wrote in the home's compliments' book, "The staff are so friendly and do their jobs well."

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The 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 make 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. The application 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 on authorisations to deprive a person of their liberty were being met. We noted that DoLS authorisations had been obtained for six people and an application made for one person.

Care files showed that people had health plans and were supported to have regular health checks. We noted each person was registered with their GP and had access to other health care providers such as district nurses, psychiatrists, chiropodists and dentists. We noted each person had a 'Hospital Passport' in their care files. This contained personal and medical information which health professionals needed to be aware of when treating people. Staff told us they always ensured that the people's Hospital Passports were available with them when they attended healthcare appointments.

People and relatives told us the food provided at the home was good. One person said, "Yes, [I like the food at the home]." A relative told us, "The food is excellent." Another relative said, "The food is fresh and home cooked."

Staff told us the menu for the week was developed every Sunday with a consultation with people. They showed us the pictures used to assist people to make choice. We were informed that the menu was used as guidance but people could "change their mind" and choose what they wanted at a mealtime. We observed that some people made a choice different from the menu on the day of the inspection. This showed people were able to choose what they wanted for their meal.

People's dietary and cultural preferences were met. Staff told us they asked people and relatives about their meal preferences and made sure that these were met. We saw evidence of this in the menus and in the kitchen. For example, we saw various kinds of food to suit people's cultural needs such as yam and cassava in the kitchen and staff told us they provided halal food for people who needed it. We noted that the home had a 'Food Diary' where staff kept records of what people ate. This ensured that there were always records

to show what meals people had even when they changed their mind and choice a meal different from the menu.

Staff prepared and supported people with their meals. Records showed that staff had attended basic food hygiene and had experience of cooking varieties of meals. A member of staff told us they were good at cooking, including preparing food from different cultures. We observed lunchtime and noted that people enjoyed their meals.

Staff spoke positively about the training opportunities they had at the home. A member of staff said they had attended "loads of training". They told us the training they attended included autism, adult safeguarding, health and safety, challenging behaviour and moving and handling. These were confirmed in the staff files and the registered manager's training records. This showed staff had training relevant to their roles.

Staff told us they received support, supervision and appraisal from management. These were confirmed in the staff files we checked. We noted that copies of the supervision notes were signed and held by the supervisor for future reference and reviews of agreed actions. Staff told us they were happy with their supervision and felt that they worked effectively as a team.

Good

Is the service caring?

Our findings

People and relatives were positive about the care provided at the home. A person told us staff were "good". A relative said staff showed "love and care [that was] "next to none". We observed staff treated people with compassion, listening to them and explaining what they were doing in appropriate ways so communication was effective.

Staff assisted people to keep in touch with relatives. A relative told us that staff kept in contact and updated them with information about a person's wellbeing. They told us they were happy with staff for enabling a person to visit a relative who could not visit the home. This indicated that a person's needs to visit their relatives were recognised and appropriate support provided.

Staff provided personalised care. They told us they knew people's needs, likes, dislikes and routines. We noted people responded to staff when they interacted with them. We saw people could choose where to sit, what to do or how to spend time in the home. This showed staff provided a caring environment where people were able to choose and decide their care.
Staff used suitable communication methods with people. They told us they used sign languages, Makaton and pictures to communicate with them. For example, we saw that the menus were presented in a pictorial format and the photos of members of staff during a shift were displayed on the wall in the dining room for people to know who was working. Staff told us they had worked at the home for many years and had the knowledge and experience of providing care that reflected people's needs.

The registered manager informed us that the home had independent advocates who met with people and listened to them. We were told that the independent advocates facilitated workshops which took place three to four times a year. The purpose of this was to enable people to express their views and to influence the quality of the service.

People had had their own bedroom and we noted that staff knocked on the doors before entering. Staff told that this was a routine they followed to ensure people's privacy and dignity. A care staff member told us that they always explained things and asked people before undertaking a task such as personal care. They told us that they ensured people's privacy, dignity and rights were respected by providing them opportunities to choose how they wanted to be supported. We saw evidence of this when staff supported people with their meals and activities in the home.

Good

Is the service responsive?

Our findings

Each person had a care plan which outlined their needs, preferences and how they wished to be supported. The care plans were detailed with information about people's needs in areas such as communication, health, breathing, nutrition, mobility, leisure, expressing sexuality, mood, social interaction, relationship with others, cultural, medical, ethical and spiritual needs. The care plans reflected what and how people wanted to be supported. For example, one person's care plan stated, "I like to do as much as I can for myself." Staff understood this and encouraged people to be as independent as possible. They encouraged people to be at the centre of the care when, for example, one care staff asked, "Tell me what you want me to do?" This showed that care plans were comprehensive staff and were aware of people's needs.

We noted each person had a key worker. A key worker is a member of staff who had a responsibility to pay particular attention to the care of a named person. The responsibility of a key worker included making sure that care plans were reviewed and followed by staff. It also included monitoring of the person's day-to-day welfare including making sure that the person's clothes and rooms were cleaned. Staff told us that as key workers they made medical appointments, organised review meetings and supported people with different tasks including shopping personal items. People's care files showed keyworkers liaised with relatives, health and social care professionals and updated care plans.

Relatives told us people were supported with activities. A relative said, "[Staff] arrange outings to suit [a person's] needs." Another relative wrote in the compliments book, "The clients are taken out on a regular basis to places that they know appropriate." We noted people attended a day centre, physical exercise classes, and went with staff to places in the local area. Staff told us the home had a car which they used to take people out to the shops and cafés. This was confirmed by people and relatives.

Relatives were aware of the complaints procedure. One relative said, "I have never had a reason to complain [but] if I need anything I know where to go." Another relative told us they knew who to contact if they had a concern about the service. The home had a complaints policy and the registered manager told any complaints or concerns received would be recorded and investigated. There had been no complaints recorded. However, there were many compliments received by the home. These were either sent to the home as compliment cards or written by visitors in the compliments book.

Good

Is the service well-led?

Our findings

Relatives told us that they were happy with the management of the home. One relative said, "I am satisfied with the management of the home.." Another relative said, "[The management of the home] is fine. I am happy". We reviewed the relatives' comments and noted that they were positive about the quality of the service. One relative wrote, "I find this a lovely, bright and happy place." A care worker told us, "The manager is approachable and listens to you. She is supportive."

Staff were clear about their roles and what they were required to do. We noted that there was no turnover of staff at the home and no new staff had been employed since the last inspection. This showed that there was a continuity of care for people because they were supported by staff who had accumulated knowledge and experience of working with them.

'Residents' meetings' and staff meetings took place regularly. We reviewed samples of the minutes of the meetings and noted the people and staff were able to discuss various items such as the Christmas party, decorations, facilities and people's support needs. This showed people and staff had the opportunity to talk about common themes and issues.

The director of operations visited monthly and audited various aspects of the service. The last such visit took place on 19 January 2016 when a person's care file was audited to check if it was up-to-date and contained relevant information. The registered manager told us she also discussed health and safety, staff training and meetings with the director of operations. This showed that there was a clear structure and responsibility to ensure that the home was well managed.

The registered manager checked the quality of the service and made improvements when necessary. We saw records of audits and checks undertaken by the registered manager were detailed and timely. The audits included monthly medicine audit, monthly audits of people's money, and weekly emergency light checks. We noted that gas safety checks, fire risk assessments and portable electrical appliances were checked and the home was visited by fire officers and an environmental health officer who identified no safety issues.

The registered manager ensured that all requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting notifications of serious events that affected the service and completing the provider's information return.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered manager did not ensure that the central heating systems were appropriately maintained and the temperature of the rooms was made comfortable for people. Regulation 15 (1)(e).