Vibrance

Vibrance - 2 - 3 Orchard Close

Inspection report

3 Orchard Close
Rodney Road
London
E11 2DH

Tel: 02085188261
Website: www.vibrance.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 unannounced inspection took place on 11 July 2017.

Orchard Close is a 14-bed service providing support and accommodation to people with mental health needs. At the time of the inspection 12 people were living there. The service is made up of two large houses in a residential area close to public transport and other local services. Each house accommodates up to seven people.

At our last inspection on 14 and 15 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service had a registered manager in place. 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 remained safe at the service. There were systems in place to minimise risks and to support people to live as safely as possible. People using the service received their prescribed medicines safely and appropriately from staff who had been trained to administer medicines correctly. Staff knew how to identify abuse and what to do to safeguard people. Safe staff recruitment practices were in place.

Staff had the right skills and knowledge to work in their roles. They were inducted into the service and received relevant training in health and social care whilst employed. People's needs and choices were assessed effectively by the service. Staff knew people's needs and preferences and could support them. People were supported to maintain a balanced diet.

Staff communicated with each other to provide effective care for people using the service. People were supported to maintain good health and the provider had good links with healthcare services. People were supported to have maximum choice and control of their lives.

People at the service were treated with kindness and respect. All people we spoke with told us the staff were caring. People at the service were independent and able to do things they liked and wanted to do. Their privacy and dignity was respected by staff. Staff at the service respected people's confidentiality. People's personal information was kept securely in locked cabinets or on password protected computers. People at the service made decisions about the service and the support they received.

People at the service receive personalised care. Assessments covered people's cultural and spiritual needs as well as their mental and physical health needs. The staff team knew the people well and what their needs were and how to respond to them. People were confident about raising concerns and complaints to the

service and knew these would be responded to as needed.

The management of the service were well thought of. Staff told us they enjoyed working at the service, that they were supported and that it was managed well. People, their relatives and staff could direct and influence the way the service was run. The registered manager told us the service was involved with the local community. The provider used different systems to ensure that the quality of care, performance, management of risks and regulatory requirements were of a good standard and met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Safe.	**Good**
Is the service effective? the service remained Effective.	**Good**
Is the service caring? The service remained Caring.	**Good**
Is the service responsive? The service remained Responsive.	**Good**
Is the service well-led? The service remained Well-Led.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 11 July 2018 and was unannounced. The inspection was completed by one inspector.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection and a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During our inspection we spoke with four people who used the service and observed the care and support provided by the staff. We spoke with relatives of three people who used the service, three members of staff, two support workers and the registered manager. We looked at three people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, health and safety and maintenance records, quality monitoring records and medicine records.

After the inspection we received feedback from two occupational therapists who have referred people into the service.

Good

Is the service safe?

Our findings

People who used the service told us it was a safe place to live. One person said, "Yes I feel safe. I feel secure here. If I see anyone I don't recognise I'd let staff know." An occupational therapist also told us the service had "a high focus on maintaining a safe environment for its residents." Risks to people using the service were identified and minimised and there were systems in place to support people's safety. These systems included on-going assessments, risk assessments, health and safety checks and processes and procedures that staff understood and had been trained in. Risk assessments were relevant to people's needs, in date and personalised. Staff we spoke with knew the people using the service and could identify changes in behaviour that might affect the risks to that person or others using the service.

There were systems in place to help ensure the safety of people and others in the event of an emergency. There were personal evacuation plans within a contingency folder kept by each of the the exits of the service. The folder also contained important information about the service and contact details for relevant people and agencies who could assist in the event of an emergency. There was a fire folder for the service. It contained a fire risk assessment that was regularly reviewed and logs indicating fire alarms were tested weekly. These systems help to keep people safe in the event of an emergency.

People were protected from the risk of abuse. Staff had received training on safeguarding and knew how to identify abuse and what to do once it had been identified. One staff member told us they would "report to the manager, then to [the] organisation, then to CQC or the local authority."

We looked at the rota and saw that there were sufficient numbers of staff to meet people's needs and that the management covered absences with existing staff, regular relief staff and then agency staff. We saw that when the need arose there was an increase in staff on that day to accommodate the extra need.

There was a satisfactory process in place for staff recruitment. Staff completed application forms, provided two references, photo ID and attended for interview. The provider carried out a range of checks including the prospective employees' eligibility to work in the UK, and a Disclosure Barring Service (DBS) check to see whether there was evidence of applicants having criminal convictions or not, or whether they were on any list that barred them from working with people who need care. This recruitment process help protect people who needed support as it ensured that staff employed were suitable to do so.

We found safe use, administration and storage of medicines. People said the staff supported them with their medicines. One person told us "Staff support me with medicines". Staff discussed medicines with the people and ensured, where appropriate, people took their medicines at times that suited them. This was reflected in the medicine administration records (MARS) we saw that were up to date and completed correctly. Staff received medicines administration training and their proficiency was regularly reviewed by the management team. It was also noted in the main MARS folder when staff training in medicine administration needed to be renewed. This was in addition to the training system the service used. The MARS folder contained pertinent information to ensure medicines were administered safely to the right person and what, if any, side effects there were from the medicines. This information was useful for agency

staff who might not know the people using the service well or health care practitioners who might need to review people's medicines. These medicines and the MARS records were audited regularly by the deputy manager of the service.

People were protected from the spread of infection through its control and prevention. Staff used personal protective equipment such as gloves and aprons and understood the reasons for wearing them. They had received training on infection control and were aware of the risk of infection people faced through the daily routines at the service.

The provider learned from errors and incidents that occurred and made improvements where it could. All incidents and accidents were recorded electronically and followed up by the management team. These follow up actions were monitored by the provider and feedback and learning was provided and shared with staff in their team meetings.

Good

Is the service effective?

Our findings

People told us that the staff supporting them had the right skills and knowledge to work with them. One person told us, "They seemed to be skilled and experienced. I have no problem with anything like that." The training record for the staff team portrayed a good mix of skills and knowledge. Eleven staff had completed the Care Certificate, a nationally recognised set of standards that ensures employees are introduced to skills necessary to provide good care in a health and social care setting. Four staff had level two qualification or equivalent in health and social care. All staff had completed training considered mandatory by the provider including safeguarding adults from abuse and training on Mental Capacity Act 2005 (MCA). The staff we spoke with said they had received good training and all felt comfortable talking to the provider about training. Staff files contained interview notes showing applicants were asked about required qualities for the role and checked for sufficient experience in health and social care.

People's needs and choices were assessed effectively. One of the external professionals we spoke with told us that the management team had assessed a person they referred to the service, visiting them whilst they were still hospitalised "They assessed [them] at [the hospital] and we worked with them on a detailed transfer for [person]." We looked at three people's care plans and all contained personalised and detailed assessments of their needs. Assessments indicated people's cultural and spiritual needs as well as their mental and physical health needs. People's consent was sought and recorded to share information with other relevant professionals. Staff were able to inform us about the progress that people had made since being at the service and the areas people continued to work on. We observed staff interacting with people throughout the inspection and it was clear that they knew people's needs and preferences and were able to support them.

People were supported to maintain a balanced diet. Staff were responsible for preparing the main meals but people could cook and eat as and when they pleased. We spoke to people who told us they liked the food at the service. One person said, "The food is good. It's put in front of me and I eat it." We saw meal choices were written on boards in the dining area and that people could discuss the food in residents' meetings. One person told us about their doctor's recommendation and how staff tried to get them to cut out white bread. These recommendations were identified as ongoing goals in the person's care plan.

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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were two people using the service who had DoLS authorisations in place to keep them safe. The staff had a separate DoLS folder for easy access to information around the authorisation but also duplicated this info in people's care plans. Relevant documentation was in place for both DoLs authorisations. Staff had received MCA and DoLS training and were aware of people's rights to make decisions about their own lives.

The other people in the service had capacity to make decisions and were supported to do so. We observed one person requesting and receiving money being stored in the safe. They had a discussion with the staff member why it was being kept in the safe, verified they could spend their money how they wanted and then signed a log book documenting how much they took and how much was left. We saw documents in care plans had been signed by people indicating their understanding and agreement with them.

Staff communicated with each other to provide effective care for people using the service. We saw daily notes completed for each of the people using the service and minutes of meetings held about particular people as well as general meetings about the service. Staff held handovers to transfer information from one shift to the next.

People were supported to maintain good health and the provider had good links with healthcare services. People saw their GPs, consultant psychiatrists, community psychiatric nurses (CPN), occupational therapists and social workers. People told us that staff arranged for them to see their GP when needed. One person said, "Yes I know I can go to staff if I have pain or irritation. They will get me an appointment with my GP." Care plans and appointment books demonstrated how people were supported to attend appointments and meetings with healthcare professionals and the information from those meetings was recorded appropriately. Staff knew the health care needs of people, monitored them and recorded their findings in care plans to ensure that their health needs were met..

The premises were suitable to meet people's needs. The service had no specialist adaptation to their environmental design, however consideration was given to people physical needs and mobility. Where there were people with mobility issues, they were provided with rooms on the ground floor with showers to accommodate their needs.

Good

Is the service caring?

Our findings

People at the service were treated with kindness and respect. All people we spoke to told us the staff were caring. One person said, "Yes [they are caring]. They seem dedicated to their profession and enjoy working with mental health issues." We observed staff interactions with people and saw that people were treated kindly and appropriately. A relative told us, "The care [person] is getting is brilliant." We spoke with the registered manager about people in the service being provided emotional support and they told us about a time where a person needed to be supported with a relationship they had. One of the external professionals we spoke to was able to verify the support provided by the team and we saw minutes of meetings held to support the person involved.

People at the service were independent and able to do things they liked and wanted to do. We spoke to one person about how they enjoyed visiting central London occasionally. The same person also told us about being able to cook what they wanted. A relative told us about often meeting their family member at a café or a pub as this was their preference. We observed people coming and going from the service without restrictions. Some were being supported by staff to do what they wanted in the community whilst others did what they wanted independently.

People's privacy and dignity was respected. One person told us, "Yes. They will always knock the door first. I might watch things alone in my room. They don't just barge in". Another person said, "I can spend time alone in my room if I want to". A staff member told us, "I keep my boundaries. Their space is their space." Residents had their own rooms with keys to lock their doors and could spend time there, in communal lounges or in the garden areas that were available for all to use.

Staff at the service respected people's confidentiality. People's personal information was kept securely in locked cabinets or on computers systems only accessible to employees. Staff knew about not sharing information unless people gave their consent.

People at the service made decisions about the service and the support they received. One person said, "I have three-way meetings with my care coordinator and Orchard Close staff." Care plans contained minutes of these types of meetings and care plan reviews were signed by people indicating their consent to treatment plans. We spoke with people about their choices at the service and they told us about the meetings they held. People using the service recorded the minutes of their meetings and set their own agenda. The choices and decisions from these meetings were then shared with staff who would act upon them. We saw the minutes from these meetings and saw
topics of discussion such as food menus and holidays. These decisions were then reflected in staff team meeting minutes. One of the people we met with also informed us they were on the board for the provider and we observed them leaving the service to attend a board meeting. This means people had input into how the provider runs all its services and there were opportunities for people to express their views at a corporate level.

Good

Is the service responsive?

Our findings

People at the service received care that was tailored to their needs. A healthcare professional we spoke to told us, "We have a number of older, long term residents placed with them and I have observed them offer an extremely caring and compassionate approach to meeting the needs of this group as their needs may become more complex." People's care plans were reflective of this personalised care offered. They were detailed and contained assessments that captured the needs and preferences of individuals using the service and also provided methods and actions on how to best respond to those needs and preferences.

Care plans also contained information on people's hopes and ambitions, their capabilities and their sexual identity. Staff shared information with each other about people's changing needs in handovers and captured this information in their daily notes so they could consider how best to meet people's needs. The staff team were consistent, the majority having been employed for a long time, and knew the people well and what their needs were and how to respond to them.

People were confident about raising concerns and complaints with the provider. We asked one person whether they knew who to complain to and they said, "Any member of staff. I'm confident enough to bring it to any member of staff. I would say if something is detrimental to me or someone else." A relative told us, "I've got the names of the managers so if I had concerns I'd ask to speak with them and arrange and a meeting. The service had a complaints procedure, copies of which were in place in people's room. Copies of complaints were sent to the providers senior management team, picked up in audits and shared with local Clinical Commissioning Groups (CCG) monitoring forms. The complaints were discussed in management action plans to identify any learning and to help improve the service.

The manager told us they had an "open door policy" for people, staff and relatives that ensured concerns could be brought direct to them in an informal manner. This was not a formal policy but a term used to describe easy accessibility to the registered manager. We observed people coming into the management office throughout the day to speak with management and request support and to bring things to their attention.

People at the service, and their relatives, were asked about their end of life wishes. These were recorded in their care plans. Some staff had received palliative care training. The deputy manager told us this was to be offered again by the provider as there were new staff who could benefit from it.

People at the service were able to attend activities that they wanted to do. We spoke to one person about their interests in cooking and another in watching television. We saw from care plans that one person attended voluntary work and another attended learning activities. We saw in the house meeting minutes that discussions about holidays, day trips and social activities took place and then staff supported people to attend these. People were encouraged to maintain contact with their relatives and their relatives were welcome to visit the service when they wanted. One relative told us, " They've been on holiday to various locations. [Person] chooses how to arrange those." Staff took measures to ensure people were not socially excluded as well as protecting them from social isolation.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively of the management and how they liked living at the service. One person told us, "It's an excellent service and I enjoy living here." A relative told us, "The manager and deputy manager they are brilliant people – they look after people." The service had a registered manager who was supported by a deputy manager and senior support worker.

Staff told us they enjoyed working at the service, that they were supported and it was managed well. One staff member said there was a, "Good work culture. Good relationships, even if we get on each other's nerves sometimes!" All staff were regularly supervised and had annual appraisals. When asked staff stated they received support in their roles and were encouraged to develop their skills. Some staff had put themselves forward for added responsibilities and were in line to receive further training to assist with these added responsibilities.

People, their relatives and staff could direct and influence the way the service was run. People held meetings and set their own agendas that fed into the staff and management meetings. Staff held meetings where they discussed issues involving service operation and delivery. These meetings also provided an opportunity for staff to have input on how support was delivered. One staff member, "Staff meeting and handovers I can say what I want to say." People, relatives and staff were all invited to take part in regular surveys to feedback on the quality of the care at the service.

The registered manager told us how they supported the local community where the service operates by being involved with local community groups and the local neighbourhood watch.

The provider used different systems to ensure that the quality of care, performance, management of risks and regulatory requirements were of a good standard and met. These systems were varied but included feedback through surveys, feedback in one to one sessions with people using the service, feedback through meetings, monitoring systems to track movement of both objects and finances and through audits. The staff team undertook regular audits to ensure that the service was safe and their systems were working. These audits were shared with the provider's senior management for review and in return they gave feedback to the service. These audits, along with feedback received by the service, ensured that the provider was able to learn where improvements could be made and action them accordingly.

The provider's senior management attended the service at regular intervals to complete audits and were happy to meet with people and staff. On these occasions feedback was gathered directly from people about the service. This was recorded in the audits completed and shared with the management team of the service which then discussed the feedback in team meetings.

The provider shared its environment with some of the mental health services of a local NHS mental health trust. Staff had good relationships with the mental health services as they regularly interacted. This was reflected in people's care plans and through the feedback we received from an occupational therapist based in those mental health services. Involvement with GPs, social services and other agencies was also recorded

in care plans and communication books. These professional relationships were all beneficial to the support people received.