Vibrance

Vibrance - 16 Sylvan Road

Inspection report

16 Sylvan Road
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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
16 Sylvan Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 16 Sylvan Road accommodates 4 people in one adapted building. At the time of our inspection 4 people with mental health needs were living there.

People's experience of using this service:
People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice. There was an instance of consent documentation being completed incorrectly. Consent was implied in people's documentation.

We saw that some care records had been typed then written over by hand. We noted some audits were overdue and did not pick up on the error we found with respect to consent documentation. One audit which was overdue and therefore did not pick up a medicine recording omission we found. Quality assurance processes either did not identify or seek to remedy the issues we saw with decoration.

People's needs were met with respect to building layout and design, however the service had not been decorated for some time.The provider told us they would seek people's input around this and agree a plan.

People told us they felt safe and there were safeguarding procedures to keep people safe from abuse. People were risk assessed to keep them safe from harm. There were sufficient staff at the service. Suitable staff were recruited to work with people. People's medicines were managed safely.

People's needs were assessed before moving into the service. Staff were trained how to do their jobs and were supervised in their roles. People were supported to access health care professionals. People were supported with their food and could choose what they wanted to eat.

People and relatives told us staff were caring. People and their relatives were involved with their care. People's privacy was respected, and their independence promoted.

People's care plans recorded their needs so staff knew how to best work with them. People were supported to attend activities they enjoyed. People's communication needs were assessed, and staff knew how to communicate with them. People and relatives told us they knew how to make complaints, though there had been no recent complaints at the service. The service was not providing end of life care to people but staff had received training and people's end of life wishes were recorded if they wanted.

People were happy with the management of the service. The registered manager was supported in their role by a deputy manager. The service had links with other agencies to the benefit of people using the service.

Please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
This service was previously rated 'Good' at inspection in July 2017.

Why we inspected
This was a planned inspection that was part of our inspection schedule.

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? the service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Vibrance - 16 Sylvan Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a care home that accommodates people with mental health issues. It provides personal care to people living at the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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.

Inspection site visit activity started on 19 December 2019 and ended on the same day.

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 and professionals who commissioned the home's services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We observed how staff provided care and communicated with people. We spoke with three people who

used the service and two relatives. We spoke with three staff, the registered manager, the deputy manager and a care worker.
We reviewed a range of records. These included two people's care records and three records relating to staff recruitment, training and supervision. We also looked at information relating to the management of the service, including the provider's policies and procedures, people's medicine administration records (MARs) and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate the evidence found during the inspection.

Good

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 now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● People told us their medicines were managed safely. One person said, "The staff know what they're doing with the medicines." Staff were trained how to administer medicines and their competency to do so was checked by management. There was a medicine policy which staff followed. We counted people's medicines and found them to be in order.

● Staff completed Medicine Administration Record (MAR) charts to record medicines administered and these charts were audited by management. We found one omission in a MAR chart, but this had not been audited as the audits were overdue. The deputy manager completed these audits following our inspection. We have no reason to believe there were concerns with the medicine management other than this late completion of audits.

Assessing risk, safety monitoring and management

● The service completed risk assessments for people to monitor risks to them and keep them safe from harm. Risk assessments were personalised and focused on different aspects of people's lives. Risk assessments included behaviour, finance and falls. Risk assessments contained actions for people and staff to follow to minimise risks to people. There were also supporting documentation to work with risks to people such as weight monitoring and food and fluid forms.

● The service monitored the safety of the environment through various health and safety checks. We saw numerous maintenance records which assured the provider the building was in working order and that environmental risks were minimised. However, similar to medicine audits, some monthly health and safety audits had not been completed due to the deputy manager being on leave. These were completed following our inspection.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt people were safe at the service. One person said, "Yes, definitely." A relative said, "They are safe there." There were safeguarding systems in place. No safeguarding alerts had been raised recently, but staff were able to tell us the process should they have concerns. Staff members received safeguarding training and knew what to do if they suspected abuse. One staff member said, "I would on a Datix [incident report] and report to a person in charge."

● There were processes in place to look after people's money. We checked two people's money and the records associated with it. We found all the money was present and correct.

Staffing and recruitment

● People told us there were enough staff. One person said, "Plenty staff working here." Records indicated the management had taken steps to ensure there were sufficient staff and we saw that cover was increased

as and when needed.
● The service had robust recruitment practices. We looked at three staff files and pre-employment checks had been completed to ensure their suitability for the roles. This meant people were kept safe as the provider employed suitable staff.

Preventing and controlling infection
● Staff told us they knew how to prevent infection. One staff member said, "We wear gloves and aprons and hats too if necessary and covered for our feet too." Staff received training on infection control and there were checks in place to ensure that infection did not spread, such as fridge and freezer temperature checks. Staff used personal protective equipment (PPE) in line with the provider's policies on infection control.

Learning lessons when things go wrong
● Lessons were learned when things went wrong. Accidents and incidents were recorded electronically, and the management team ensured that actions were taken and follow up from incidents was recorded and acted upon. Learning was shared in team meetings and supervisions.

Requires Improvement

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.

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 with appropriate legal authority. 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. whether any conditions on authorisations to a deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care at the service was implied through their documentation. Documents, including support plans and risk assessments, were signed by people and thereby they consented to the care they receive.
- We saw that there was some specific documentation about consenting to the safe keeping of people's money. We saw these documents had not been signed by one person, nor had they been correctly completed by staff. This meant that it appeared as if the person had not consented to the service looking after their money. However, we asked the person were they happy for the service to look after their money and they told us they were.
- People were asked for consent by staff when they were carrying out their duties. We observed staff doing so and staff confirmed this when we asked them about this. One staff member said, "It's about [people's] choices, we always ask permission." Another staff member spoke further about the complexity of working with fluctuating capacity, "I can talk to a service user to assess capacity, after identifying they have capacity there could be a change and they don't have capacity in the space of 20 mins." Whilst it would appear that staff had not completed some consent documentation correctly, they were trained in the MCA and DOLS and we saw that care plans contained mental capacity assessments.

Adapting service, design, decoration to meet people's needs
- The layout of the home was suitable for people and met their needs. Each person had their own rooms which they could decorate how they please. However, the registered manager told us that the home had not been decorated for eight years. We saw that in places the wall paper had worn away and there were rips in the carpet that had been taped up as a health and safety precaution. We saw or heard no negative

feedback from people or relatives about service decoration.
● We raised our concerns with the registered manager at inspection. In response the provider told us they have, "a maintenance, decoration and furniture plan, the process commences in January each year; the manager of the service will seek the views of service users (if able to) to establish what the requirements are." They also said they "will seek the views of the service users and agree a plan" with respect to decoration.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they began using the service. Assessments followed best practice guidance; they were comprehensive and covered different areas of people's life where they may need support.
● Assessments covered support needs, their personal safety and risks, their social and spiritual needs, as well as a variety of other topics that provided insight into people's needs and preferences whilst also ensuring their equality and diversity was respected. In completing these assessments, the service was able to ensure they could meet people's needs.

Staff support: induction, training, skills and experience
● Relatives told us staff knew how to do their jobs. One relative said, "Staff know what they're doing." Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people.
● Staff completed mandatory training as set by the provider that assisted them to support the people they worked with. One staff member told us they felt they received sufficient training to do their job and specific training to work with the needs of people they support, "Yes, I think [I receive the training I need to do my job]. We had schizophrenia and dementia training." Some staff had not completed all their mandatory training, though the management team were able to demonstrate that staff had been booked on to the next available training.
● Staff received supervision and appraisals. One staff member told us, "I feel supported. I can go to my manager if I have issues." Staff files contained records of supervision and appraisals. We noted topics discussed included staff wellbeing, training, leave and people using the service.

Supporting people to eat and drink enough to maintain a balanced diet
● People thought highly of the food at the service. One person said, "The food is excellent." People's care plans recorded their dietary needs so that staff knew what people could and couldn't eat or whether there was specific assistance people needed. For example, we saw one care plan that contained records about a person's food and fluid intake and how and when they should drink a highly nutritious drink to help maintain their weight.
● People were able to choose their food, assisting staff with both menu and shopping each week. The menu provided a variety of choice. This meant people were supported to eat and drink healthily.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to receive care from health and social care agencies. Records confirmed that where people required support from other agencies, they were assisted by staff. Where these interventions occurred, records were maintained for the benefit of providing consistent effective care. Documentation such as daily notes and handover records demonstrated that staff shared relevant information with each other and other agencies who supported people's needs.
● Staff confirmed people were supported with their health care needs. One staff member told us, "People get tested by the GP regularly and screening clinic." Care plans recorded people's health care needs and

contained notes and instructions from interactions with health care professionals. We saw interaction with GPs, speech and language therapists, nurses and dentists.

Good

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 now 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

- People told us they were happy with their care. One person said, "Yes they are [caring]." Another person said, "Staff are wonderful." A relative told us, "The care is good." We saw staff worked with people in a caring manner, being patient with them and ensuring they treated them well. Similarly, we read compliments from relatives sent to the staff team.
- The service sought to treat all people as individuals. One staff member told us, "Everyone is an individual." People's care plans were personalised and individual. They were informative about how people liked to be treated and identified their cultural needs and how best to meet them. Care plans highlighted the importance of people's human rights around faith, sexuality, diversity and choice. For example, one care plan highlighted how the person occasionally liked attending a place of worship but had chosen not to do so for some time. The service supported them to do so when they wanted to.

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

- People told us staff listened to them. One person said, " Yes, they do [listen to me]." A relative told us they were involved in their family member's care, they said, "I have recently got involved and where I have had concerns, I brought it to their attention and we've met about it, and they've done something about it."
- Staff told us people's views were sought regularly. One staff member said, "Every day is a discussion! people get choices." People's views and preferences were captured in their care plans, meeting minutes and feedback forms. This meant they were able to express their views and be involved with decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was upheld. We saw that people had their own rooms, staff knocked on doors and people could spend time alone in their rooms should they choose to. We also saw that people's information was kept on password protected computers or in lockable filing cabinets in locked offices. This meant the service sought to maintain people's privacy.
- People's dignity was respected. When people were receiving personal care, doors were closed and curtains shut. We also observed that people who needed support with feeding were treated respectfully when doing so.
- People's independence was promoted. Care plans recorded information that highlighted people being supported with life skills and importance placed on encouraging people to do things for themselves. For example, we read in one person's care plan how staff should prompt person to do household chores as this was something they were capable of doing.

Good

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 now 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

● People's care plans were personalised. This meant they recorded their individual needs and preferences. Each care plan contained information about what was important to people, their support plans and records that supported their health needs. They held useful information that assisted staff to provide care and treatment that people liked.

● Care plans provided instructions how to work in a way that ensured people received the care they expected and kept them safe. For example, one care plans stated, '[Person] is a bit unsteady on their feet and has unbalanced body posture. ensure [Person] sits down, even when dressing to avoid falling over." This meant that staff were instructed how best to work with people.

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

● Care plans identified activities people liked to do. One person said, "We have done [activities we like] - been to Blackpool." We were provided photos which showed people had been supported to undertake interesting and meaningful activities. Records confirmed people were able to go out and do things they liked to do. We saw that people attended various places such as cafes, day centres, parks and theatres, although the management highlighted people's needs were changing as they got older. Care plans also reflected this.

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 before the used the service. Care plans provided information on people's communication needs. It was apparent in our observations that staff knew people well and had learned to understand how people communicated and what they wanted to say.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew who to complain to. One person said, "Yes, [registered manager] and [deputy manager]." One relative told us they had no complaints, "I have no complaints." The service had a complaints policy and procedure that was available to people and relatives. People were asked regularly in residents meetings and key work sessions whether they had concerns they wanted to raise. meant

● There had been no complaints since the last inspection.

End of life care and support

● At the time of our inspection there was no one at end of life. However, staff had received training and people had recorded their end of life wishes in their care plans.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong care

- The provider had quality assurance systems in place to ensure they monitored their care and support and sought to continuously improve. These included, but were not limited to, audits, staff observations, and supervision. However, audits were not always completed in a timely fashion and we saw that some records had initially been typed and then written over by hand at a later stage to save from being typed or printed again.
- Audits we saw included medicine audits, health and safety audits and personalisation (care plan) audits. These audits were meant to assure the management and provider that people were receiving quality care and were being kept safe where they lived. However, there was one instance we found they were not completed on time and therefore there was a possibility that the standards of care could drop, and the provider would be unaware. We saw this to be the case with a medicine recording omission that had not been picked up as the audit had not been completed.
- We were concerned quality assurance processes did not identify that the environmental issues we saw and if they did we were told of no timely action to remedy them.
- Audits completed did not find errors we found with the completion of people's financial documentation.
- Whilst we saw no recent complaints, we saw that the management were transparent with respect to incidents and accidents that occurred. Where required, the local authority and/or clinical commissioning group were informed when things went wrong, and people's relatives also informed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements & working in partnership with others

- People, relatives and staff thought highly of the staff. One person said, "[Registered manager] is a good manager." One relative told us, "[Registered manager] is marvellous we are so pleased, they know what they're doing." A staff member said, "They are a good manager." The registered manager was aware of their responsibilities, including notifying the Care Quality Commission when people's lives were adversely affected.
- The registered manager was supported by the Deputy Manager. Staff, who were all experienced and some whom had worked at the service for many years, knew their roles and responsibilities towards the people they worked with.
- We saw that the service had links within the local community. These included relationships with local

businesses where people were known, local services within the same organisation as well as other health and social care professionals.

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

●People held weekly meetings with staff. One staff member told us that people's menus was the main topic of discussion, "We have a meeting with them weekly. Residents choose [the daily] menus." Minutes showed that menus, options for activities and events at the home were all discussed We also noted that people had the opportunity to be involved in job interviews. This meant the service sought to engage people in the running of the home.

● Staff attended regular team meetings. One staff member told us, "We hold meetings regularly. They're good. We talk about the residents." Minutes of meetings showed the staff discussed people's wellbeing and behaviour, training, information governance and audits. We also noted in the minutes that the staff team had received an equality award for their work with people and recognition of the provider's 30 years of providing care to people.