

Vive UK Social Care Limited

# Vive UK Social Care Limited

## Inspection Report

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# Summary of findings

## Overall summary

Vive UK Social Care is a domiciliary care agency which is based close to the city centre of Leeds. The agency provides personal care and support to people living in their own homes, including specialist care to people with physical or learning disabilities, dementia or people who require end of life care. On the day of our inspection the agency was providing support services for 60 people in the community.

At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The summary is based on looking at records and from speaking with people who used the service, relatives and staff. Below is a summary of what we found.

The people we spoke with told us they felt happy and safe. There were systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. Risks to individuals were managed so people were protected.

People who used the service and people who mattered to them, such as family and friends, were encouraged to make their views known about their care. They contributed to their assessments and care plans, about how they should be given care and support. People's care plans had information about how each person should be supported, to make sure their needs were met. People's needs, preferences and choices for care and support were met and people told us they received the care and support they needed.

People told us staff had time for them and listened to them and they felt they mattered. People were supported to maintain good health and had access to healthcare services. Community activities were also incorporated into people's daily routines.

The manager told us they were confident all the staff had a good understanding of the Mental Capacity Act 2005. Mental Capacity Act 2005 is law protecting people who are unable to make decisions for themselves. We did not observe any restrictions of people's liberty during the inspection. People told us their freedom was not restricted. People's choices and decisions were respected.

Everyone we spoke with said they would be confident to make a complaint, should this be required. Staff members told us they would support people if they wanted to complain. We found the service learnt from any complaints made and investigations were thorough and objective.

There were systems in place to assess and monitor the quality of the service, people had a chance to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

The service promoted a positive culture that was open and inclusive. People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities.

The manager told us they took people's care and support needs into account when making decisions about the numbers, qualifications, skills and experience of staff required. This helped to ensure people's needs were always met and enabled staff to be clear about their responsibilities and timescales. People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. However, some people we spoke with said they received a variety of staff with differing skill levels.

Recruitment practices were safe and thorough. Policies and procedures were in place to make sure unsafe practice was identified and people who used the service were protected.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People we spoke with told us they felt safe in their home and with the staff. We saw the service had not had to make any safeguarding referrals in the past 12 months. We found the safeguarding procedures were in place were robust and staff understood how to safeguard people they supported.

Staff knew about risk management plans and showed us examples of how they had followed them. People were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives where possible. We saw each person and/or their relative had been involved in discussions about the risks associated with their specific care and support needs and lifestyles.

Mental capacity statements and best interests assessments were in place where required for people who were unable to make decisions for themselves. Mental Capacity Act (2005) is law protecting people who are unable to make decisions. Staff had a good understanding and were clear when people could make decisions for themselves this would be respected.

The manager told us they took people's care and support needs into account when making decisions about the numbers, qualifications, skills and experience of staff required. This helped to ensure people's needs were always met and enabled staff to be clear about their responsibilities and timescales. However, some people told us staff were not always the same or consistent.

Recruitment practices were safe and thorough. Policies and procedures were in place to make sure unsafe practice was identified and people who used the service were protected. One member of staff had been subject to disciplinary action and had subsequently been dismissed.

Staff personnel records contained all the information required by the Health and Social Care Act 2008. The provider demonstrated the staff employed to work at the service were suitable and had the skills and experience needed to support the people who used the service.

# Summary of findings

## Are services effective?

People's care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative prior to them starting with the service. We saw people's care plans reflected individual current needs. This meant people were receiving the care and support they needed.

People told us they enjoyed their time in the community and were able to do some day to day living tasks for themselves. For example, one person told us they sometimes went out for the evening.

Staff said they were told if there were any changes in a person's health or support requirements, which meant people could be assured staff were aware of their needs. People told us if they felt unwell they had access to a range of health care services and this was reflected in people's care plans.

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, spot checks and appraisal. Staff had received training in the core subjects needed to provide care to people. The service also had a robust induction programme.

## Are services caring?

People were treated with kindness. People told us staff were considerate and were happy with the service they received. When speaking with staff it was clear they cared for the people they supported. We saw people had been encouraged to write 'pen profiles' so staff could know more about them and what they liked to do.

People had detailed care and support plans in place relating to all aspects of their care and support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met.

People told us their dignity was respected when personal care was carried out and people were listened to and they received co-ordinated care. People told us having the support helped them gain confidence and supported them to do things on their own.

## Are services responsive to people's needs?

People's needs had been assessed before they started with the service. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People had access to activities in the community and had been supported to maintain relationships with their friends and relatives.

# Summary of findings

Staff asked for people's views and encouraged them to make decisions and listened to and acted on them. People's capacity was considered under the Mental Capacity Act. When a person did not have the mental capacity decisions were always made in their best interests.

The manager told us they had two members of staff who had recently become dementia specialists. This was a result of an increase of people who they supported that had dementia. This allowed staff to develop their knowledge and skills and in turn be able to better support people they cared for.

We spoke with the manager regarding how they monitored complaints. They explained the complaints procedures. They said complaints were fully investigated and resolved where possible to the person's satisfaction. People told us they felt happy to raise concerns if they needed to. One person said they had made a complaint which was resolved to their satisfaction.

The service asked people for their views and opinions through annual questionnaires and with weekly visits from the field care supervisor. As a result the quality of the service was continually improving.

## Are services well-led?

The service had a manager in post who was registered with the Care Quality Commission.

People who used the service, their relatives and friends involved with the service completed an annual questionnaire. We saw the questionnaires asked people about the quality of the service and what was important to them. Where shortfalls or concerns were raised these were actioned and addressed by the service.

The provider had systems in place to assess and monitor the quality of the service at Vive UK Social Care Limited. We saw records which showed problems and opportunities to change things for the better were addressed promptly. As a result the quality of the service was continuously improving. For example the manager addressed complaints which involved both people who used the service and members of staff. The service had a quality assurance system in place.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service and knew there were quality assurance processes were in place.

Staff we spoke with said the manager had consulted with them before implementing changes to the service and their views had been taken into consideration.

# Summary of findings

The service had systems in place to make sure managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve and adapt.

The manager told us they took people's care and support needs into account when making decisions about the numbers, qualifications, skills and experience of staff required. We saw staffing levels were regularly reviewed and a system was in place to monitor if there were sufficient numbers.

Staff told us they were clear about their roles and responsibilities. They said the manager was professional and supportive.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with sixteen people who used the service and five relatives.

People said they felt safe with the staff and had no concerns over their safety. People said they had their needs assessed prior to them starting with the service and they had access to healthcare professionals if the need arose. People said they felt able to complain and the manager was good.

People who used the service told us they were happy with the service they received. They told us, “Staff are lovely, I can’t fault them”, “The service is very good” and “The majority of carers are brilliant, I like them all.”

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. Everyone we spoke with told us their privacy and dignity was preserved. They said staff encouraged them to be as independent as possible. People told us, “They’re mostly very good. They wash me and make my porridge and they’re all very nice”, “I feel safe and have no problems or cause for complaint. I’m satisfied” and “Apart from the odd one they’re quite sensible, but I’d rather have the same ones or they keep coming back to ask me things. I’ve stuck something up in the kitchen to show them what to do”. One person said, “My condition means that routine is really really important. We discussed with the manager the need for consistent staffing but we were not listened to at all. We

have met twice and e-mailed but it has not helped. When I have complained they have been very apologetic and said problems will never happen again but nothing has changed.” The manager told us they responded to all issues raised but would review the information they had received.

The relatives we spoke with told us they were happy with the care and support their family member received at the home. They told us the staff understood the care and support needs of their family member. People said, “Generally staff turn up when they should”, “I could not do without them”, “Some staff rush in and rush out”, “Absolutely fantastic”, “We are satisfied or we would not be with them” and “Very satisfied.”

We looked at the annual quality questionnaire for July 2013. The majority of the question scoring was positive with a score of very good or excellent. This showed people were satisfied with the service. One person had completed their form and said, “I have been delighted with the service I have received from VIVE. The carers have been very kind and helpful. When they have arrived late they have always apologised and explained that they have been delayed by emergencies with previous clients. We did see where the scoring was less than very good; the manager explored the reasons by contacting the person and arranging a mutually agreed outcome.

# Vive UK Social Care Limited

## Detailed findings

### Background to this inspection

The inspection was part of the first testing phase of the new inspection process we are introducing for adult social care services. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited the domiciliary care agency on 6 May 2014. This was an announced inspection, which meant the provider was informed two days beforehand to ensure management and staff would be available in the office.

The inspection team consisted of a Lead Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience gathered information from people who used the service by speaking with them in detail.

On the day of our inspection the agency was providing support services for 60 people in the community. During

our inspection we visited four people who lived in their own home and telephoned 12 people who used the service. We spoke with three staff, the manager and a field care supervisor. We spoke with five relatives. We spent some time looking at documents and records that related to people's care and the management of the home. This included five people's care and support plans and five staff files.

Before our inspection, we reviewed all the information we held about the service and the provider had completed an information return which we received on the day of our inspection. We contacted the local authority who said the service was totally committed to delivering a quality service which was reflected by the fact that they did not receive complaints or safeguarding concerns about this company. They said they had no issues or concerns about this company. Healthwatch feedback stated they had no comments or concerns regarding Vive UK Social Care Limited. We also asked Leeds Involving People and they had received no comments. No comments were posted either on NHS Choices or Care Opinion website's.

At the last inspection in July 2013 the service was found to be meeting the regulations we looked at.



# Are services safe?

## Our findings

We spoke with members of staff about their understanding of protecting adults at risk of harm. They had a good understanding of safeguarding adults, could identify different types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training and this had provided them with enough information to understand the safeguarding processes that were relevant to them. However, two members of staff we spoke with said their refresher training was due. We spoke with the field care supervisor who told us they had a system in place for identifying staff training and were in the process of arranging the refresher safeguarding training for individual members of staff. The training records we saw confirmed safeguarding training had taken place.

People we spoke with told us that they felt safe with their care worker. They said they would tell the care worker or contact the Vive UK Social Care Limited office if they were worried about anything. One person told us, "I feel safe with my financial arrangements."

We spoke with six relatives who confirmed they would talk to the manager if they had any concerns. They told us their relative felt safe. One person told us, "He is safe and well looked after."

The service had policies and procedures for safeguarding vulnerable adults. We saw the services safeguarding policies along with the West Yorkshire safeguarding policies were available and accessible to members of staff. Staff we spoke with said they knew the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure people who used the service were safe and free from harm.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The care and support plans we looked at had an assessment of care and support needs and a plan of care, which included risk assessments. Risk assessments we saw included showering, medications, moving and handling, cooking and preparing food. We also saw a lone working risk assessment which meant staff were also kept safe and harm free. It was evident the assessments were clear and outlined what people could do on their own and when they needed

assistance. This allowed people who used the service to be protected from risks associated with daily living. One person we spoke with told us, "I am able to do some things for myself."

Information in the care plans showed the service had an assessment of people in relation to their mental capacity to make their own choices and decisions about care. People and their families were involved in discussions about their care and support and the associated risk factors. Individual choices and decisions were documented in the care and support plans.

Staff had an awareness and understanding of the Mental Capacity Act. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. One member of staff we spoke with said, "People can choose for themselves and we don't force anyone." The staff files we looked at showed staff had completed safeguarding training which included the Mental Capacity Act.

The manager told us when necessary they would hold a best interest meeting to discuss a person's care and support. The manager told us they were confident staff would recognise people's lack of capacity so best interest meetings could be arranged.

We spoke with people who used the service who told us there were enough staff with the right skills and experience to meet their needs. One person said, "I sign the timesheets to say the staff have been." Another person said, "Staff come on time and I have had no missed calls."

We spoke with the manager regarding the length of time spent and the consistency of staff. We also asked about the competency of new staff. The manager said time was built in allowing staff to carry out the required care for each person and to reach the next person on time. They also said they tried to ensure the same staff attended each call; however, sometimes different staff had to attend due to holidays and sickness. They told us call monitoring was due to be implemented in the next two months which would help support the rotating process. The manager said new staff read the care plans and were supported by experienced members of staff. However, they said they would look further into these issues.

Members of staff we spoke with told us they nearly always supported the same people and visits were well planned and they had time between visits to reach the next call.

## Are services safe?

They said staff knew the needs of the people who used the service so they received a consistency of care, built a trust with the person and they had sufficient time to support people properly. One member of staff told us, “We have enough staff to meet people’s needs.”

People who used the service had individual care plans which clearly identified their care needs and visit times. The manager told us a planned weekly rota was given to each person and these showed who was allocated to carry out their care each day. However, some people we spoke with said they did not always get the rota. The manager said they asked people and some said they did not want the rota. However, this was not recorded.

The manager told us where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or on occasion the office staff or themselves would cover the call. The field care supervisor told us they operated an on call system. They said there was always an experienced member of staff on duty at all times, who was aware of each person’s care and support needs. This helped ensure there was continuity in the service and maintained the care, support and welfare needs of the people who used the service.

There were enough qualified, skilled and experienced staff to meet people’s needs. The manager told us the rotas showed the staffing levels agreed within the service were being complied with, and this included the skill mix of staff. They confirmed there were sufficient staff, of all designations, on shift at all times.

There were effective and safe recruitment and selection processes in place. The manager undertook all pre-employment checks required before new staff started work. This included obtaining references from people previous employers. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had clear staff disciplinary procedures in place and these were robustly followed when required. The field care supervisor told us staff received a verbal, written and formal warning prior to dismissal. The manager told us they gave staff every opportunity but the care and support of people was paramount.

# Are services effective?

(for example, treatment is effective)

## Our findings

The care and support plans we looked at showed people were able to express their views and make decisions about their care and support. We saw sections of the care and support plans which included, 'Things I am able to do for myself' and 'Outcome I want from my support.' We also saw the care and support plans were written in an individual way and described the likes and dislikes for each person. We saw a 'pen picture' was present in each person's care and support plan which described the person's preferences and choices. For example, in one person's care and support plan it stated they liked a glass of red wine. In other people's care and support plans we looked at it stated people were able to manage their own medication. We saw that care and support plans contained guidance for staff about the way each person should be supported and cared for.

There was some documented evidence the person and their relative had contributed to the development of their care and supports needs. The manager, together with the person who used the service and/or their relative held care review meetings. We saw annual reviews were completed which included the person who used the service and/or their relative, social worker and staff members. People we spoke with said they received the care and support they needed. One person told us, "We have had a few reviews. I can say what I want and the staff listen." Another person told us, "I have been involved in the reviews about my care."

People were supported in maintaining their independence and community involvement. Some people who used the service were funded for several continuous hours during the week. This allowed people to be supported in taking part in activities in the community and to maintain everyday activities. On the day of our inspection we visited one person who told us, "I go out shopping, I have evenings at the theatre and sometimes the Leeds arena." Another person told us, "I go to the supermarket."

The manager told us when staff are assigned to people who used the service a matching and compatibility process was carried out so that people received the most effective care and support. One person who used the service we spoke with told us, "If there is a clash of personalities I ring the office and things are sorted."

People who used the service were given appropriate information regarding their care or support. We saw a copy of the 'client guide to care' which people received when they started to use the service. This contained the services statement of purpose, objectives and aims of what people could expect from the service that was provided.

We spoke with five relatives during our inspection who told us they had been involved in the development of their relative's care and support plan. They also told us they were able to make changes and contribute to their relative's care if they wished. They said their relative's dignity was respected and independence routinely encouraged. People we spoke with said, "They don't go in the bathroom with him, they respect his dignity", "We are happy with what they do" and "I can ask for a change of staff if we have a clash of personalities."

People were supported to maintain good health, have access to healthcare service and receive on-going support. People told us they felt happy discussing their health needs with staff and had access to a range of health care professionals which included GPs and pharmacists. One member of staff told us they collected medication from the pharmacy, had taken people to hospital appointments and called the GP if people were not well. Another member of staff told us they had called the emergencies services in the past. We were assured the agency worked in cooperation with other services to make sure people received effective health care. One relative we spoke with said, "The staff are really concerned if my mum is unwell and they inform the office straight away."

The training records showed that mandatory and refresher training was being delivered. This included moving and handling, emergency aid, food hygiene, safe handling of medication and dignity and respect. Staff were able, from time to time, to obtain further relevant qualifications which included a diploma in health and social care.

We spoke with three staff who told us they received training during the year and training included safeguarding and dementia. We looked at staff records and saw evidence of training that had been completed.

During our inspection we spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Staff we spoke with said they had not received supervision but did communicate daily with the office staff and/or the manager and 'spot checks' were

# Are services effective?

(for example, treatment is effective)

carried out. They said they received an annual appraisal. We were told by the manager they were in the process of 'tighten' up on staff supervisions. The manager also told us 'spot checks' were carried when members of staff were working in people's homes. We saw from the records that some staff had received supervision meetings and spot checks were carried out. It is important staff have the opportunity to discuss their performance and development and to identify if any training needs are required.

The manager told us all staff completed a comprehensive induction programme that took into account recognised standards within the care sector and was relevant to their

workplace and their roles. Following induction training new staff shadowed either the field care supervisor or an experience member of staff until both they and the manager were confident they are able to carry out their roles effectively and unsupervised.

Staff we spoke with told us they felt supported by the manager and the manager was always available if they needed anything. They also said they felt supported by other staff members and with the daily communication with the office staff. They said they could raise any issues or concerns with the manager.

# Are services caring?

## Our findings

Everyone we spoke with told us the staff were kind and caring. They told us they were happy with the service and they were well looked after. People told us, “Staff are really caring”, “Staff treat me very well”, “They know how to look after me and what I need” and “Staff care and they are kind.” We saw a copy of a newspaper article about Vive UK Social Care Limited from a person who used the service which stated, “I like to say how good the carers are. I have never had a complaint and the carers are very kind and considerate.”

The relatives we spoke with said, “Staff are very kind and pleasant and they always turn up”, “Just recently we have been getting new staff”, “Staff are so nice” and “Staff are generally polite but some are more helpful than others.”

A copy of the care plan was kept in the person’s home and a copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at five care plans. We saw a full assessment of people’s needs was carried out on an annual basis and sooner if there were a significant change in the person’s circumstances. Reviews of the care plans were to ensure that all the information was up to date and relevant for the care and support that was being provided.

Staff told us the care plans contained relevant and sufficient information to know what the care and support needs, were for each person and how to meet them. Staff demonstrated a good knowledge of people’s care and support needs and could describe care needs provided for each person. One member of staff told us people’s care was individualised and the ‘pen picture’ in each person’s care plan ‘was the person.’ Another member of staff said, “People are well looked after and staff are caring.”

We spoke with five relatives who told us they were happy with the care and their family member was well looked after. They told us that the staff understood the care needs

of their family member. Relatives we spoke with told us, “They are alright”, “My brother is happy”, “He is well looked after and gets what he wants”, “Very very pleased, I would recommend them”, “So far they are excellent” and “My dad is well looked after and staff are kind.”

A small number of people who used the service said staff had poor timekeeping and they did not receive a rota so that they did not know who was coming to them. However, the manager told us the care staff and the person who used the service received a rota on a weekly basis to alert them to the person they would be caring for and the name of the member of staff that would be visiting their home. They also told us staff worked in the same post code area as the person they were supporting. This ensured staff had enough time to meet the needs of the person who used the service. Staff also told us they had enough time to provide people with the care they needed. They said they sometimes got held up due to traffic, public transport or the weather. They told us they always contacted the office, people who used the service or their relative if they were running late.

People’s rights and dignity were maintained and respected. During our inspection we spoke with three members of staff who were able to explain and give examples of how they would maintain people’s dignity, privacy and independence. People who used the service and their relatives told us they had access to their care records and were very happy with the care workers they had each day. They were given choice and were treated with dignity and respect.

People’s health and privacy was protected when more than one provider was involved in their care and support, or when they moved between different services. This was because the service worked in co-operation with others. The service coordinated people’s medical care with district nurses, GP’s and hospitals. For example, the manager told us the care plan was used if the person needed to be taken to hospital as a source of information for the care needs of that person.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People were consulted about their care and support and were actively involved in making decisions and were able to express their views. The provider information returns stated 'at this initial stage we speak with people about their goals and the important things that they wish to achieve.'

People we spoke with said they could decide when they got up and what time they went to bed. They said if they wanted a shower or a bath they could have one when they wished. They also said they chose the clothing they were going to wear that day. People told us, "I tell them how I want to be looked after and I tell them if they are not washing me properly", "Staff understand all my quirks", "Staff do not rush", "I feel involved in how I am looked after" and "My care plan is followed."

The service worked well with other agencies and services to make sure people received care and support in a coherent way. This included contact with local healthcare service such as hospitals and the GP.

Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. Staff understood their obligations with respect to people's rights and choices when they appeared to lack the mental capacity to make informed and appropriate decisions. The manager told us they had two members of staff who had recently become dementia specialists. This was a result of an increase of people who they supported that had dementia. This allowed staff to develop their knowledge and skills and in turn be able to better support people they cared for.

People were made aware of the complaints' system. People were given support by the manager and staff to make a comment or complaint where they needed assistance. The manager told us people's complaints were fully investigated and resolved where possible to their satisfaction. The service had not had any complaints in the past 12 months.

People we spoke with told us they felt confident enough to express their concerns and make a complaint. People we spoke with said, "If I have any concerns I would ring the office", "I would ring the office if I had any concerns but I don't" and "I am happy to ring the office if I have any

complaints. I had one complaint that was dealt with to my satisfaction." Relatives we spoke with said, "I feedback issues to the office and they are addressed", "I speak with the manager if I have any concerns. Nothing is too much trouble"; "Any issues always had a good response. They are receptive" and "No concerns and I never have to chase them."

The agency regularly audited the views of people who used the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The manager told us they were always available to speak with people and listen to their concerns. The field care supervisor also told us they spent two days a week visiting people in their own home and people were encouraged to raise any issues. They said this helped them to resolve any minor issues before they became complaints and people had their comments and complaints listened to and acted on. On the day of our inspection one person told us they did not like a specific term of endearment that was used by one member of staff. The field care supervisor told the person they would address this immediately. One relative we spoke with told us, "Someone always answers the phone when you ring them" and "Really good communication."

We looked at the annual quality questionnaire for July 2013. We did see one comment on one person's questionnaire that said, "(Name of person) is very satisfied on the whole but would like a new carer on a regular basis." We saw the manager had contacted the person to explore further the reasons for them wanting new member of staff and the outcome that had been agreed with the person. The majority of the question scoring was positive with a score of very good or excellent. We did see where the scoring was less than very good; the manager explored the reasons by contacting the person and arranging a mutually agreed outcome.

People who used the service had access to the manager and office staff during week days. We saw there was an on call rota for people to contact a member of staff during the evening and at weekends if they wished to. This meant that a member of staff was available to respond to people's requests on a 24 hour basis.



# Are services well-led?

## Our findings

At the time of our inspection the service had a Registered Manager in post.

People we spoke with told us they had been asked their views on the care and support they were receiving. We saw the results of the July 2013 annual questionnaire which showed positive outcomes and people were happy with the service. People were also able to provide confidential feedback about the quality of the service to the provider. This showed the management team asked people to give feedback about their care and support to identify any improvements they needed to make at Vive UK Social Care Limited. When there were any actions that needed to be taken because of what people said in questionnaires, there were action plans in place that showed what people said was taken seriously and acted upon. This contributed to making sure people had a good quality service.

We saw from the records we looked at which included the staff handbook that staff understood the values and aims of the service. These were in the policies and procedures and were part of staff induction and on-going training. One member of staff said, "I feel involved in the future of the organisation." Another staff member said, "I am clear about moving forward." The manager and the field care supervisor said they communicated any relevant information and procedural changes to staff using text messaging, email or speaking with staff face to face. Staff we spoke with said this worked very well.

The provider had systems in place to assess and monitor the quality of the service and to monitor safeguarding concerns, accidents and incidents. If issues were identified an action plan would be produced and actions were monitored monthly. They monitored staff training and communication to make sure staff received appropriate support. We looked at the weekly time sheet audit. Staff time sheets were checked against the rota for each person to monitor if visit times were being met and if the timesheet had been signed by both the member of staff and if they could, the people who used the service.

The manager told us they monitored missed calls and reported any incidents to the local authority. They also said they carried out a quarterly performance report. We saw the quarterly performance report for November to December 2013. This included the hours of care, allocation

and access to the service, non-delivery of service, personal records, safeguarding, people's well-being and complaints. This helped the management and staff learned from incidents and took action to improve services following these. We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them.

The field care supervisor told us random 'spot checks' were conducted on staff as they work in people's homes to make sure that care and support was being delivered in line with the agreed care and support plan. This included timekeeping, paperwork, dignity, medication and infection control. We saw evidence 'spot checks' had been carried out and outcomes were recorded in staff files and feedback given to members of staff if required.

We saw a policy about whistle blowing and the manager told us staff were supported to question practice and whistle-blowers were protected. Staff we spoke to told us they felt confident enough to do this and said they felt the manager was willing to listen. They said they felt that they worked in a good, open and inclusive team and that they felt able to challenge and speak out if needed. Staff comments included, "I love working here", "This is the best job I have ever had, it is so rewarding it doesn't feel like work" and "(Name of manager) is one of the best bosses I have worked for."

The manager told us they regularly reviewed the staffing levels within the service. We saw there were systems in place to monitor there were sufficient numbers of staff available to meet people's needs. We saw that staffing levels were assessed depending on people's care and support needs and were adjusted when needed. The manager told us they employed specific weekend and evening staff and were about to begin planning for the Tour de France. This would help staff to still attend scheduled calls and maintain continuity of people's care and support.

Observations of interactions between the manager and members of staff showed they were inclusive and positive with an empowering culture. Staff told us they were aware of the ethos of the service and the objectives. One member of staff we spoke with said, "The manager is amazing, they are supportive and keep you up to date with things. They are never critical."

## Are services well-led?

We saw up to date policies and procedure were in place. These included complaints, selection and recruitment, whistleblowing, development and training, implications of the mental capacity act, handling money and business continuity planning.