

Vivo Care Choices Limited

Dorin Court Bungalow Short Break Service

Inspection report

32 Wealstone Lane
Upton
Chester
CH2 1HB

Tel: 01244 377479

Website: www.vivocarechoices.co.uk

Date of inspection visit: 28 September 2015

Date of publication: 20/11/2015

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 

Overall summary

We visited this service on 28th September 2015 and we gave short notice to the provider prior to our visit. This service was registered with the Care Quality Commission in August 2014 and this was their first inspection.

This respite service is run by VIVO Care Choices Limited to provide care and support to adults who have a learning disability. The service can accommodate up to five people. The aim of the service is to provide a respite and

short stay service and to promote independence, develop confidence and increase skills. The service is situated in Upton on the outskirts of Chester. It is close to local shops. At the time of this visit there was one person staying at the service.

There was a manager employed to work at the service who was currently applying to be registered with the Commission. A registered manager is a person who has

Summary of findings

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 told us staff were patient, kind, and supported them well. Relatives said they were happy with the support provided and that the staff were very caring and considerate with people. Comments included "The staff are lovely" and "The staff are very friendly."

Support plans were person centred, pictorial and gave good information about the person's individual needs. They were well written and included a range of risk assessments which were tailored to each person's needs. Some people were supported with their medications and we saw that safe systems were in place. However, at the time of this visit no one was being supported with medicines.

The service was clean and well maintained. Procedures were in place to ensure all appropriate safety checks had been undertaken on the building and equipment used, on a regular basis.

People and relatives said they were safe in the support of the staff. Staff were aware of safeguarding policies and

procedures and had undertaken safeguarding awareness training. The manager understood the principles of the Mental Capacity Act (MCA) 2005 and the implications of that on people who used the service. Staff had an awareness of the MCA through the induction process and safeguarding training.

There were robust staff recruitment processes in place which meant that people were protected from staff that were unsuitable to work with people who may be deemed vulnerable. Staff had undertaken an induction process and had access to supervision sessions, staff meetings and training relevant to their job role.

People had access to information about the service that included a statement of purpose and service users guide. These were written in large print and included pictures to make it easier to understand the information provided.

A complaints policy was available and processes were in place should a complaint be received. The registered provider had not received any complaints and CQC had also not received any complaints about this service.

Quality assurance processes were in place which included meetings held with people who used the service and their relatives and a range of quality audits were also undertaken in relation to the service provided.

Summary of findings

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.

Robust recruitment practices and processes were in place. Policies and procedures were in place to make sure that unsafe practice was identified quickly so that people were protected

Staff had received up to date training in safeguarding adults and policies and procedures were in place. Staff managed people's medicines safely as required.

The service was clean and well maintained.

Good



Is the service effective?

The service was effective.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). From discussions with the manager and staff we noted they were aware of the principles of the Act and when this may need to be implemented.

People told us they enjoyed the food provided and relatives said the food was good and they would know if someone didn't like the meals.

Staff had access to relevant training and received supervision. This meant that the staff had the opportunity to discuss their work and the support being provided.

Good



Is the service caring?

The service was caring.

Staff engaged with people in a friendly and caring manner. Staff knew people well. People told us that they were supported as they preferred during their stay. Staff had a good rapport with people and staff were patient and considerate in their approach. Staff encouraged people to make decisions on day to day tasks.

Good



Is the service responsive?

The service was responsive.

People were supported with healthcare needs by the staff when needed. People were involved in their support plans and relatives were involved in aspects of people's care and support when legally able to make decisions on their behalf. During their stay each person continued with their own pre-planned activities where appropriate.

People knew how to make a complaint if they were unhappy. People and their relatives commented that they had no concerns. We looked at how complaints would be dealt with, and found that no concerns or complaints had been made although processes were in place if needed.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a manager in place who had applied to be registered with the Commission. The manager had worked for the registered provider for 32 years. People, relatives and staff spoken with told us the manager was approachable and managed the service well.

The registered provider had a range of quality assurance systems in place to monitor the service provided. Audits were completed with actions taken when appropriate.

Dorin Court Bungalow Short Break Service

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.

We visited the service on 28th September 2015. We gave short notice to the provider because the location provides a respite care and short stay service and we needed to be sure that someone would be available for our visit. The inspection team consisted of an adult social care inspector.

We spent time at the service looking at records. These included one person's care and support records, one staff recruitment files and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at safeguarding referrals, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. None of these people had any concerns about this service. The local authority contracts team had visited the service in June 2015 and the report was positive with some areas for development noted. The contracts team had also visited recently in September 2015 and this report was with the registered provider awaiting their response.

On the day of our inspection we observed staff supporting people who used the service. We spoke with one person who used the service, the manager and two staff members. We also spoke to two relatives on the telephone following the inspection.

Is the service safe?

Our findings

People who used the service and relatives told us people were safe and well supported at Dorin Court. Other comments included “I like to come here, it’s a nice place”, “Yes [name] is safe here” and “Yes they are safe.”

Staff told us about how they helped protect people from abuse. They explained the different types of abuse and that if they suspected abuse they would contact their line manager or the manager to report the matter. Staff understood the policy and procedure regarding safeguarding people from abuse. Staff had undertaken training in safeguarding and records confirmed this. We saw the registered provider had a copy of the local authority’s policy on safeguarding adults from abuse and copies of the provider’s policies and procedures were available to the staff team.

We looked at the staffing levels for the service. We saw that staff were on duty when people were in the building. Most people attended day centres so staff were not needed during some part of the day time during the week. However, if someone needed to return to the service there was always one staff member “on call” in the area to facilitate this. There was one staff member on duty each morning until people had left for the day and one or two staff on in the evening, dependant on the needs of the people staying at that time. There was a staff member who slept within the service overnight. The manager explained there was a 16 hour staff vacancy at present. This was being covered by the staff team as and when required dependant on the needs of people who were staying at that time. The manager said that using these hours flexibly gave them the option to have staff on at different times as needed.

Relatives told us that people were supported with medication administration. Comments included “[name] needed to be reminded to take their medication, and the

staff prompt them and oversee the process” and “Yes staff help but [name] self-medicates.” Staff told us about medication administration, about the policies and procedures with regard to medication administration and where policies were kept. Staff said they had undertaken medication training and one person said they found the refresher training was “helpful”. We noted that no one needed support with medication at the time of this visit. However, processes were in place if a person was admitted to the service that needed support. Medication could be stored in people’s bedrooms within a locked cupboard. Medication Administration Record (MAR) sheets were used and were signed by the staff after administration. Medication was checked ‘in’ when a person arrived and was counted and recorded prior to discharge as required.

We looked at the recruitment processes and reviewed one staff file. An application form had been completed and showed the employment history of the staff member. Interview questions and decisions were seen and copies of job descriptions and person specifications were on file. Appropriate checks had been undertaken with regards to employment and identity. Two references had been obtained and a Disclosure and Barring Service (DBS) check had been undertaken. A DBS check was undertaken to ensure that staff are suitable to work with people who may be deemed vulnerable. This meant that people who used the service were protected by good recruitment processes that were in place.

We found the service was clean and well maintained. We looked at the safety of the service and the maintenance of equipment and other checks that were undertaken. Equipment such as hoists, thermostatic valves on hot water taps, and the fire alarm system were serviced and checked regularly. We saw certificates which showed the electricity and gas safety were up to date and these helped ensure that people were staying in a well maintained environment.

Is the service effective?

Our findings

People who used the service and their relatives said the service was effective. One person said “It’s quite alright here.” Relatives said that the respite service gave them time to rest or spend more time with other family members. Comments included “It’s a good support for me” and “It gives me a vital days rest.”

People who used the service were complimentary about the staff team. One person said “The staff are very nice and friendly.” Relatives said the staff were very knowledgeable about the people they supported and had good training. They commented “The staff are lovely” and “The staff have been wonderful.”

We looked at the meals provided at the service. The senior staff member explained that the meals were planned on a Sunday with whoever was in on that day and they looked to see who was coming in over the week. Staff were aware of people’s likes and dislikes and they adapted the menu to suit people’s needs. One person told us that each person could choose their ‘favourite meal’ for one of the evening meals over the week. Support plans clearly documented people’s likes and dislikes. They documented how meals and drinks should be served and what the person usually liked in their packed lunch (which they took with them to the day centre). If a person didn’t like the meal then they would be offered a different one. Records of weekly menus showed each person’s differences of choice in breakfasts and packed lunches. Relatives confirmed that people liked the food and one person commented that “[name] was always given a choice.”

People’s healthcare needs were monitored during their stay as required. The staff explained that it was rare that they needed to visit or request the GP. If the person lived away from the area, then they would be taken to a local GP and registered as a temporary patient for their stay. Relatives confirmed that staff kept them informed of any changes in people’s needs. One relative said that the staff had been very helpful when [name] had been ill recently, and that they had appreciated the support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The manager and staff demonstrated a good understanding of the MCA. Staff told us they had received MCA awareness training during their induction and within safeguarding training and records confirmed this. The provider had a policy and procedure in relation to MCA and a copy of the MCA codes of practice. The manager stated that further MCA training was planned for the senior staff within the next few weeks.

Staff confirmed that they undertook an induction programme at the start of their employment. This included a range of training that was relevant to the job role and was followed by two days shadowing an experienced staff member. The manager said that the induction programme had been reviewed and amended to correspond to the information required in the Care Certificate produced by Skills for Care. The care certificate is provided by the Skills for Care organisation and is the start of the career journey for staff and is only one element of the training and education that will make them ready to practice. This was then followed by a range of training relevant to their job role.

Staff told us about the training they received. They said that they had enough training and knowledge to support people who used the service. Training records showed that staff had undertaken a range of training that supported them to undertake their role. Staff said the training was good.

The manager told us that staff received regular supervision, annual appraisals and were invited to attend regular meetings. Records of supervisions and meetings showed staff had access to a range of support and the opportunity to discuss any concerns or issues which related to their role. Staff told us that the support they received from the manager and senior staff was good.

Is the service caring?

Our findings

People who used the service and relatives said the staff were friendly and caring. One person said “The staff are helpful” and relatives said that the staff knew the people who used the service well. Other comments included “The staff are caring” and “The staff are wonderful.”

During observations we saw that staff spoke with people with respect and in a friendly manner. People were at ease with the staff team and were happy and comfortable in their company. People approached staff when they needed support or assistance and staff responded in a positive manner. For example, one person asked for a drink when they arrived and the staff member asked them what they wanted to drink and if they would like a biscuit as well. The person told them their preferences. The staff member sat with the person and discussed what they had done that day at college and about the evening meal. The staff member asked them when they would like to eat and the person made the choice of time. The person was relaxed, at ease and content in the staff member’s company.

The provider had a statement of purpose and service users guide. The statement of purpose gave details of the

provider, registered manager and qualifications of the staff team. It also included information regarding the purpose of the service. It was produced in large print format which meant it was easier to read for people who used the service. The service user’s guide was produced in large print format with pictures of the service and other pictures to illustrate what support could be provided to people who used the service. Information on how to make a complaint was also included.

During discussions with the staff they were able to describe how they supported people who used the service. For example they described how one person liked to visit the local shop each day. A member of staff went with them to ensure they knew how to get back to the service.

The staff had access to a “what to do if...” guide. This gave clear details of what to do if there was a problem such as if a staff member became ill on duty or how to support a person to manage their medication. Staff confirmed that the guide was a useful addition and that it was easily accessible and gave them the opportunity to address a situation rather than initially going to a senior staff member. Records showed that the guide was reviewed on a regular basis.

Is the service responsive?

Our findings

People who used the service said that staff were available when they needed them and that they supported them out and about in the community. One person said “I often go into Chester city and I like to go shopping.” Relatives said that staff responded well to the needs of people who used the service. Relatives commented that people carried on with activities that they usually did. Comments included “[name] goes out on different nights or watches TV or DVDs” and “They do what they want to. Sometimes they go out in the evening.”

One person said they liked it at the service and that they “had no problems or complaints.” Relatives said they could raise any concerns with the senior staff or the manager of the service. We saw that people had access to the complaints policy which was produced in an easy-read pictorial format which people who used the service could understand. A copy of the procedure and complaints form was included in each person’s support file. The provider had a detailed complaints policy which included information about timescales in which complaints would be dealt with and how people would be kept informed. Information about how to make a complaint was also included in the service user’s guide. The provider had not received any complaints over the last year and we had not received any complaints regarding this service.

People who used the service and relatives were complimentary about the service provided. Relatives said that the support received by people who used the service was excellent and the service encouraged people to remain as independent as possible. They commented “It’s an excellent service” and “It’s a lovely place.”

We looked at one person’s support plan and other documentation relating to support. The plan was person-centred, pictorial and contained good information about the individual and their support needs. It included information on personal care, support with meals,

medication and arriving happy and departing happy. Within the arriving happy and departing happy plan details were recorded of what they liked to do on arrival such as people liked to “unpack their own belongings and make a cup of tea” and how they arrived and departed at the service. During our observations we saw staff were knowledgeable about the people they supported.

People who used the service had a range of risk assessments in place. These included personal care, medication, finances and going out and about in the community. All risk assessments were personalised to the individual which meant that each person had a range of assessments to help meet their needs. All risk assessments had been signed by the staff team to show they were aware of them. However, the creator of the assessment had not signed or dated the document. Some of the risk assessments with a “next date of review” noted had not been reviewed by that date and this was brought to the attention of the manager who said that he would address this issue. Each person had a personal emergency evacuation plan (PEEP) in place which described how each person should be assisted to leave the building. One person told us that if there was a fire they had to go to the assembly point. They said that they were reminded about this at the beginning of each stay as it was part of the initial information that was discussed in the ‘service user’s contract’. Other information that was included in the contract was checking that there were no changes in the care plan, medication, and that rights and responsibilities were agreed. These were checked with each person at the beginning of their stay.

Daily activity notes were kept about what each person had been doing that day and the support they had received. It included information on support with personal care and what they had been doing. Examples included “[name] enjoys walking around the shops” and “[name] watched the rugby world cup as they support both England and Wales”. The records were detailed and gave a good account of the individual’s activities.

Is the service well-led?

Our findings

The manager had applied to be registered with the Care Quality Commission. He had been previously registered for this service but had undertaken a different role recently and was re-registering with the service. He had worked for the registered provider for 32 years. He had a wealth of experience of supporting people with learning disabilities and during discussions he showed he understood well the needs of the people who were supported by the service.

People and relatives told us positive things about the manager. They said they knew him and that he was approachable and well liked. One relative said “The manager is very good.” Staff told us they had good support from the manager and senior supervisor.

We asked people about how the service was managed. Relatives said the service was very well managed and they were happy with the support their relatives received. Comments included “It’s an excellent service” and “Things seem to go alright.”

During discussions with the manager we saw that he was aware of the notifications that needed to be sent to the Commission. Notifications are a legal requirement and cover a range of information. He confirmed that he had not needed to inform the Commission of any notifications since registration of the service.

Relatives told us they had the opportunity to attend meetings and express their views about the service. Respite carers meetings (meetings held for relatives) were held bi-monthly. The last one was in September 2015. Minutes

of the meeting were available and showed issues raised and discussed about the running of the service and other information which related to the people who used the service.

A range of quality audits were completed by the service. The service supervisors undertook a monthly self-inspection audit of the service. This included information about the people who used the service, staffing including, staff supervision and training, care documentation, people’s healthcare needs, health and safety and improvements. A range of recommendations were made and the person to action this was noted. They also undertook a monthly health and safety inspection. This included information on access to the building; movement around the building, fire safety, electrical safety, hazardous substances and hygiene. They included areas to be addressed and required actions. The information from these audits was fed into the manager’s audit of the service. During the manager’s audit he checked to ensure that actions raised had been addressed.

The manager explained that he attended a range of meetings which included meeting with other managers of services owned by the provider, bi-monthly district carers meetings and quarterly council stakeholders meetings. He said information from these meetings was fed into the meetings he had with senior staff. Meetings were held between the manager and the staff team. Records showed that the same areas were included and reviewed during each session. Areas included information about people and their files, health and safety, complaints and compliments, safeguarding referrals, staff rotas, staffing issues and training. Record showed that these meetings were held regularly and that minutes were kept and any actions identified were addressed.