

Vivo Support Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Vivo Support Ltd is a domiciliary care agency, trading as Swan Care and Support – South. It provides personal care to people living in their own houses and flats in the south of Essex. At the time of the inspection there were 25 people receiving personal care from the service.

People's experience of using this service:

People and families were very positive about the support they received. A family member told us, "This is an excellent service. My family member has an improved quality of life."

The service benefitted from being part of a larger organisation, with access to a wide range of resources. Senior staff and care staff had a shared ethos and were focused on the needs of the people they supported. The service was outward looking and developed positive relationships with key organisations.

The service was well managed. The provider had invested in improvements, such as a new electronic monitoring system. This helped the registered manager check people received the support outlined in their care plans. There was a range of other checks on the quality of the service and measures to gather feedback from people, families and staff. The registered manager and provider used any information they gained to learn from mistakes and make the service better.

The provider had systems in place to keep people safe. Care plans gave staff detailed guidance on how to reduce risk and meet people's needs safely, whilst upholding their human rights. There were enough safely recruited staff who were efficiently deployed. The provider had invested in changes to address staff morale. Staff told us they were well supported, and retention had improved. The provider was continually improving the administration of medicine.

Office and care staff communicated well to ensure support was consistent and effective. Staff were skilled at meeting people's needs. They monitored people's wellbeing and supported them to get in touch with professionals as required. Staff respectfully promoted people's right to make decisions.

Staff provided compassionate care which was led by the people they supported. The registered manager promoted an understanding of inclusion and diverse needs.

The registered manager ensured support adapted flexibly to people's needs. Changes in care planning and spot checks meant the service was becoming more person centred. Senior staff positively encouraged people to speak out about complaints and concerns as a way of improving the service. The service had invested in promoting dignified and skilled end of life care.

Rating at last inspection: Good (Last report published 22 June 2016)

Why we inspected:

This was a planned inspection to check that this service remained Good

Follow up: We will continue to monitor this service to ensure people receive care which meets their needs. We plan our inspections based on existing ratings and on any new information which we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in Responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our Well-led findings below.

Good ●

Vivo Support Limited

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:

This announced inspection took place on 26 February 2019. We gave 48 hours' notice as we wanted to make sure the registered manager was in the office when we visited. The inspection team consisted of one inspector and an expert by experience who carried out phone calls to people and their relatives to ask for their views about the service. An expert by experience is a person who has had personal experience of using or caring for someone.

Registered manager:

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. There was a new registered manager since our last inspection.

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. Safeguarding alerts are information we received when there are concerns about a person's safety.

The provider was not able to complete a Provider Information Return (PIR), due to a technical issue which was outside of their control. The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Although there was no PIR, the provider sent us all the information we required after our visit. We took this into account when we made the judgements in this report.

We spoke with the Nominated Individual, the registered manager, service manager and assistant manager and the learning and recruitment coordinator. We had contact with two care staff. The expert by experience spoke with seven people who used the service and five relatives. We reviewed three care records. We also looked at a range of documents relating to the management of the service, including a range of quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and able to speak out.
- There were improved processes in place to safeguard people.
- The provider was pro-active and conscientious about upholding people's safety. Senior staff met monthly to review all safeguarding alerts and concerns.
- Staff told us they knew what to do if they were concerned about a person's safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were effective. Care plans ensured support was targeted and kept people safe. One person was assessed as being at high risk and the deputy manager told us staff had walked through heavy snow to make sure they got to the person's home to provide care.
- Accidents were recorded and senior staff spent time analysing the information to see if there were any themes.
- Lessons were learnt, and the service improved as a result, such as improvements in the administration of medicine.

Staffing and recruitment

- At our last inspection we found the recruitment of staff to be safe. The service had recently been audited by the local authority who raised no concerns or actions in relation to recruitment.
- There were enough staff to meet people's needs.
- Staff and people told us visits were well planned. An electronic monitoring system which had been implemented since our last visit tracked staff visits. This meant office staff could ensure people were receiving calls which were punctual, and which lasted for the agreed length of time.
- People confirmed this system worked well, "I feel very comfortable with the carers. They arrive on time and I have had no missed calls."

Using medicines safely

- People received their medicines safely. Since our last inspection the service had continued to improve safety in this area. For example, new audits were due to be introduced, in response to feedback from the local authority.
- Staff received practical training in how to administer medicines safely.
- When medicine errors happened, the registered manager took swift action to minimise the risk of mistakes happening again. Staff were re-trained, and checks were carried out to ensure they had the necessary skills to keep people safe.

Preventing and controlling infection

- Staff had guidance on how to prevent the spread of infection.
- People and families told us staff followed the guidance. A person told us, "When they wash me staff always use gloves and aprons."

Is the service effective?

Our findings

Effective – this means we looked for evidence people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff carried out detailed needs assessments and developed informative care plans.
- They involved specialist organisations in planning care, such as occupational therapists, to ensure staff delivered the required support.
- Care staff received up-to-date information about changes to people's needs, such as reminders about any changes in prescribed medicines. There was a weekly update which told staff about any key information, including the sharing of best practice guidance or changes in the law.
- The providers access to local networks and other professionals meant they were exceptionally well informed about current standards, guidance and the law.

Staff support: induction, training, skills and experience

- Staff attended a mixture of face-to-face and e-learning training. Practical courses included medication and how to support people to move safely. A person told us, "I have equipment to help me but always feel safe when being moved."
- The provider promoted opportunities for staff to develop specialist skills, for example arranging training around epilepsy. The registered manager had also developed guidance for all staff to enable them to work more effectively with people with autism and dementia.
- Staff told us they were well supported in their role and worked effectively as a team.
- There were effective checks on staff competence, and action taken when staff needed updates or refresher training.

Supporting people to eat and drink enough to maintain a balanced diet

- A relative told us, "Staff provide good nutritious meals. My family member can be a bit challenging, so I appreciate the care they provide."
- Care plans outlined people's preferences and prompted staff to offer a choice of food and drink.
- Staff had detailed guidance for people who had specialist needs around eating and drinking, for example where they were prescribed thickener in their drinks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff promoted and monitored people's wellbeing and were alert to any changes in the support they required.
- Staff worked well with outside agencies, supporting any referrals where appropriate. Records showed regular involvement from professionals who supported the person and also provided staff with guidance. A relative told us, "Staff are aware of the pressures on us and support us with co-ordinating the district nurse

and GP as appropriate."

- Staff received regular updates about upcoming health appointments, so they could support or prompt people to attend.

Ensuring consent to care and treatment in line with law and guidance

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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.

- People had the capacity to make day to day decisions about their care, such as what they ate or the clothes they wore.
- Staff had a good understanding of capacity and consent. Senior staff arranged for new staff to shadow experienced colleagues before supporting a person who regularly refused care and food. Staff learnt about the best way to encourage the person to accept support, whilst promoting their right to make decisions. A member of staff told us, "If [Person] refuses their medicines, I go away and make them a cup of tea and when I return they usually take it."
- Staff recorded where a person had refused the support on offer, which enabled office staff, professionals and relatives to monitor the person's wellbeing.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- There was a respect and commitment to provide compassionate and respectful care which was shared at every level of the service. A member of staff told us, "If my parents or someone I knew required care I would not think twice about asking Swan care/Vivo support. They have proved to me that care is their main focus."
- People and families told us staff knew people well and treated them kindly. A family member told us, "Staff take time outside of their hours to get things for [Person]. For example, if they mention they would like a banana staff will buy it. Staff take the time to improve our family members quality of life by spending time chatting and brushing their hair."
- Staff knew people well and had enough time to support them with dignity. A family member told us, "My family member is not rushed and is completely calm which they weren't with other care companies. Staff treat her with dignity and respect."
- The registered manager had promoted the rights of people in relation to diversity and inclusion. They had innovatively created practical opportunities for staff to develop an awareness of the needs of people from a variety of backgrounds.

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

- Our discussions with people and staff demonstrated this was a service where the people receiving care had power to make decisions about their care. A person told us, "Staff will always do other jobs if I ask like sort my washing. I have a good relationship with them."
- Staff were shown their care plan and where possible, signed to say they had agreed with it. Staff had adapted this where people could not read or write, for example they explained what was in the care plan to one person who had then verbally agreed with what was described.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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 received support that was flexible and based on their individual needs.
- The registered manager was introducing changes to make support and care planning more person centred. Care plans were being re-written and staff receiving training on how to personalise their daily records.
- Staff reviewed support regularly with people, involving relatives and external professionals as appropriate. A relative told us, "They do regular reviews. Too regular but then that's good."
- The registered manager told us they were changing the observations of staff competence to include comments from the people they supported. This gave people a greater say in shaping their support.

Improving care quality in response to complaints or concerns

- The organisation had a formal complaint process. There were very few complaints, so the registered manager also used informal concerns to make things better. One person's visit times had changed following an informal complaint.
- Senior managers took a personal interest in hearing about people's concerns.
- A relative told us, "I have a good relationship with the staff and managers, and I always feel I can pop into the office to discuss any issues or changes."

End of life care and support

- The service provided dignified and personalised support to people at end of life.
- Some staff had attended specialist training on how to support people with end of life needs. They were able to advise colleagues and ensure care was provided in line with best practice guidance.
- Feedback from a member of staff to the provider stated, "I now have the know-how and knowledge of what to do when presented with various situations concerning death. I would like to go on to attend further training to become an End of Life Champion."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Managers planned and developed the service in a caring, person-centred manner. Many of the planned changes focused on personalising care, such as the improvements to the care plans.
- Senior staff promoted an open culture and were honest when mistakes happened. Following a medicine error, the registered manager had written immediately to the person apologising, outlining what they had done to make the service safer.
- The provider had invested heavily in supporting staff which reduced staff turnover. People and relatives told us this had directly improved the quality of the care they received. A relative told us, "My family member can become quite anxious but as they have the same people coming in this has not occurred."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- After our last inspection there was an unsettled time at the service and the Head of Care had taken over the registered manager role. This maintained the quality of the care and key improvements were implemented effectively. A member of staff told us, "Things have really improved. You only have to ask for something and they are there for you."
- The provider demonstrated they were committed to ensuring the improvements were sustained. The Head of Care was transferring the registered manager role to an established manager who already knew the service well. They remained fully involved to support the service.
- Checks on the quality of the service were robust. There were detailed action plans following audits, such as making sure the required risk assessments were in place when people's needs changed.

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

- The provider carried out surveys with people and staff to find out about their views on the service.
- During a period of change at the organisation, the provider's Director of Care and Support had met each member of care staff individually. They had continued this practice, demonstrating a commitment to engaging staff in a personalised way.
- The provider was pro-active about promoting equality throughout the organisation, such as putting on a play for staff about the experience of social care through the eyes of a gay person.

Continuous learning and improving care; Working in partnership with others

- Managers had a shared vision for promoting good care and continual improvement. They were supported

in this by leaders of the wider Swan Housing organisation.

- The registered managers for different services met regularly to share best practice and offer support to each other.
- This was an outward looking organisation. Provider representatives were active in local forums and networks. This promoted the sharing of information and good practice.
- The provider was pro-active accessing available resources such as training provided by the local authority.