

Vivo Care Choices Limited

# Vivo Care Choices Ltd

## 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

Shared Lives is a service provided by VIVO Care Choices Limited. VIVO Care Choices Limited is a not-for-profit company owned and regulated by Cheshire West and Chester Council.

VIVO Care Choices Limited is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes.

The service provides long term family support, respite care and sessional support to people in Cheshire West. Not everyone who used Shared Lives received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection there were 9 people using the service and receiving a regulated activity.

Shared Lives used to be referred to as 'adult placement schemes', which remains the legal term used to describe them. CQC does not regulate individual shared lives carers and 'placements'. We regulate at scheme level, through agency locations. Like any other person's own home, we have no powers to enter shared lives carers' homes. They are also the person receiving care's own home.

### People's experience of using this service and what we found

People using Vivo Care Choices Limited benefitted from a service that provided safe, high quality and compassionate care.

Policies and procedures were in place to help protect people from the risk of harm and abuse. Both staff and carers told us they had undergone training in safeguarding matters and knew what action to take to keep people safe.

Risks to people were identified, assessed and mitigated to help keep people safe. Environmental checks were undertaken to help ensure carers' homes and premises provided people with a home that was safe, comfortable and suitable for people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was led by a manager who was well thought of by staff and carers and committed to delivering a service that was safe and provided high quality care and support. Care placements were subject to annual reviews including health and safety, finance and medication checks, to help ensure quality and compliance.

Quality assurance processes were in place to enable people using the service and their carers to make their

views known.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

This service was registered with us on 12 November 2019 and this is the first inspection.

The last rating for the service under the previous provider and at the previous office premises was good (published 31 January 2019).

#### Why we inspected

This is the first inspection under the provider's new legal entity and was carried out to provide the service with a rating.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Vivo Care Choices Ltd

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Vivo Care Choices Limited is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We attended the office and spoke with the registered manager. We looked at records in relation to people who used the service including two care plans and systems for monitoring the safety and quality of the service provided.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at governance and training records. We spoke with three carers who provided full-time live-in care for people who used the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were managed and mitigated to help keep people safe. Risks were understood by carers and staff who supported people to make choices in an informed way and understood where people required support to reduce the risk of avoidable harm.
- Information about risks was communicated through staff and carer meetings. Staff reviewed risks regularly to ensure the service had an up to date and accurate picture of safety.
- A practice of learning from any incidents, accidents and other relevant events was promoted. The manager reviewed records to monitor any safety related themes and discussed any findings with staff to ensure the correct action was taken to help prevent any future recurrence.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of harm and abuse. Safeguarding policies and procedures helped ensure any incidents or concerns were reported appropriately and shared with relevant safeguarding authorities. Systems and processes enabled open and transparent investigations to take place in the event of any safeguarding concerns.
- Staff were trained in safeguarding matters and understood what action to take to keep people protected. The service also had appointed a quality lead who acted as a point of reference and knowledge for other staff members.
- A preventative approach to safeguarding was adopted by the service. Being aware of relevant risk factors and triggers, helped to ensure people's human rights and freedoms were protected as any decisions taken were in people's best interests.

Staffing and recruitment

- People received care and support in an environment that was suited to their needs and by carers that were best placed to meet their care and support needs. By thoroughly assessing and matching carers to people, this ensured people received a reliable and consistent service, meaning the risk of the placement breaking down was minimised.
- Recruitment systems ensured staff and carers were appropriately recruited to support people to stay safe. Appropriate DBS and other recruitment checks such as a health screening were carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Although the service was not involved in the direct provision of

medicines, their oversight ensured that third party care and support staff met good practice standards and were trained and competent to administer medicines.

- The service took an active role in medicines reviews and risk assessments to enable people to take an active role in their support wherever possible. Where people wished to manage their own medicines, they were supported to do so safely, and in a way which respected their independence.

#### Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff and carers had received training in infection control and followed policies and procedures which met current and relevant national guidance. Individual risk assessments for the safe management of COVID-19 were in place for both people and carers.
- The service ensured carers understood their role and responsibility for maintaining high standards of hygiene in their homes, by the use of effective infection prevention techniques and the use of appropriate PPE.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The care and support provided to people was in line with evidence-based guidance and relevant legislation, which was monitored to ensure consistency of good practice. The service completed a comprehensive initial assessment of people's needs, and a full assessment of the carer's home before the person's introduction to the service.
- Both carers and the service involved people in setting out their expected outcomes and goals wherever possible. Care and support was regularly reviewed so that any changes in people's needs could be met.
- Carers told us how they ensured people's needs were met in the best possible way. Appropriate referrals to external services and professionals were made as required to help ensure good outcomes for people which helped promote a good quality of life.

Staff support: induction, training, skills and experience

- Carers at Vivo Care Choices Limited were often experienced and had a background in care. The service ensured they had the right skills and training to carry out their roles and meet legal requirements. People were matched up to carers to ensure people received support from carers who were not only best placed to meet their needs, but also best matched in personality and shared interests.

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

- Carers told us how they worked in collaboration with the most appropriate services to meet people's needs in the best way. This included support with GP and hospital appointments.
- The service helped ensure people experienced positive outcomes regarding their care and support. Where necessary, carers acted as advocates for people when liaising with other health professionals, enabling people to make genuine choices about their care and support.

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

- Although the service was not directly involved in the provision of food and fluid, they ensured that carers who supported people with such needs had the right level of support and training to do so.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were directly involved in decisions about every aspect of their care and support wherever possible, to ensure their human and legal rights were upheld.
- Where people were deemed not to have capacity to make decisions, the service supported carers to work closely with relevant others, such as external professionals, to ensure that any decision made was in the person's best interests and supported them in the least restrictive way possible.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- By taking the care and time to match up people with carers, the service helped to ensure people were treated with the utmost respect, kindness and compassion. Carers spoke warmly of the people they supported and described them as being 'part of the family,' one told us, "[Name] has been with my family for many years, they are part of my life, I consider them to be my family."
- Most of the people being supported had complex and profound needs, however, this was not seen as a barrier by the service, carers were supported to access appropriate sources of support so that people were able to fulfil their potential.

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

- People were encouraged to share their feedback on the service, we saw people's completed satisfaction questionnaires following both their respite and long-term stay. People had feedback they felt safe and comfortable in their environment, that staff were respectful and caring and the service had made a positive difference to their lives.
- As people were supported by full time carers, carers had a deep understanding of their preferences in their care and support needs. Carers utilised accessible means of communication and worked alongside relevant others to help people shape their own care and support.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. The service utilised technology to minimise any risks to people's confidentiality.
- People were treated with dignity, respect and free from discrimination. Despite some people living with needs which severely impacted on their independence, staff took care to encourage and respect people's independence wherever possible.
- We saw how carers had built trusting relationships with people, which helped ensure people received a consistent level of care and support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where people had family and anyone who held power of attorney, they were appropriately consulted to ensure that people's needs and preferences for care were identified.
- People's care and support was holistic and focused on people's goals and abilities. People were empowered to make their own choices, wherever possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service presented information in a way that people understood, to ensure people and their carers were able to make appropriate choices based on options which had been presented to them in an accessible way.
- Technology such as virtual meetings was utilised, to ensure the service was accessible to people who used it. This had proved particularly useful during the COVID-19 pandemic.

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

- The service took care to involve those who were important to the person involved with their support to help maintain positive relationships. One carer shared with us how the person's birth family was still a significant part of their life which had a positive impact on both their wellbeing and the person being supported.
- The service facilitated links with people and their carers. Meetings and informal coffee mornings were held to help people feel a sense of belonging and avoid any feelings of social isolation.
- One carer told us how they supported the person to maintain an outdoor hobby and accompanied the person to provide both support and companionship.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints, an appropriate complaints policy was in place which was accessible to people and their carers.
- The service adopted a positive approach to complaints and viewed them as learning opportunities to help further drive improvements.

#### End of life care and support

- Although the service was not supporting anyone on end of life care, support processes were in place to help people and carers in the development of appropriate treatment plans, that were sensitive to the needs of the person, including any religious and cultural needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a culture dedicated to person-centred care and support underpinned by values such as transparency, compassion, dignity and respect. This ethos was understood and shared amongst carers and staff so that people using the service received one which was inclusive and empowering.
- The service's positive culture and direct involvement of people and their carers in their care and support, led to positive outcomes for people. The service helped guide carers to appropriate stakeholders able to provide people with care and support that met their needs and goals.
- Equality, diversity and inclusion was promoted by the service to help aid people's access to the best possible care and opportunities. These values were promoted to carers to further develop a strategy of delivering high quality care and support.

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

- Effective governance and accountability processes and practices were in place to monitor any risks to the safety and quality of the service. Audits were used to drive improvement within the service.
- The registered manager was clear about their role. The service was affiliated to 'Shared Lives Plus'. This is the UK network for small community care services, including Shared Lives carers and schemes. The registered manager attended meetings of the North West group, in house management team meetings, meetings with the affiliated local council and other relevant stakeholder meetings. This facilitated the sharing of best practices.
- Staff and carers demonstrated an understanding of their role and responsibilities and were committed and motivated to deliver the best possible service for people. Staff and carers were positive about the manager, one carer told us, "[Manager] is clearly very passionate, they are here with the intention of doing the best possible job and they do it well."
- The registered manager was experienced in their field and demonstrated an understanding of their legal and regulatory requirements. Staff and carers were supported using meetings and supervisions and appraisals. Opportunities for further learning and development were provided to help further enhance the delivery of high-quality care and support.
- The registered provider has a legal requirement to notify us of specific events that occur within the service. The registered manager had submitted notifications to CQC appropriately.
- The registered provider has a legal requirement to display their current CQC rating. We saw that this was

clearly shown on the services' website.

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

- The service encouraged and facilitated people, their carers and staff to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support, including informal coffee mornings where people felt able to talk in a friendly and welcoming environment. Feedback was acted on and the service made changes to people's support plans as and when needed.
- The registered manager engaged with staff to enable them to have a platform to voice ideas and views. The manager used this feedback to help shape the service. Bi-monthly welfare meetings helped foster a culture where staff were listened to and confident to speak up.
- Staff were made to feel valued, the registered manager told us how they provided carers with a certificate of recognition for the years of service they had contributed, and staff awards ceremonies were held to recognise and reward staff and carers for their valued contributions.

Continuous learning and improving care

- Quality assurance processes were in place to capture the views and experience of people using the service and their carers. The service actively sought out the perspective of people and their carers to help understand any issues and challenges to the quality of care and support.
- The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help further in the deliverance of good care and helped drive up the quality of the service.

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

- The service encouraged and welcomed feedback and adopted a transparent and open approach. The service had not received any complaints, but processes were in place to enable concerns to be investigated in a sensitive and confidential way, to be shared with the relevant authorities and for any lessons to be shared and acted on.

Working in partnership with others

- The registered manager was a member of managers forums and was keen to be a good role model for other similar services. The service worked in partnership with external organisations to support holistic care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference.