

Vivo Care Choices Limited

Northwich Network

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

This announced inspection was carried out on 8 and 9 November 2018 by an adult social care inspector. We gave the registered manager 24-hours' notice of our inspection. This is because we needed to make sure that someone would be available to assist us with our inspection.

Northwich Network is a domiciliary care service run by VIVO Care Choices Limited, a company managed by Cheshire West and Chester Council. The service is registered to provide personal care to adults within their own homes. The service offers support to older people and people with learning disabilities, sensory impairments and physical disabilities. At the time of our inspection the service was providing support to 28 people and employed 49 staff.

At our last inspection we rated the service good. At this inspection we found the service remained good. We found no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had systems in place to protect people from abuse.

People's risk assessments in their care plans were managed well and covered all relevant aspects of their lives.

Staff were safely recruited at the service ensuring that only staff suitable to work with vulnerable people were employed.

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

Most staff were up-to-date with their training. Some staff were overdue refresher training in some areas but we saw that they were scheduled to attend the next available training sessions.

People were supported to plan, buy and prepare the food and drink that they wanted.

We observed that staff had well-established and positive relationships with the people they supported.

The care plans we reviewed were person-centred and gave staff the information that they needed to safely and effectively meet people's needs.

People were supported to take part in a variety of activities that were important to them.

There was a positive and caring culture amongst all of the staff we spoke with during our inspection.

The service used a range of methods to gather feedback from the people and their relatives about the quality of care and support being provided.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. This means that the people supported by the service who live with learning disabilities and autism could live as ordinary a life as any citizen.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Northwich Network

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 was 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.

This announced inspection was carried out on 8 and 9 November 2018 by an adult social care inspector. We gave the registered manager 24-hours' notice of our inspection. This was because we needed to make sure that someone would be available to assist us with our inspection. At the time of our inspection the service provided personal care to 28 people living in their own homes and employed 49 staff.

Before our inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gather their feedback about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with and observed nine people supported by the service; this included meeting people at the day centre they attended and visiting three addresses where people lived with support from the service. We spoke with three people's relatives. We also spoke with 12 members of staff who held different roles within the service. This included the registered manager, deputy manager, team supervisors and carers.

We looked at a range of documentation both at the service's office and in people's homes including three people's care records, medication records, six staff recruitment files, staff training records, accident and incident report forms, safeguarding and complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

All the people and their relatives told us they felt safe with the staff. One person said, "Yes, I'm safe and happy. The staff are friendly and help me." One relative commented, "Oh yes, it's very safe. The staff are great with [relative]. We can really rely on the staff."

The service had systems in place to protect people from abuse. Staff had received training on safeguarding vulnerable adults and they were able to tell us what they would do if they ever had any concerns. Records showed that safeguarding concerns were appropriately dealt with by the manager and the service was also meeting its obligation to notify CQC of any safeguarding concerns.

People's risk assessments in their care plans were managed well and covered all relevant aspects of their lives. The risk assessments we saw were regularly reviewed and contained detailed information for staff on how to effectively manage any risks. For example, one person supported by the service had a percutaneous endoscopic gastrostomy (PEG) fitted. There was a risk assessment in place for staff cleaning and maintaining the PEG site, which gave staff clear guidance on how to mitigate the risks associated with meeting these needs.

We saw that people were supported in their homes by consistent staff teams, most of whom had worked for the provider for a long time. People knew who would be supporting them, which in some cases helped provide people with reassurance and prevented them from feeling anxious.

Staff were safely recruited by the service ensuring that only staff suitable to work with vulnerable people were employed. All new staff completed a thorough induction process, which included office-based training, shadow shifts and completion of the Care Certificate. The Care Certificate is an agreed set of standards that health and social care workers should adhere to in their daily working life. It gives staff who are new to care the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Medication was correctly administered, recorded and stored by staff who had appropriate training and experience. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. Staff carried out weekly audits of people's medication, which were checked by the team supervisor during their monthly inspection. Staff also had six-monthly medication administration observations with their supervisor to ensure their competency and safety in this area.

We saw that the service had effective records in place to record, monitor and address any accidents and incidents. There was no evidence of any emerging patterns or trends in accidents and incidents at the time of our inspection. However, the quality of the service's record-keeping meant that it was well prepared to carry out trends analysis if and when required.

Is the service effective?

Our findings

One relative commented, "All the staff are well-skilled and they've engaged well with [relative] and us."

People's needs were assessed before they were supported by the service. This formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity, such as their age, disability or religion, were considered during the assessment process and included within the care plans.

The service had a system in place which ensured staff had the training, skills and knowledge they needed to support people with their specific needs. We saw that most staff were up-to-date with their training. Some staff were overdue refresher training in some subjects but we saw that they were scheduled to attend the next available training sessions. We discussed this with the registered manager who explained that they would be taking a more proactive approach in future to avoid refresher training becoming overdue.

Staff told us they felt well-supported in their roles and they received regular and helpful supervision from senior staff. We saw records which supported this.

People were supported to plan, buy and prepare the food and drink they wanted. Care plans clearly outlined the amount of support a person required in this area, along with any preferences and specific dietary needs. For example, one person suffered from diverticulitis and reflux. The care plan gave staff clear guidance on what foods and drinks they should support this person to avoid to prevent aggravating these conditions. One relative commented, "The staff help [relative] to have a healthy diet and take part in regular exercise."

We saw that people were supported to regularly access health care in order to manage their health needs. Staff helped people to remember when they had appointments and, where necessary, attended appointments with them for support. The staff we spoke with were knowledgeable about people's health needs and how to help maintain their health and wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order. We found the service was working within the principles of the MCA and it had taken appropriate action with the local authority in order to meet its legal obligations relating to the deprivation of people's liberty under the MCA.

Is the service caring?

Our findings

One person told us, "The staff are great, I like all of them. One relative said, "All the staff are good, they are kind and caring and get on well with [relative]."

We observed that staff had well-established and positive relationships with the people they supported. Examples of this included, one person who was returning from their day centre was very happy to see a member of staff and gave them a hug and another person's care plan noted they preferred to be called by a shortened version of their name, which we heard staff using throughout our visit.

We saw that people's confidentiality was maintained, as records containing people's personal information were kept locked away in cupboards.

We found that people's individual communication needs were considered by the service and staff supported people to overcome any communication challenges they had so that they could express their views. For example, we saw that people who needed hearing aids had been supported by staff to wear them. We also saw that one person needed to be given some time and prompting when responding to questions. We observed that staff did this in a caring and patient manner which enabled the person to actively communicate their views.

We saw that staff encouraged people to be independent as much as possible and in a variety of ways. For example, staff supported people, where possible, to prepare their own meals and drinks. Some of the people we met with also proudly told us about the vegetable patch in their garden that staff helped them with to grow their own vegetables, which they then cooked together. One relative commented, "The staff have got a good balance of supporting [relative] with their independence and keeping them safe and well."

Staff respected people's privacy. People were able to spend their time as they chose to, such as having some time alone in their room if they wished.

Is the service responsive?

Our findings

The care plans we reviewed were person-centred and gave staff the information that they needed to safely and effectively meet people's needs. People's care plans provided information about what was important to them, such as family and important relationships, preferred routines, hobbies and any medical conditions. For example, we saw that one person had recently had a percutaneous endoscopic gastrostomy (PEG) fitted. Their care plan contained all the guidance and risk assessments that staff needed to effectively meet their eating and drinking needs and maintain their health and wellbeing.

The staff we spoke with were very knowledgeable about people's care and support needs. They also told us that, with the support of their team supervisors, they kept people's care plans up to date.

We saw that people's care plans were reviewed regularly to ensure the information they contained was accurate and gave staff the correct guidance on how to support people. People and their relatives told us they were involved in the assessment, care planning and review process and staff were able to effectively meet their needs. One relative commented, "We know the staff have got all the risk assessments and care plans in place to support [relative] well."

People were supported to take part in a variety of activities that were important to them. For example, going shopping, going to the gym and playing football. We also saw that the service arranged group events that people could attend if they wanted to. Examples of this included a 'Royal Wedding party' and a 'Bake Off' event.

The service had not received any complaints since our last inspection but we saw it had systems and processes in place to do so when necessary. All the people and their relatives told us they felt comfortable raising any concerns with staff. They also said that when they had raised issues they felt listened to and action was taken by staff.

Is the service well-led?

Our findings

People and their relatives told us that they got on well with the management team at the service. One relative commented, "I've had very effective communication with senior staff at the service. They have engaged really well with [people's relatives]."

The service had a registered manager. A registered manager is a person who has 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.

The service used a range of methods to gather feedback from the people and their relatives about the quality of care and support being provided. Examples of this included easy-read questionnaires and tenants' meetings. The service also supported a small group of people to act as 'service user representatives', who met quarterly to discuss wider issues relevant to the people supported by the service and plan group events for people to enjoy.

The service had various systems in place to monitor and assess the quality of the service being provided. For example, team supervisors carried out monthly inspections of the places people lived, which included reviewing people's care and support documentation. This was followed up on with six-monthly inspections carried out by the manager or deputy manager.

There was a positive and caring culture amongst all the staff we spoke with during our inspection. Staff recognised the importance of supporting people to live and enjoy life as independently as possible.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. This means that the people supported by the service who live with learning disabilities and autism could live as ordinary a life as any citizen.