

Vivo Care Choices Limited

Shared Lives

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?	Requires Improvement ●

Summary of findings

Overall summary

We visited the service on 24 May 2016 and we gave short notice to the registered provider prior to our visit to ensure that someone would be available to assist with the inspection process. This service was registered with the Care Quality Commission in August 2014 and this was their first inspection.

The service is managed by VIVO Care Choices Limited to provide long term family support, respite care and sessional support to adults. The scheme currently supports 11 people. People live with carers in the carer's own homes.

There was a registered manager employed to work at the service and they had been registered for five months. 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.

During discussions with people who used the service and carers we found they did not know who the registered manager was and had not met him. A recommendation was made that he should proactively seek to get to know the people who used the service and their carers.

People told us they were happy and they liked living with their carers. They said "I feel safe" and "I like it here".

People said they were felt safe with their carers. Staff and carers were aware of safeguarding policies and procedures and had undertaken safeguarding awareness training. The registered manager understood the principles of the Mental Capacity Act (MCA) 2005 and the implications 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 and had access to supervision sessions, staff meetings and training relevant to their job role.

Care plan documentation was person centred and gave good information about the individual needs of each person. A risk assessment was tailored to each person's particular requirements. Some people were supported with their medication and these were managed by the carers. All documentation seen was up to date.

People and carers had access to information about the service that included a statement of purpose and this was written in large print to make it easier for people to read. This included the aims of the service, what people could expect to receive and details regarding the registered manager and provider. This meant that people had information about the service that they could refer to.

People who used the service and carers told us that they didn't have any complaints about the service and they would contact the office staff if they had any concerns. 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 carers and annual reviews of people's care. There were also a range of audits undertaken in relation to the service provided that monitored its safety and effectiveness. These included risk assessments, finances, medication and health and safety. This meant that regular checks were being undertaken to ensure the quality and safety of the service is reviewed and evaluated.

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.

Safeguarding procedures were in place and staff and carers had received up to date training in safeguarding adults. Carers managed people's medicines safely.

Robust recruitment practices and processes were in place. Policies and procedures were available to make sure that unsafe practice was identified.

Is the service effective?

Good ●

The service was effective.

Staff and carers had access to relevant training and received supervision for their role.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). The registered manager and staff were aware of how to ensure that decisions were made in a person's best interests.

People were supported to choose meals and in general healthy eating was encouraged.

Is the service caring?

Good ●

The service was caring.

People who used the service said carers were kind and friendly towards them and that they liked living with their carers.

Staff engaged with people and carers frequently and showed an interest in people. Carers knew people well.

Is the service responsive?

Good ●

The service was responsive.

No concerns or complaints had been made although processes to deal with a complaint were in place if needed. People knew

how to make a complaint if they were unhappy.

People were supported with their healthcare needs by their carers and with the involvement of relatives or representatives where appropriate.

Is the service well-led?

The service was not always well led.

The service had a registered manager in place who had worked for the registered provider for 10 years. People who used the service and carers did not know who the registered manager was.

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.

Requires Improvement 

Shared Lives

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 inspected the service on 24 May 2016. The inspection visit was announced and the inspection team consisted of one adult social care inspector. The registered provider was given short notice because the location provides a shared lives service and we needed to be sure that someone would be available at the office to assist in the inspection process.

We spent time at the office looking at records. This included three people's care and support records, two staff recruitment files, three carer recruitment files, policies and procedures and other records relating to the management of the service.

We spoke with the registered manager and two staff members on the day of the inspection. We telephoned three carers and a relative after the inspection and visited two people who used the service. Carers are people who support people on long term, respite care, or sessional work for people who used the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. 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.

The registered provider completed a Provider Information Return (PIR) as requested. This is a form that asks the registered provider to give key information about the service, for example, what the service does well and any improvements they intend to make.

We contacted the local authority safeguarding and contracts teams for their views on the service and they raised no concerns about the service.

Is the service safe?

Our findings

People told us that they felt safe with their carers and other staff members. They said they felt safe within their home and when out and about in the community. Carers told us people were kept safe. Comments included "[Name] is not left alone in the home" and "[Name] looks after me and I feel safe."

People told us that they had lived with their carers for a long time and that their carers were available when they needed support. Some people also had sessional or respite care and people said they knew these carers well. Respite care is where the people who use the service stay with a different carer for a short break and sessional care is where people spend time with a different carer for up to a day, but usually for a few hours. We looked at the rotas for sessional support staff over a two-weekly period and saw that carers were available when people needed them. Office staff consisted of the care co-ordinators and administrator and they were on duty during core working hours, Monday to Friday, 9.00am to 5.00pm. Outside these hours people and carers had telephone numbers of people they could call for advice and support.

Within the Provider Information return (PIR) the registered manager explained that risk assessments were in place to enable people who used the service to safely undertake activities without restricting them. An up to date risk assessment was seen within each person's care planning documentation. These covered personal care, medication, moving and handling, safety when out and about in the community, finances and safety within the home. People told us they were not left alone in the home and carers confirmed this.

People told us that they had some help with taking their medication. Some people only required prompting, whilst other people received more support. The registered provider had a policy and procedure on medication management and administration. Information regarding medication was also included in the carer's handbook. The staff and carers were aware of the policy and had undertaken training in medication awareness where appropriate. Risk assessments were in place for people who needed support with medication and appropriate records were kept. One carer said that the person they supported usually remembered when to take their medication, but they just checked each day that it had been taken.

The registered provider had robust recruitment processes in place for the recruitment of staff. We looked at two staff recruitment files and saw that staff had completed an application form, with their employment history included and attended an interview. Two references were undertaken, one of which was from the staff member's previous employer. A Disclosure and Barring Service (DBS) identity check was undertaken. This check is undertaken to ensure that staff are not included on the barring list and that they are suitable to work with vulnerable adults. We also saw the recruitment files of three carers. Carers are people who support people on long term, respite care, or sessional work for people who used the service. A personal profile was completed by the carer and three references were taken which included one from a previous employer and their GP. The carer attends a series of interviews which lead to a report for approval being prepared for panel. Once this was agreed the carer was "matched" to a person.

Staff told us how they would keep people safe. They explained about protecting people from abuse and they confirmed the process they would undertake if they suspected abuse had taken place. One staff member

gave different examples of what might be abuse, which included hitting someone or being verbally aggressive towards a person. Staff and carers told us they had undertaken training in safeguarding adults from abuse. The registered provider had a safeguarding policy and copies of the local authority's policy on safeguarding adults. Staff confirmed that they were aware of the registered provider's policy which included a flow chart on the process to be undertaken if abuse was suspected. They said they were aware of the local authority's policy and also the whistle blowing policy and one staff member said "I have made two referrals under this policy and both were dealt with appropriately". The registered manager explained they used a document to determine the thresholds for safeguarding procedures. If this was not met then the incident would be recorded as a "low level" incident. Copies of these were seen and showed how this process had been undertaken. These were sent on a monthly basis to the local authority safeguarding team. No safeguarding referrals had been made, however, procedures were in place which showed what would happen if a referral was made.

Is the service effective?

Our findings

People told us that they liked living with the carers and getting out and about in the community. Comments included "I like going to the cinema and to the local garden centre" and "I like staying (on respite) with [name]".

People told us that they received good support from the carers. Carers assisted people with medical appointments and helped them maintain their healthcare needs when required to do so. These included visits to the GP, hospital, consultants, optician, chiropodist and dentist. Plans were in place which outlined people's individual healthcare needs. When a person had attended a medical appointment the outcome of this was shared with the care co-ordinator and this information was recorded on the person's care notes. For example in one person's notes it explained that they have visited the dentist several times and had a new set of dentures.

People told us that they liked the food and chose meals they liked. A menu was usually planned in advance with the carer. Some people told us they liked to help with the shopping whilst others said preferred not to go shopping. Carers told us that a wide range of foods were provided over the week and that a healthy diet was encouraged with some "treats" included as well. Staff told us and records confirmed staff and carers had undertaken training in food safety. At present no one had any specific dietary requirements. However, carers and staff explained these would be taken into account as necessary and it would be included in care plans and risk assessments.

Within the Provider Information return (PIR) the registered manager explained that some people had used the service for a long time and had built up good relationships. Carers told us that people were put at the centre of all they do. They said that people and relevant others had been involved in planning their care and support. When considering accessing the service an initial assessment was provided by the person's social worker and this gave detailed information about the abilities of the person and the support required. Prior to moving in with a carer, people met with them and visited their homes to ensure that they were happy to move in. The length of time that was spent with the carer gradually increased and led to an overnight stay. During this time the carer gathered information as a way of getting to know the person. The registered manager explained that there were no set timelines for this and it was completed at the preferred pace of the individual. Following each stage checks were made with the person, their family and the carer to ensure that the individual was settling well. Once this process had been completed and the person was happy they moved into the carer's home. This person centred approach was an effective way of ensuring successful placements for people.

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 were 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 was in their best interests and legally authorised under the MCA 2005.

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions or authorisations to deprive a person of their liberty were being met. If a person was deprived of their liberty this would need to be authorised through the Court of Protection. The registered manager had good knowledge and understanding of the principles of the Act and how to determine people's capacity. Copies of the code of practice were available at the service. Staff told us they had received training on an introduction to Mental Capacity Act 2005. One staff member commented "MCA is about assessing whether someone has the capacity to make a decision and its issue specific".

Staff and carers told us they received regular supervision and they were well supported by the management team. Supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff were also invited to attend regular staff meetings. We saw the minutes of meetings which were held regularly. This meant that staff had the opportunity to discuss their work and the service with the management team.

An induction and training programme was in place for both staff and carers. Many staff had worked for the service for a number of years and said they had undertaken an induction process which had included shadowing an experienced staff member for a week. Staff completed a basic induction on their first day which was followed with training the registered provider considered was mandatory. Staff said they received a copy of the employee handbook and records confirmed this. This contained information about the organisation, disciplinary and grievance procedures and a range of key policies and procedures. Records showed staff had completed the induction process. The registered manager explained that the Care Certificate had been started with new staff members. This meant that staff and carers had received induction and training appropriate to their role. Carers were expected to undertake a range of training that included safeguarding, moving and handling, food and fire safety and medication awareness. We saw that this was reviewed during the carer's annual review and records showed that training was on-going.

Records showed a range of courses that staff had attended. These included moving and handling, safeguarding, medication, health and safety, fire safety, infection control and equality and diversity. Certificates were seen on staff files and refresher training was attended when required by the staff team. Staff told us that the training was good. The service had an in-house trainer who completed induction and delivered training to the staff team. This helped ensure that staff were trained and people received safe, effective care and support.

Is the service caring?

Our findings

People told us they were well supported by carers and that they were kind and caring towards them. One person said "[Name] helps me when I need it". We spoke with carers and the care co-ordinators and noted they were very knowledgeable about the people who used the service and the support they required. Care co-ordinators explained that they kept in regular contact by telephone or text with carers and knew both carers and people who used the service very well. They were able to tell us about people's history and give comprehensive accounts of people's current situations including the support they needed and contact they had with their families. Many people had regular contact with family members which included visiting them at their own homes, going out and about and also spending holidays with them. This meant that where possible people were supported to keep in touch with family members and visit whenever possible.

Carers described how they supported people to maintain their dignity and independence. Some people required minimal support with personal care and mainly prompting was needed to ensure tasks were undertaken. Other people required more support and when bathing and carers explained they ensured the water temperature was suitable to ensure people were not scalded by hot water. Carers said that some people liked to help around the home and were involved in domestic tasks such as dusting and tidying the home. Other people preferred to undertake their own activities which included listening to music, watching the TV or DVDs, arts, crafts and knitting. Most of the people attended a day centre or went to work during part of the week. One person told us that they enjoyed helping around the home and that the carer looks after them very well.

Most people who used the service went to day centres or work during the day. People said their carers made sure they were up and ready in the morning for when the transport arrived for them. Carers ensured they had a packed lunch and any other items they would need for the day. People told us about how they kept in touch with their friends and families. They often saw their friends at the day centre and also at the disco that many of them attended. Carers explained that people visited their families with support and some stayed with them for weekends or went away on holiday together. This meant that people had the opportunity to keep in contact with their family and friends.

The registered provider had a statement of purpose and service users guide. These gave details of the registered provider, registered manager and qualifications of the staff team. It also included information regarding the purpose of the service. The statement of purpose was produced in large print format which meant it was easier to read for people who used the service. Other general information with regard to what "Shared Lives" means to people who used the service was available to carers. This helped inform people of the standards of care and support they should expect to receive from the service.

A wide range of policies and procedures were available to the staff and carers. Care co-ordinators told us that a copy of the policies was kept in the office. Each carer had a copy of the carers handbook and information on the key policies was covered. This included information on advocacy, communication, safeguarding, infection control and complaints.

Is the service responsive?

Our findings

Carers gave positive comments about the service provided. They said that the support they received from the care co-ordinators was good and the service encouraged people to remain as independent as possible.

People who used the service said that carers were available when they needed them and that they supported them out and about in the community. People told us that they enjoyed going out and about with the carers and that they liked going to day care and meeting other people. Comments included "My carer helps me with my finances" and "I enjoy shopping with [name]".

People told us they enjoyed getting out and about in the community, had a varied social life and this included going out and about in the evenings, at weekends and for holidays. Other people told us they enjoyed day trips out and going to the disco in the evening. We saw that people had planned weekly activities. This included time spent at day centres, some people had jobs and others spent time at home and out and about in the community. One of the carers explained that the person they supported needed to have a planned programme and routine which was carried out consistently as being consistent was important to the person. Activities included spending time at home, going out for meals, having nights in with friends, shopping, holidays and visiting local places in the community. These showed that a wide range of activities were undertaken, some of which were with friends or family and other times with carers. Carers explained that the weekly programme of activities was prepared with the person around their needs, goals and aspirations. This meant that people had access to a wide range of activities that were planned around their individual needs and choices.

The care co-ordinators 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, a medication error occurred or how to support a person to manage their finances. 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 the deputy manager or registered manager.

People who used the service and carers said they had not made any complaints about the service. People said they were happy with the service and had no concerns or worries. They went on to say that if they did have any concerns they would speak to their carer or their care co-ordinator. People and carers had access to the complaints policy and information about how to make a complaint was included in the carer's handbook. The registered 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. The registered provider had not received any complaints over the last year and CQC had not received any complaints regarding the service.

Within the Provider Information return (PIR) the registered manager stated that care plans were centred around people's needs and wants and focus on them living their life in a way that they wish. The approach was person-centred as it's the person's wishes that dictate the support that was provided. Care records were person-centred and contained information about the individual and their care and support needs.

Assessments carried out included information on personal care, support with meals, activities out in the community, finances and medication needs. Care co-ordinators and carers were very knowledgeable about the people they supported. Annual reviews were undertaken and records showed these were up to date. The review recorded what had occurred over the last year and demonstrated the importance of a successful relationship between the carer and the person who used the service. Reviews also included observations from the care co-ordinator of interactions between the person who used the service and carer. For example for one person they said "[Name] seems relaxed and settled with the carer's family" and "[Name] is clearly content and comfortable in their surroundings". All documentation was reviewed at the annual review and this included the placement agreement and environmental risk assessment.

Information about each person was kept in the carer's diary and daily notes were used when a person used respite care. Information included any changes in the person or their support needs, any healthcare appointments or information and some details of activities undertaken.

Is the service well-led?

Our findings

There was a registered manager in place who had been registered with the Care Quality Commission for five months. He had worked for the registered provider for 10 years and had a wealth of experience. During discussions he showed he understood his role and responsibilities as the registered manager.

People and carers commented that they didn't know the registered manager. None of the people we spoke with had met him. They said "I don't know the manager", "I don't think I have ever met him" and "I've not met him." We discussed this with the registered manager who agreed to look at getting to know the carers and people who used the service. However, the deputy manager and care co-ordinators knew people well. Each carer had a named care co-ordinator and during discussions it was evident that they knew the carers and people who used the service very well. Carers told us that they had good support from the office staff. They said that they were very caring and looked after them well. One carer said "It's a hard job, the staff are special" and another commented "The office staff are very good and helpful". We recommend that the registered manager proactively seeks to get to know the people who used the service and their carers.

Staff told us they could contact the registered manager if they needed to, however, the registered manager was not based at the office, so this restricted face to face contact. They told us that they usually approached the deputy first if they were readily available in the office. The registered manager told us that he was often based at the office of the registered provider. We discussed this with the registered manager who agreed that he didn't have set days or times at the office which meant that the staff were not always aware of when he would be there. The registered manager agreed to ensure staff were aware of his availability and to plan this in advance where possible.

We asked people about how the service was managed. Carers said they felt the service was managed well by the office staff who they had contact with and they were happy with the support they received. Comments included "If you leave a message the office staff always get back to you", "The care co-ordinators are very good" and "I am pleased with the service".

Care co-ordinators said that carers were "special" people who enjoyed supporting people. Comments included "The carers work very well", "Carers do a good job", "The carers are unique and wonderful" and "Carers are valued".

Carers had the opportunity to attend meetings and express their views about the service. Meetings were held three-monthly. The last one was held in December 2015. The same meeting was held at two different time slots one in the afternoon and one in the evening in order to help carers to attend. Minutes of the meeting were taken and anyone who could not attend was sent a copy of the minutes. Issues discussed included the use of mobile phones, training, diaries, paperwork carer's availability and any other business.

Questionnaires were used to gather information about the service from people who used the service and carers. These were completed on an annual basis. We looked at the last questionnaires and saw that they were completed in 2015. People who used the service were happy with the service provided and liked living

with their carers. Comments included "I feel safe and well with my carer", "Having a carer gives me independence from my family", "Always plenty to do" and "I enjoy going to respite support". Comments from carer's questionnaires included "Without the service life would be difficult because we need a break from time to time", "Staff are always very welcoming", "It's a good team" and "Staff are particularly helpful and supportive". We noted that information from the questionnaires was reviewed, an analysis was not produced and the information was not shared with people who use the service or the carers. We discussed this with the registered manager who agreed to undertake this in future.

A range of audits were completed by the deputy manager and care co-ordinators. The care co-ordinators completed an audit each month which included risk assessments, document files, finance and medication, annual reviews, health and safety checks and training. Not all areas were covered each month, however, where action was noted this was completed as required. This audit was reviewed during the care co-ordinators supervision session and signed off when completed by the deputy manager. This demonstrated that systems were in place to ensure that the service was monitored and evaluated.

The deputy manager attended a range of meetings that involved other professionals either working in other shared lives schemes or involved with people who used the shared lives scheme. This included working with the Shared Lives Plus organisations to look at a quality framework and the standards that relate to shared lives. This meant that the service was able to keep up to date with changes in best practice and the national development of the shared lives service.

During discussions with the registered manager we saw that he was aware of the statutory notifications that needed to be sent to the Commission when an event or specific situation occurred within the service. Notifications are a legal requirement and cover a range of information.