

Vivo Care Choices Limited

# Shared Lives Scheme - Coronation Centre

## Inspection report

Coronation Road  
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Date of inspection visit:  
03 January 2019

Date of publication:  
31 January 2019

## 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

Shared Lives - Coronation Centre is a Shared Lives 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, established in 2013.

The service provides long term family support, respite care and sessional support to people in Cheshire West. Most of the people who used Shared Lives - Coronation Centre did not receive 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.

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.

We last visited Shared Lives - Coronation Centre on 12 May 2016 and the service was rated 'Good'. This inspection took place on 3 January 2019 and we gave notice to the registered manager prior to our visit to ensure they would be available to assist with the inspection. At this inspection we found that the service remained 'Good'. 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 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.

Staff and carers were aware of the provider's safeguarding policies and procedures and had undertaken safeguarding training.

Robust recruitment processes were in place for staff and for carers which meant that people were protected from staff and carers who were unsuitable to work with people who may be vulnerable to abuse or neglect.

Regular checks were made to ensure that carers' premises were safe and suitable. Risk assessments were completed as needed, for example when people were going away on holiday.

Staff and carers had induction training with regular updates. Staff and carers had regular supervisions and meetings. Both the staff and the carers we spoke with felt they were supported well.

Each placement was subject to a full annual review including finance and medication checks.

A complaints policy was available and the manager maintained records of complaints received and how they were addressed.

Quality assurance processes were in place which included meetings held with carers and reviews of people's care. People using the service and their carers were also able to make their views known through questionnaires. There was a range of audits to monitor the safety and effectiveness of the service.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remained safe.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remained effective.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remained caring.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remained responsive.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well led.</p> <p>A new manager had been registered since our last inspection.</p> <p>Staff and carers told us that the manager was enthusiastic and supportive.</p> <p>A range of quality assurance systems was in place to monitor the service provided and people's satisfaction.</p>	<p><b>Good</b> ●</p>

# Shared Lives Scheme - Coronation Centre

## **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 3 January 2019. The inspection visit was announced and was carried out by an adult social care inspector. The registered manager was given notice because we needed to be sure that they would be available at the office to assist in the inspection.

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

We spoke with the registered manager, four members of staff and a carer on the day of the inspection. We telephoned three carers after the inspection.

Before our inspection, we reviewed the information CQC held about the service. This included any safeguarding referrals received, any complaints that 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 manager 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.

# Is the service safe?

## Our findings

The Scheme had seven members of staff. Two of these staff were new to the service since our last inspection, however they were already employees of VIVO Care Choices. We spoke with these members of staff and they told us they had undertaken an application and interview process. The manager described the new staff as "a breath of fresh air". The provider had recruitment procedures in place for any new employees.

All staff and carers had a current Disclosure and Barring Service (DBS) disclosure to check that they were safe to work with people who may be vulnerable to abuse or neglect.

The registered manager told us about the approval process for new carers and we were able to look at the application files for prospective new carers. The Scheme's staff had carried out a series of checks including health screening, references and DBS, and a health and safety assessment of the applicants' home. The applicants had completed the service's induction training and their applications were due to be considered by an approval panel the week after our inspection.

Staff and carers had all done training in safeguarding adults from abuse as part of their induction process and this was reviewed every two years. The provider had safeguarding policies and procedures in line with those of the local authority. No safeguarding concerns had been reported since our last inspection.

Risk assessments were in place to enable people who used the service to undertake tasks and activities safely without restricting them. We saw details of accidents and incidents that occurred involving people who used the service, however none of these related to people receiving the regulated activity.

The training that staff and carers received ensured that they were able to provide the service safely. Areas covered included food safety, moving and handling, emergency aid, infection control, health and safety, and fire prevention.

We saw records of full annual reviews for carers. These included checking their car documents, DBS, and the safety of their premises. We also saw records of regular checks of the management of people's finances and medication.

## Is the service effective?

### Our findings

The registered manager told us about the detailed matching and introduction process that took place before a person went to live, or have a respite stay, with a carer. 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 they required. The Scheme's staff then considered which of their carers had availability and would be best suited to the person's requirements.

An introductory visit was arranged and coordinated by the Scheme's staff. The length of time that the person spent with the carer was gradually increased and eventually led to an overnight stay. One of the carers we spoke with said their experience of the matching process had always been positive.

The Scheme's staff consisted of the registered manager, care co-ordinators and an administrator. They were on duty during office hours and outside these hours carers had telephone numbers of people they could call for advice and support.

We spoke with the two most recent members of staff who told us how much they were enjoying their work. One of them said "The last year and a half has been fantastic. I have completed a level 2 award in team leading and this has given me confidence. [Manager's name] encourages us to work as a team through training, meetings etc. She's always producing action plans, but the staff are also able to put forward their ideas."

Staff and carers had all attended training about the Mental Capacity Act (2005), which gave them an awareness of issues relating to rights and choices. The staff were all up to date with the required training and some were working towards further qualifications. They told us that lots of courses were available for them through the local authority.

Some carers had commented that their training programme could be improved. The Scheme's staff told us they had been finding additional training specific to carers' needs, and had arranged for carers to attend a 'mindfulness' session, and training from the deaf society. They were also arranging training about dementia, and were reviewing the induction for new carers. They had also considered changing the times of day when training was provided and had, for example, provided a food hygiene session in an evening.

Staff and carers told us they received regular supervision and they were well supported by the management team. One of the carers we spoke with said they received "100% support". Supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role.

Staff also attended monthly team meetings. All carers had four supervisions a year, an annual review, and an annual visit from the registered manager.

There were regular carers' meetings throughout the year. Some of the meetings were held in Ellesmere Port and some in Davenham, where there was a satellite office. Meetings were held at different times of day to accommodate as many people as possible. A newsletter was circulated twice a year and this contained

dates for the meetings.



## Is the service caring?

### Our findings

Nine people lived long-term with their carer/s, and these were mainly very long-standing arrangements. Fifteen people had regular respite stays in carers' homes. This enabled their families, or other full-time care givers to take a break from their responsibilities.

People were asked to complete a satisfaction questionnaire following their respite stay. One person had written "I love going to respite to [carers' names]. I go out a lot while I am there. They are lovely people.", and another said "My helper is extremely kind. I have been a user of shared lives for two years and I have been very happy with the services I have received."

The full-time carer of a person who had respite stays with another family wrote "They all go the extra mile to ensure [person's name] is safe and happy during his stay."

Carers we contacted spoke with affection and respect about the people who they supported. The care co-ordinators kept in regular contact by telephone or text with carers and knew both the carers and the 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.

Some of the people who lived with Shared Lives carers maintained contact with their birth families, which included visiting them at their own homes, going out and about or spending holidays with them. Most of the people attended a day centre or went to work during part of the week.

The ethos of the service was one of mutual respect and support. The manager told us "I am very privileged to know and work with some truly amazing and selfless people.", and a carer commented "The team are brilliant, probably the best respect I've ever had over the past years. With other industries I have worked in it was always stressful. With Shared Lives, the team take that away from me and I have grown more confident in my role."

Each carer had a copy of the carers' handbook with information on key policies including advocacy, communication, safeguarding, and complaints. The service had a statement of purpose which gave details of the registered provider, registered manager and qualifications of the staff team. It included information about the services that were available. It was produced in large print format to make it easier to read.

## Is the service responsive?

### Our findings

The provider had written complaints policies and procedures. All of the people who completed a questionnaire reported that they knew who they could tell if there was anything they weren't happy with, either a member of the Scheme's staff or a relative. We saw records of three complaints that had been dealt with, however none of these related to people receiving the regulated activity. The records assured us that complaints were investigated and addressed fully, and a written reply sent to the complainant.

We looked at the care files for two people who lived full-time with carers. The records contained information about the individual and their support needs. Assessments carried out included personal care, support with meals, activities in the community, finances and medication. We saw that a full review of all aspects of the person's support had been carried out annually. There was also information about any changes that occurred during the year, any healthcare appointments and treatments, and any new activities the person had participated in.

Each carer had a named care co-ordinator who they knew well and could contact to discuss any issues or changes. One carer told us "They're at the end of the phone if I need them." On a satisfaction survey, another carer had written "[Care coordinator's name] is very well organised, professional in everything she does. Any problem you may have she will help sort it straight away. She is kind, caring and a pleasure to work with."

Some people had a planned programme and routine of social events which was carried out consistently as this was important to the person. Activities included spending time with friends and family, going out for meals, shopping, holidays and visiting local places in the community.

Information about each person was kept securely in the Scheme's office and no personal information about the people supported was on display.

## Is the service well-led?

### Our findings

At our last inspection we found that carers did not know the registered manager and they were not a visible presence within the service. A new manager was registered with the Care Quality Commission in 2017 and they worked as part of the staff team. A member of staff said "I think we have a good team and a good manager. Everyone is so helpful." We spoke with three carers by phone and they considered that the Scheme had a good manager.

The manager told us they were working towards an Health and Social Care Diploma level 5 award, and other members of the staff team were supported to extend their knowledge and qualifications. The manager had prepared a folder of relevant and useful information ahead of our visit to the service.

The service was affiliated to 'Shared Lives Plus'. This is the UK network for small community care services, including Shared Lives carers and schemes, Homeshare and Microenterprises. The manager attended meetings of the North West group. They told us they also attended registered managers' meetings and VIVO management team meetings.

We saw evidence that the manager took every opportunity to find out people's views. They told us they carried out an annual visit to all carers providing long-term or respite care. Monthly staff meetings were held and regular carers' meetings. A Client Forum meeting had been held in November 2018 and copy of the minutes sent to all carers. There was a suggestions box in the office and a record of seven suggestions that had been received.

Annual questionnaires were sent to people who used the service and to carers. A QA tool developed by Shared Lives Plus included asking clients for their views. These had mostly been completed by people receiving sessional support and their responses included "an excellent service", and "very happy with everything".

The registered manager had a clear action plan for 2019 and this included improvement to carer training and a recruitment initiative.

A range of audits was completed by the registered manager and care co-ordinators. This included checks of risk assessments, accidents and incidents, safeguardings, carer files, client finance and medication, health and safety checks and monitoring of training. The registered manager provided a monthly update report to head office giving details of any significant events.

The registered provider is required by law to notify the CQC of specific events that occur within the service. No notifications had been submitted since the last inspection, but the manager was aware of when they should send notifications.

The registered provider is required by law to display their current CQC rating. We saw that this was clearly shown on the organisation's website.

