

Vivo Care Choices Limited. Winsford Network

Inspection report

20a Overdene Road
Winsford
Cheshire
CW7 1RU
Tel: 01606 271583
Website: www.vivocarechoices.co.uk

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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	

Overall summary

We visited this service on 14 and 20 January 2015 and we gave short notice to the service that we were visiting. This was to ensure that people were available at the office on the first day of our visit. This was the first inspection of this service, which was registered with us on 19 March 2014. It was previously owned by Cheshire West and Chester Council and most of the staff team transferred their employment over to the new company.

Winsford Network is registered to provide personal care to people who use the service. They provide 24 hour

support for up to 27 adults with learning disabilities who have tenancy agreements so are living in their own homes. At the time of our visit there were 23 people using the service.

The service has a registered manager in place. 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.

Summary of findings

People told us that they were happy with the staff at Winsford Network and they felt that the staff understood their care needs. People commented “Staff are wonderful with my relative”, “Staff are very good and patient”, “My relative has an excellent quality of life”, “My relative is looked after very well.” The people who used the service confirmed that they went out and about in the community with the staff and did what they wanted. We saw that people who used the service were happy and relaxed in the company of staff and that staff treated them with dignity and respect. The relatives we spoke with were very satisfied with the care and support of their family members by the staff at Winsford Network.

We found that people, where possible, were involved in decisions about their care and support. Staff made appropriate referrals on behalf of people who used the service, to other professionals and community services, such as the GP, where it had been identified that there were changes in a person’s health needs. We saw that the staff team understood people’s care and support needs, and the staff we observed were kind and thoughtful towards them and treated them with respect.

The care records contained detailed information about the support people required and were written in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. The records we saw were completed and up to date.

We found the provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. Therefore staff had documents available to them to help them understand the risk of potential harm or abuse of people who used the service.

We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Therefore people who used Winsford Network could be confident that they were protected from staff that were known to be unsuitable.

Summary of findings

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 was safe.

We saw that safeguarding procedures were in place and staff had received training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



Is the service effective?

The service was effective.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf. The service had policies and procedures in relation to the MCA 2005.

We saw there were arrangements in place to ensure staff received and completed relevant training. Staff were provided with regular supervision and an annual appraisal of their work performance. They were also invited to attend and participate in staff meetings. This meant that the staff had opportunities to discuss their work and the operation of the service.

Good



Is the service caring?

The service was caring.

We saw that people were well cared for. Staff showed patience and gave encouragement when they supported people. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone we spoke with commented on the caring, kindness and gentleness of the staff team. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and sought their permission before carrying out any tasks.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

People said they would speak to the staff or manager if they had a complaint or if they were unhappy. We looked at how complaints were dealt with, and found that concerns raised were dealt with appropriately and in a timely manner.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager who had been registered with the Care Quality Commission for 10 months. All people and staff spoken with told us the service was well managed and organised.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified were addressed.

Winsford 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 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.

This inspection took place on 14 and 20 January 2015 and we gave short notice of our visit. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to ensure someone was available at the office.

We spent time looking at records, which included three people's care records, five staff recruitment files and other records relating to the management of the service.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. Healthwatch is the new independent consumer champion created to gather and represent the views of the public. They all confirmed that they had no concerns regarding the service.

On the second day of our inspection, we spoke with nine people who used the service, four relatives, two senior support workers and four members of the care team. We also spoke with the registered manager and the new manager for the service. The registered manager was retiring at the end of January 2015.

Is the service safe?

Our findings

People who used the service and their families told us they felt safe and secure with the staff. People who used the service said “The staff are very good”, “I am happy and safe here” and “I like it here.” People said they could talk to a member of staff or the registered manager to raise any concerns about their safety. We observed interactions between people who used the service and the staff and saw that there was a warm and friendly atmosphere between them.

We looked at staff rotas which showed the staffing levels at the service. We saw that the service provided 24 hour support for people and staff were on duty when required throughout the day and during the night. A duty senior support worker was available during the day and the registered manager was additional to the rota. The registered manager said these staffing levels currently met the needs of the people who used the service. She explained that staff were available at the times people needed support throughout the day and night. We saw during our visit that there were enough staff to support people when they required. The registered manager confirmed there were spare care staff hours across the service. She said they were looking at the best way of using the hours, to flexibly meet the needs of the people who used the service.

We spoke with the staff and the registered manager about safeguarding procedures which were designed to protect adults from abuse and the risk of abuse. The training matrix showed that all the staff had undertaken safeguarding within the last year. During discussions with staff we noted that they had the knowledge and understanding of what to do if they suspected abuse was taking place.

We looked at recruitment records of five staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the service. This included taking up references regarding prospective employees and undertaking Disclosure and Barring Service (DBS) identity checks. Therefore people were supported by staff that had received appropriate checks to ensure they were suitable

to work with people who used the service. During our review of the recruitment files we saw that information was stored in one folder in chronological order. Some staff had worked (at the previous provider) a number of years and it was difficult to find relevant information. A review of this system would improve access to information.

We looked at three people’s care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care, medication, personal care, activities outside their home and continence. People who used the service and relatives confirmed they had been involved in developing their care plans. We noted that there was no information in the care file relating to other support people might have such as support with meals, cleaning the home and other domestic tasks. Also the service had not undertaken an environmental risk assessment to ensure the home was safe for staff to work in. The registered and new manager explained they would ensure these were undertaken.

We saw the medication administration procedure for two people who used the service. Some people had a monitored dosage system with other medication in the original boxes or bottles where needed. Medicines were stored safely in locked cabinets within each person’s bedroom. Records were kept of medicines received and disposed of. The medication administration record sheets were correctly filled in, accurate and all had been signed and dated with the time of administration. We saw that the service had a policy on medication management and administration procedure which gave information on the safe practice of medication administration. A copy was kept in the office of the service.

We spoke with four staff members regarding medication administration. They were satisfied with the training provided and had undertaken a competency assessment. One staff member explained that all the staff had undertaken training every two years with an annual medication awareness assessment also being carried out.

Is the service effective?

Our findings

Some of the people who used Winsford Network could not tell us if they were involved in decisions about their care. However, we saw that people were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity. People commented on the support available. They said, “I like the staff”, “I get out and about, I like shopping and going to the pub for lunch” and “The staff are good.” Many people attended local day services or had family or other people who they went out and about in the community with them. The senior support worker said that activities were tailored to people’s individual preference and this was documented in the support plans and daily notes.

We had a discussion with the registered manager regarding the Mental Capacity Act 2005 (MCA). The registered manager confirmed their understanding of the MCA 2005 and when an application should be undertaken. We saw in the care plan documentation that a person’s capacity had been reviewed by the social worker prior to the start of the service. We saw that where a person was under the court of protection for their finances, place of residence or care package that all appropriate documentation was in place.

People we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. We saw that in the care plans there was information and guidance for staff on how best to support people to monitor their health needs. We noted records had been made of healthcare visits, including GPs, and the practice nurse.

People had their needs assessed when they first came into the service. Care plans we saw were written with specialist advice where necessary. These provided the necessary detail to make sure that staff met people’s needs. For example care records included an assessment of needs for personal care and a wide range of activities. We saw the daily diary sheets for people who used the service. These recorded health and wellbeing; everyday tasks; family and relationships; economic wellbeing, staying safe and enjoy and achieve. Sections were available for staff to complete this during the morning, afternoon/evening and night time. Some forms had been well documented and showed the

support people had needed during the day and also meals they had eaten and activities they had enjoyed. However, some of the forms had not been fully completed and this meant it was difficult to determine what support the person had received, whether they had eaten well and if they had seen their family or friends or undertaken any other activities. Where these had been fully completed they showed the support and activities of people across the day and provided up to date information about people’s support and care required. We spoke with the registered manager regarding this and she agreed to address this issue. When we returned on our second day the registered manager confirmed this had been actioned.

We discussed the induction programme with the registered manager. She explained that they had recently started a new programme in which staff were given a folder of information to work through. The induction consisted of three days training followed by two days spent “shadowing” other staff members. The staff we spoke with confirmed they had undertaken an induction however, they had worked at the service for a long time and the induction process had changed during this time. Therefore people had received induction and training appropriate to their role although the documentation of this was not always available on staff member’s files. The registered manager agreed to ensure this documentation was available.

Staff received a range of training that covered people’s needs. Staff spoken with confirmed the training provided was relevant and beneficial to their role. Staff undertook National Vocational Qualification (NVQ) training in levels two and three. This is a nationally recognised qualification and showed that people who used the service were supported by staff that had good knowledge and training in care. During our visit we observed staff were efficient and worked well as a team.

Staff confirmed they had been provided with regular supervision. These supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role. The registered manager confirmed that staff received supervision in a number of ways that included individual supervision; group supervision; staff meetings and observations. Staff confirmed they were invited to attend regular staff meetings. We spoke with four staff that were part of the care team. They were knowledgeable about the people they supported and what was required to meet their needs.

Is the service caring?

Our findings

We spoke with people who used the service and relatives about how they preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff at Winsford Network. All the people we spoke with said the staff were “Very good”, “Patient” and “Caring.”

People told us their dignity and privacy were respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention. This meant people who were staying at the service were treated with dignity and respect by the staff that supported them.

People we spoke with said they were satisfied with what they did each day and the care they received. People who used the service and relatives said they were satisfied with the care and support provided by Winsford Network and people said they thought they were given sufficient information about their care and treatment. One relative commented “Staff supported my relative to carry on their life as they had always done.”

We saw that staff showed patience and understanding with the people who used the service. We saw good interactions throughout the visit and the staff we observed maintained people’s dignity and showed respect. We saw that people

who used the service were happy and at ease with the staff who were supporting them. One relative said “I think my relative has an excellent quality of life with the support from the staff.”

The registered manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. People told us that staff were always available to talk to and they felt that staff were interested in them. Comments included “My relative is supported to attend appointments and staff phone me with the outcome of the visit.”

People were provided with appropriate information about the service, in the form of a service user’s guide. We saw a copy of this and the registered manager explained that this was given to each person and their relative prior to admission. The service user’s guide ensured people were aware of the services and facilities available at the service. Information was also available about advocacy services. These services are independent and provide people with support to enable them to make informed choices. None of the people staying at the service were in receipt of advocacy services at the time of the inspection.

There were policies and procedures for staff about the aims and objectives of the service and the code of conduct the service expected from the staff team. These helped to make sure staff understood how they should respect people’s privacy, dignity and human rights in the care setting. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people’s dignity and privacy. We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

Is the service responsive?

Our findings

During our visit we saw members of staff engaging with the people who used the service. One staff member supported a person to go to the shops, they had discussed what they were going for and the shops they needed to visit. We saw that the staff member gave the person time to choose which shops to visit which ensured that the person visited the places they wanted to go to.

We looked at three care plans and other care records for people who used the service. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan, risk assessments which were all up to date. Some daily record sheets needed more information which the registered manager agreed to address. We found there was detailed information about the support people required and that it was written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. Within each record we saw a document which showed what a typical day was like for that individual. This gave a good description of what the person usually did and was a valuable resource for the staff team. We saw that there was a personal evacuation plan in place for each individual. This gave information about the person and how to ensure that left the premises safely. However, we found that two out of the three plans had not been signed or dated. This meant that we couldn't be sure when the information had been written. This was mentioned to the registered manager during the feedback and she agreed to address this.

We saw that people's personal goals and outcomes were reviewed on a monthly basis. These covered health and wellbeing, everyday tasks, family and relationships,

economic wellbeing, staying safe and enjoy and achieve. Within these areas details of what had been undertaken and achieved were noted. This helped people who used the service, relatives and staff see clearly what had been undertaken during that month. This meant that people's goals and wellbeing were recorded to show progress that was being made.

People who used the service and relatives told us they would feel confident in raising issues with the registered manager if they needed to. None of the people we spoke with had made a complaint. We saw a copy of the complaints procedure, however, we noted that it would not meet the needs of many of the people who used the service in its current written format. By the second day of the inspection an easy read version of the complaints process and form had been produced and we were told by the registered manager that each person would receive a copy. This ensured people had access to this information in an accessible format. We saw that a copy of the complaints procedure was also available in the office. A flow chart was also available to the staff to enable them to deal with compliments and complaints in a timely manner. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We saw that three complaints had been received by the service and we looked at how complaints had been dealt with, and found that appropriate processes were in place. We saw that the complaints had been dealt with in a timely manner and to the complainant's satisfaction. We have not received any concerns about the service since its registration.

We saw a number of cards and letters complimenting the service during the visit. Comments included "Thank you for all the love and care given" and "Thank you for the positive impact you have made on my relative."

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had been registered for 10 months. She had worked for Cheshire West and Chester Council (the previous provider of this service) for 30 years. During discussions with the manager we found she had a good knowledge of people's needs. She was able to describe the support different people required and how that impacted on the staff team. People and relatives said they knew who the manager was. They all thought she was approachable. One person said "I see the manager at meetings and I can see her at the office." Staff and visitors also reported the manager as "Accessible" and "I can discuss things with her and she will act on my concerns."

People who used the service tended to live in shared living accommodation. We saw that three tenant's meetings were held each year.

We spoke to staff about the support they received from the management team. Staff described the manager as "Smashing", "Fine" and "No problems."

The provider had recently developed a customer questionnaire which had been shared with people who used the service during January 2015. Some had been completed and returned to the service. All the questionnaires seen showed that people were happy with the service and that staff were helpful. Comments included "The staff are helpful" and "I like to go for walks with staff." The registered manager confirmed that questionnaires would be reviewed on a three monthly basis and information would be feedback to the people who used the service.

We had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities. A relative said staff were good in communicating with the family "I speak with the staff when I visit, and they also phone me if there are any changes."

Systems were in place to monitor and improve the quality of the service. We saw records showed that the senior staff carried out regular audits to assess whether the service was running as it should be. These were overseen by the registered manager. These included audits on safeguarding referrals, accidents and incidents, medication and care plan documentation. Staff also audited the supported living properties on behalf of the tenants. For example audits included checking whether documents such as people's care plans and risk assessments had been reviewed and whether house meetings, staff meetings and one to one meetings with staff were taking place. We saw an action plan resulted from each monthly audit. Issues raised from the audits had since been actioned.

A record was kept of all accidents and incidents that occurred within the service. Serious incidents were reported to the local authority. Other incidents were informally audited by the service and where trend were found action was taken. The registered manager confirmed they look at all accident and incident reports and they check for patterns or reoccurrences. For example if someone displays a behaviour which challenges then they would undertake a review with the care manager and check to see if a pattern was emerging. They would also liaise with the persons GP, community nurse and daycentres where appropriate. We saw a copy of the audit which showed where further action had been taken when required. Therefore where people's needs changed prompt action was taken by the manager to ensure that appropriate professional advice and support was obtained.

Staff spoken with said team meetings were held regularly. We saw that senior team and support work meetings were held each month. The meeting has a set agenda which included health and safety, safeguarding, complaints, referrals, staff issues and issues related to people who used the service. We saw copies of the minutes of these meetings, they showed that information about the people who used the service, staff and the service were discussed and recorded. Therefore staff had the opportunity to be kept up to date with current issues and changes within the service.