

Vivo Care Choices Limited

CWAC West Cheshire 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 

Overall summary

We visited this service on 15th and 17th September 2015 and we gave short notice to the provider prior to our visit. This service was registered with the Care Quality Commission in July 2014 and this was the first inspection.

The agency is managed by VIVO Care Choices Limited to provide care and support to adults who have a learning disability and who live in their own homes. The agency is an Autism specialist and move on service and their aim is to promote people's independence, develop confidence

and increase skills. The agency currently supports 22 people. People live in shared bungalows and a house which are situated close to each other. People had individual tenancies with the property owners.

There was a registered manager employed to work at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People told us staff were kind, caring and supported them well. Relatives said they were happy with the support provided and that the staff were very kind and patient with people. Comments included "Staff make [name] life as fulfilling as possible", "Staff are very good", "There has been significant improvement in [name]."

There were robust staff recruitment processes in place which meant that people were protected from staff who 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. Staff commented that there was a wide range of training available.

Support plans were person centred and gave good information about the individual needs of each person. They contained comprehensive information and included a range of risk assessments tailored to each person's particular requirements. Some people were supported with their medications and these were well managed by the staff team. Some risk assessments had not been reviewed and these were brought to the attention of the manager.

There was usually were enough staff on duty, however occasionally there were not enough staff for people to go out with staff on a one to one basis.

People had access to information about the service that included a statement of purpose and service users guide. These were written in large print and included pictures to make it easier to understand the information enclosed. These documents could also be produced in a DVD format.

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.

People and relatives said they were safe in the support of the staff. Staff were aware of safeguarding policies and procedures and had undertaken safeguarding awareness training. The manager understood the principles of the Mental Capacity Act (MCA) 2005 and the implications of that on people who used the service. Staff had an awareness of the MCA through the induction process and safeguarding training.

Quality assurance processes were in place which included meetings held with people who used the service and relatives. There were also a range of audits undertaken in relation to the service provided that monitored its safety and effectiveness.

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.

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

Recruitment practices and processes we saw were safe. 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.

Staff had access to relevant training and received supervision. This meant that the staff had the opportunity to discuss their work and the support being provided.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). From discussions with manager and staff we noted they were aware of the correct processes to apply for a Court of Protection application if this was found to be in a person's best interests.

People told us they enjoyed the food provided and relatives said the food was good. A healthy eating regime was encouraged.

Good



Is the service caring?

The service was caring.

People were well supported. People who used the service said staff were kind and friendly towards them. We saw that staff had a good rapport with people and they were patient, kind and caring in their approach. Staff encouraged people to make decisions on day to day tasks.

Staff engaged with people frequently in a positive manner. Staff showed interest in people and knew them well. People told us that their privacy was respected when staff supported them, particularly with personal care.

Good



Is the service responsive?

The service was responsive.

People knew how to make a complaint if they were unhappy. People and their relatives commented that they had no concerns. No concerns or complaints had been made although processes were in place if needed.

Each person had their own pre-planned activity programme which was person centred. These routines were consistently undertaken throughout the week in line with the specific needs of people with autistic needs.

People were supported with healthcare needs by the staff and with the involvement of relatives or representatives where appropriate. People were involved in their support plans.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a manager in place who had applied to be registered with the Commission. The manager had worked for the registered provider for 32 years. People, relatives and staff spoken with told us the manager was very approachable and managed the service well.

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.

Good



CWAC West Cheshire 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.

We visited the service on 15th and 17th September 2015. We gave short notice to the provider because the location provides a domiciliary care service and we needed to be sure that someone would be available for our visit. The inspection team consisted of two adult social care inspectors.

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

Before our inspection, we reviewed all the information we held about the service. This included looking at

safeguarding referrals, complaints and any other information from members of the public. The provider completed a provider information return (PIR). This is a document that asks the provider to give key information about the service for example what the service does well and any improvements they intend to make. Before the inspection we examined notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. None of these people had any concerns about this service. The local authority contracts team had visited the service in May 2015 and the report was positive with some areas for development noted.

On the days of our inspection we observed staff supporting people who used the service. We visited six people who used the service and spoke with one relative, the registered manager and four staff members. We also spoke to two relatives on the telephone following the inspection.

Is the service safe?

Our findings

People who used the service told us that they liked where they lived and that they were comfortable and safe with support from the staff. People said “I like it here” and “I like the staff.” Relatives told us that people were safe and well cared for. Comments included “[Name] is safe, yes very much so” and “Yes [name] is well cared for.”

During our observations we saw staff supporting people in a friendly manner and staff ensured people’s safety. For example, when going out in the car staff checked that the person had correctly fastened their safety belt before starting the journey. Staff showed they were aware of people’s safety and personal needs for example when travelling in a car then one particular person preferred to get into the car first and they ensured this person got into the car first.

We spoke with relatives about the staffing levels and they said “There is definitely enough staff about”, “There are always two staff on duty where [name] lives” and “Yes there are enough staff available”. We looked at the staffing levels within the service. There were seven “houses” where people lived and each “house” had their own allocated staff team. These were the staff that usually worked in a particular “house”. Rotas showed different staffing levels across the “houses” dependent on the needs of the people who lived there. From discussions with the staff they said that sickness and annual leave was covered, however, on occasions there were not enough staff on duty to enable people to always go out. This happened if people wanted to go to different places and needed one to one support from the staff member. However, staff agreed that this did not impact on the safety of people.

Within the Provider Information Return (PIR) the manager explained how people were kept safe. This included the “houses” being purpose built and environmental checks being undertaken on behalf of the people who used the service to ensure that they remained safe. Records confirmed that a range of checks were undertaken on the houses to ensure that people remained safe. The service had assisted technology which included an alarm system which was linked to an “on call” telephone. This would alert the on call person if they was a problem at one of the “houses”.

We spoke with staff about how people are kept safe from abuse. They gave examples of different types of abuse and said they would contact their line manager or the manager if they suspected any abuse had occurred. Staff confirmed they were aware of the local authority safeguarding policy and procedure and also the services policy on safeguarding. Records confirmed that staff received regular safeguarding training and some staff had also received training in safeguarding children from abuse.

People who used the service had a range of risk assessments in place. These included personal care, safety of the property, personal health such as seizures, medication, finances and going out and about in the community. All risk assessments were personalised to the individual which meant that each person had a range of assessments to help meet their needs. All risk assessments had been signed by the staff team to show they were aware of them. However, the creator of the assessment had not signed or dated the document. Some of the risk assessments had not been reviewed for over six months and this was brought to the attention of the manager who said that he would address this issue. Each person had a personal emergency evacuation plan (PEEP) in place which described how each person should be assisted to leave the “house”. For example one person required “a game” to be made of the fire alarm for them to exit safely and for another person if they refused to respond to prompts to leave then they needed to be linked under the arm and guided outside. Escape routes of the “house” were outlined in the plan.

Some people were supported with medication administration. People said staff helped them with their medication and relatives confirmed that support was given as needed. Comments from relatives included “Staff help [name] with their medication”, “[name] has recently started with regular medication and staff help with this” and “[name] doesn’t have any medication.” Medication was stored in each person’s bedroom within a locked cupboard. A monitored dosage blister pack system was in place. Most people had support with their medication needs. The Medication Administration Record (MAR) sheets showed the medication prescribed and was signed by the staff after administration. In one of the “houses” the supporting medication information showed details of when required (PRN) medicines. The information also included the medication name, dosage and triggers for use. For example if a person got upset or anxious and were shouting or

Is the service safe?

screaming then a dose of a specific medication could be administered. Also included were details of regular medication taken with what they were prescribed for, what they looked like and any possible side effects. Staff confirmed that these documents were useful. We discussed this with the manager who agreed to look into these being adopted across the service.

We reviewed staff recruitment and saw three staff files. Application forms had been completed and showed the employment history of the staff member. Interview questions and decisions were seen and copies of job descriptions and person specifications were on file. Appropriate checks had been undertaken with regards to

employment and identity. Two references had been obtained and a Disclosure and Barring Service (DBS) identity check had been undertaken. A DBS check was undertaken to ensure that staff are suitable to work with people who may be deemed vulnerable. This meant that people who used the service were protected by good recruitment processes that were in place.

Some people had mobility cars, which the staff drove on their behalf, to assist them in getting out and about in the community. Records showed that regular checks had been undertaken on the vehicles, staff were insured to drive them and appropriate risk assessments were in place and up to date.

Is the service effective?

Our findings

People who used the service told us that they received good support from the staff. Staff went with them to medical appointments and helped them maintain their healthcare needs. These included visits to the GP, hospital, consultants, optician and dentist. Health Action Plans were in place which outlined people's individual healthcare needs. Records showed these were up to date. Within the support plans we saw an anticipatory healthcare calendar. This document showed people's needs over the day and included information on continence; meals; personal care; healthcare observations; sleeping and behaviour. For example staff had noted that one person had swallowing difficulties when they ate or drank and that it was getting worse. The registered manager contacted their GP and following treatment at the local hospital the person was able to eat and drink again without difficulty.

People told us that they liked the food and helped plan meals for the week and with support from the staff they bought the food for the week ahead. Relatives confirmed that people were involved in menu planning and purchasing of food. One relative explained that "[name] had eaten really well lately" and that there have been changes in menus recently and that the family were asked to contribute ideas on behalf of [name]. Another relative said that [name] would let them know if they didn't like the meals. They also said the meals are very good. Menu records showed that a range of foods were provided over the week and that a healthy diet was encouraged. Records confirmed staff had undertaken training in food safety.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The manager and staff demonstrated a good understanding of the MCA. Staff told us they had received MCA awareness training during their induction and within safeguarding training and records confirmed this. The provider had a policy and procedure in

relation to MCA and a copy of the MCA code of practice. The manager said they had applied to the Court of Protection for authorisations for most of the people they supported. Details of those individuals, the reasons for the authorisations and the relevant documentation was seen. The manager stated that further MCA training was planned for the senior staff within the next few weeks.

Staff confirmed that they undertook an induction programme at the start of their employment. This included a range of training that was relevant to the job role and was followed by two days shadowing an experienced staff member. The manager said that the induction programme had been reviewed and amended to become in line with the Care Certificate produced by Skills for Care. The care certificate is the start of the career journey for staff and is only one element of the training and education that will make them ready to practice. This was then followed by a range of training relevant to their job role.

Staff said that they had enough training and knowledge to support people who used the service. Training records showed that staff had undertaken a range of training that supported them to undertake their role. This included autism awareness, autism sensory and proactive approach to conflict training in line with the services specialism. Staff said that there was "lots of training" available and that there was on-site training as well as learning from each other. Relatives said that staff were well trained and knowledgeable about the people they supported. One relative said "Staff have had extra training to meet [name] needs."

The manager told us that staff received regular supervision, annual appraisals and were invited to attend regular meetings. Records of supervisions and meetings showed staff had access to a range of support and the opportunity to discuss any concerns or issues which related to their role. Staff told us that the support they received from the manager and senior staff was good.

Is the service caring?

Our findings

People told us they were happy with the support from the staff and that they liked the staff. Relatives said that the staff were very knowledgeable about the people who used the service and the support they required. Comments included “The staff are very friendly”, “Staff like to have a joke with [name] which is good”, “The staff are very good” and “Staff take all [name] needs into consideration.

During observations staff spoke with people who used the service with respect and in a friendly manner. People were at ease with the staff team and were happy and comfortable in their company. People approached staff when they needed support or assistance and staff responded in a positive manner. For example, one person was helping a staff member prepare the dinner for that evening. They were happy and smiling during the activity.

During discussions with the staff they were able to describe how they supported people who used the service. For example staff were able to describe how one person needed to be monitored on getting in and out of the bath, but didn't require support once in. The staff member said they left the person alone to bathe and went back to check if they were ready to get out. Another example included one person who liked to go to the local shop each day. The staff member went with them to ensure they were safe outside the home environment. Staff told us how they ensured people's privacy and dignity were maintained and this included making sure doors were closed when undertaking personal care, knocking on doors and waiting before entering.

The provider had a statement of purpose and service users guide. The statement of purpose gave details of the provider, registered manager and qualifications of the staff team. It also included information regarding the purpose of the service. It was produced in large print format which meant it was easier to read for people who used the

service. The service user's guide was also produced in large print format with pictures of the “houses” and other pictures to illustrate what support could be provided to people who used the service. This was also available on DVD on request. Information on how some people's lives had been improved had been included in the guide. The registered manager confirmed that the people who used the service and relatives had been consulted and agreed for information to be included in the document.

People told us they enjoyed the activities and getting out and about in the community and we saw that people were involved in planning their weekly activities. The manager explained within the Provider Information Return (PIR) that appropriate support was provided to each person to ensure they are able to access activities both within the home and the local community. All people have a planned programme and routine which were carried out consistently as being consistent is a main focus in supporting people with autism. Each person had an individual daily activity programme and activities included spending time at home, going out for meals, having nights in with friends, shopping, and visiting local places in the community. These showed that a wide range of activities were undertaken, some of which were with friends and other times on their own with staff support. Staff explained that the activity plans were prepared with the individual and that each one was specific to the individual and reflected their goals and aspirations.

Within each “house” staff 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 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 a senior staff member. Records showed that the guide was reviewed on a regular basis.

Is the service responsive?

Our findings

People who used the service and relatives were complimentary about the service provided. Relatives said that the support received by people was excellent and the service encouraged people to remain as independent as possible.

People who used the service said that staff were available when they needed them and that they supported them out and about in the community. Relatives said that staff responded well to the needs of people who used the service. One relative commented that “[name] was not good at making choices. Staff varied the order in which they gave them choices (as they knew the person usually chose the second option) to ensure that they had varied choices.”

Observations made during the morning showed that most people had their own transport and therefore went out and about in the community when they wanted to. People had the choice of whether to go out in groups or alone which suggested that support was centred around the person’s needs and individual choices.

We looked at three support plans and other related documentation. The plans were person-centred and contained good information about the individual and their support needs. They included information on personal care, support with meals, activities out in the community, finances and medication needs. Each person had a communication dictionary which described when a person said a word, gestured or made a specific sound what that meant to them. This was a valuable aid to staff to assist

them in interpreting people’s needs. Some people also had sensory plans which detailed people’s sight, smell, taste, balance, hearing and touch. This also helped staff to interpret and understand people’s individual responses and needs. During our observations we saw staff were knowledgeable about the people they support and were able to describe different people’s reactions and what these meant.

Daily notes were kept about what an individual person had been doing that day and the support they had received. It included information on support with personal care, what they had been doing and healthcare needs. On one record we saw details of a person who had a seizure and what the staff had done to support them through this. On another record details of the how the person felt was documented as they were “very happy and smiling” that day. The records were detailed and gave a good account of the person.

People who used the service and relatives said they had not made any complaints about the service. People had access to the complaints policy which was produced in an easy-read pictorial format which people who used the service could understand. A copy of the procedure and complaints form was included in each person’s support file. The 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. Information about how to make a complaint was also included in the service user’s guide. The provider had not received any complaints over the last year and we had not received any complaints regarding this service.

Is the service well-led?

Our findings

The manager had applied to be registered with the Care Quality Commission. He had been previously registered for this service but had undertaken a different role recently and was re-registering. He had worked for the registered provider for 32 years. He had a wealth of experience of supporting people with Autism and during discussions he showed he understood well the needs of the people who were supported by the service.

People and relatives said they knew him well as he had worked for the service for a long time and that he was approachable and well liked. Relatives commented “I can contact the manager by email or phone if they are not around when I visit”, “The manager is very good”, “The manager is always available and he makes sure people are ok and that staff are doing what they should” and “He is always around.” Staff told us they had good support from the manager and that he was proactive in his approach. They said “He is approachable”, “He will be there for advice”, “He is supportive” and “He is very passionate and caring.”

We asked people about how the service was managed. Relatives said they felt service was very well managed and they were happy with the support received. Comments included “It’s pretty well managed”, “They do a good job”, “On the whole it’s very well managed” and “Very impressed with the service.”

People and relatives had the opportunity to attend meetings and express their views about the service. Service user meetings were held bi-monthly. The last meeting was held in July 2015 and areas discussed included issues which related to each “house” such as the environment, repairs needed, information about the people who live there, activities and general issues about the service provided. Within the minutes it was documented that “[name and name] were happy and liked where they lived” and “[name] is happy and comfortable.” Within the Provider Information Return (PIR) the manager stated that these meetings were well attended and that anyone who didn’t want to attend, or couldn’t attend received an individual consultation with their keyworker and information about their likes and dislikes was recorded. This was then reviewed by the manager and changes made as necessary. The carer’s consultation meetings were held quarterly. The

last one was August 2015. Minutes of the meeting were available and showed issues raised and discussed about the running of the service and other information which related to the people who used the service.

Some of the relatives of people who used the service were involved in the “Friends of Ellesmere Port Network” which was a group set up to fund raise and accept other donations on behalf of the people who used the service. Recent purchases had included equipment in the sensory room, garden benches around the properties, sensory garden area and a computer. All purchases made were for the use of any of the people who used the service.

A range of audits were completed by the service. The service supervisors undertook monthly audits of the service. This included information about the people who used the service, staffing including, staff supervision and training, care documentation, people’s healthcare needs, health and safety and improvements. A range of recommendations were made and the person to action this was noted. The information from this audit was fed into the manager’s audit of the service.

The manager attended a range of meetings which included meeting with other managers of services owned by the provider, bi-monthly district carers meetings and quarterly council stakeholders meetings. Information from these meetings was fed into the meetings he held with his senior staff each month. Records showed that the same areas were included and reviewed during each session. Areas included information about people and their files, health and safety, complaints and compliments, safeguarding referrals, staff rotas, staffing issues and training. Record showed that these meetings were held regularly and that minutes were kept. Senior support staff held “house” meetings with the staff who usually worked at that service.

The provider has accreditation with the National Autistic Society. This involved meeting the society’s 36 standards. The last review showed areas of good practice which included the anticipatory care calendar used in the support plan documentation, staffs autism knowledge, sensory areas provided and the enthusiasm and autism knowledge of the senior team.

During discussions with the manager we saw that he was aware of the notifications that needed to be sent to the Commission. Notifications are a legal requirement and

Is the service well-led?

cover a range of information. The manager had informed us an allegation of abuse recently. We saw that we were notified in a timely manner and that appropriate actions were taken.

Within the Provider Information Return the manager explained that one area he was looking at to develop was a transition service as there was a gap in provision where people who are 16 or 17 leave a “children’s” service and start the next day in an “adult” service.