

Vivo Care Choices Limited

Vivo Care Choices Specialist Autism Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 4 and 8 May 2018 and was carried out by one adult social care inspector.

Vivo Care Choices Specialist Autism Service is a supported living service providing care and support to adults who live in their own homes so that they can live in their own home as independently as possible. The service currently supports 22 people who live in shared housing which is situated close to each other. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager but they were away from the service at the time of our inspection. The service had appointed an interim manager who began managing the service in February 2018. 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.

In November 2017 the local authority's quality assurance team inspected the service and found that overall it was non-compliant with their quality standards. The local authority's report identified a number of areas requiring improvement, ranging from shortcomings in person-centred care planning and record keeping to a lack of up-to-date training and supervision for staff. The service committed to an improvement action plan, which the local authority shared with us prior to our inspection. Overall, during our inspection we saw that the service was making progress against its improvement action plan. The new management team at the service were actively addressing the shortcomings that had been identified and they will require further time to make all of the necessary improvements.

Since the local authority's visit the service had put in place clear safeguarding and whistleblowing policies and procedures. The staff we spoke with were clear and confident about managing any safeguarding concerns if they arose. Most staff had received training on safeguarding vulnerable adults but around a quarter of staff's training had expired. We also found that the service had not always notified CQC of any safeguarding incidents that had occurred as is required.

We saw that documentation about accidents and incidents was not always fully completed and there was a lack of evidence to demonstrate what, if any, follow-up action had been taken following any accidents and incidents.

Staff training had not been kept up-to-date since our last inspection and a significant number of staff were not up-to-date in both the service's mandatory and specific training. We noted that the service had sourced a new training provider and staff training was scheduled to take place shortly after our inspection.

Staff had not been supported with regular supervisions, appraisals and performance management since our last inspection. However, we saw that the new management team had made improvements in this area in the last few months. For example, we saw that staff supervisions were now being held on a regular basis, were recorded and meaningful discussions such as performance management issues were taking place.

People had personal emergency evacuation plans (PEEPs) and the content of these documents was helpful and gave clear guidance about what level of support people would need in an emergency. However, not all of these documents had been signed and dated so it was unclear when these plans were due to be reviewed.

A new care plan structure and documentation had been introduced to replace the older versions which were disorganised and not up-to-date. Approximately 70% of the people supported had new care plans in place and the service was committed to updating and improving all care plans by the end of June 2018.

The new management team had prioritised updating people's risk assessments. We saw that people had robust and personalised risk assessments in place and these gave staff the information and guidance they needed to help keep people safe.

Staff, who had appropriate training and experience, provided people with appropriate support with their medication. The staff we spoke with told us that they were confident supporting people with their medication and assisted people to take the right medication at the right times. The staff we spoke with were knowledgeable about people's medication needs and we saw documentation which gave staff the information and guidance they needed to safely administer people's medication.

We saw that staff were recruited safely and the relevant checks, known as Disclosure and Barring Service (DBS) checks, were carried out to ensure staff were safe to work with vulnerable people.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had implemented new documentation to guide staff in this area. This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

We saw that there was a caring and positive culture amongst staff. We saw that staff had well established and respectful relationships with the people they supported. It was clear that staff knew the people they were supporting and had a good understanding of their support needs.

The manager was open and transparent with us throughout the inspection. They acknowledged the challenges currently facing the service and they were committed to effectively addressing them as soon as possible. Both the action already taken and scheduled to be taken, along with the positive engagement with the local authority and development of a targeted improvement action plan, gave us confidence that senior staff at the service have the skills and capability to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The service had policies and procedures to keep people safe from abuse but not all staff were up-to-date with training on safeguarding vulnerable adults.

Documentation about accidents and incidents was not always fully completed and lacked detail about what, if any, follow-up action had been taken.

People had personalised risk assessments to help keep them safe.

Staff were safely recruited.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training was not up-to-date in many areas.

Staff had not been supported with regular supervisions, appraisals and performance management since our last inspection.

The service was acting in line with requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People had been supported to adapt their homes to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff had well-established and respectful relationships with the people they supported.

Staff used various methods of communication to effectively communicate with people they were supporting.

People were supported to live as independently as possible.

Is the service responsive?

The service was not always responsive.

People's care plans had not been regularly reviewed and updated since our last inspection.

A new care plan structure and documentation had started to deliver improvements in care planning at the service.

People were supported to take part in a wide range of activities, hobbies and interests that were important to them.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service had not maintained quality assurance systems since our last inspection.

The service had not always notified the CQC of all significant events which had occurred in line with their legal obligations.

The manager was open and transparent about the improvements needed at the service and they had put in place an improvement action plan to monitor and measure their progress.

We saw that there was a caring and positive culture amongst staff.

Requires Improvement ●

Vivo Care Choices Specialist Autism Service

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 checked 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 unannounced comprehensive inspection took place on 4 and 8 May 2018 and was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gather their feedback about the service.

During the inspection we spent time at the service's office and we visited some of the people being supported at their homes. We met and spoke with 12 people who were supported by the service and spoke with three of their relatives. We spoke with 11 members of staff who held different roles within the service, ranging from the manager to support worker.

We looked at a range of documentation including seven people's care records, medication records, five staff recruitment and personnel files, staff training records, accident and incident information, health and safety records, safeguarding and complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

All of the people we met during our inspection appeared happy, comfortable and relaxed in their homes. All of the relatives we spoke with told us they felt their loved ones were safe living with the support of the service. One relative said, "Oh yes, [relative] is very safe living there."

We noted that when the local authority quality assurance team visited the service in November 2017 they found that a quarter of staff had not attended safeguarding training in the past two years and the safeguarding policy had not been reviewed within the last three years. We saw that since the local authority's visit the service had reviewed and refined its policies and procedures for safeguarding and whistleblowing and these were now in line with relevant local guidance and procedures. We also noted that these policies and procedures had been discussed at team meetings to ensure all staff were fully informed in these areas. However, shortfall in safeguarding training for staff remained. The manager confirmed that the service had sourced a new training provider and staff training, including safeguarding training, was scheduled to take place shortly after our inspection.

We saw that documentation about accidents and incidents was not always fully completed and there was a lack of evidence to demonstrate what, if any, follow-up action had been taken following any accidents and incidents. For example, we found two examples of physical altercations between people supported by the service in the past month. In both cases we saw the documentation was incomplete and there was a lack of documented evidence to explain what action had been taken to learn from these situations and prevent them from happening again. The manager accepted that this was an area in which the service must improve. The manager also acknowledged that in the relatively short period of time they had been at the service they had not yet been able to implement any analysis of trends or patterns in accidents and incidents but they would do so as a priority following our inspection.

Whilst safeguarding incidents were being appropriately referred to the local authority safeguarding team and immediate action was taken to make people safe, we found that the service had not always notified CQC of any safeguarding incidents that had occurred, as is required. We saw that there was a potential lack of clarity of communication and oversight between frontline and management staff in relation to safeguarding, accidents and incidents information. We saw that the way these records were made and maintained meant there were risks senior staff were not always kept fully up-to-date and did not have easy access to this information. This meant that senior staff were not always in a position to effectively monitor any such situations and ensure appropriate actions had been taken where necessary.

We saw that the service had recently prepared personal emergency evacuation plans (PEEPs) for each of the people it supported. The content of these documents was helpful and gave clear guidance about what level of support people would need in an emergency and how to do this, both during the day and at night. However, we highlighted to the manager that not all of these documents had been signed and dated by the person supported or a relevant representative or a member of staff. The document stated that the PEEP should be reviewed at least on an annual basis or when any significant changes occurred with the person or premises. The absence of a date on these documents meant it was impossible to say when the plan was

prepared and when it required reviewing. The manager agreed to review this documentation to ensure it was fully completed.

Staff, who had appropriate training and experience, provided people with appropriate support with their medication. The staff we spoke with told us that they were confident supporting people with their medication and assisted people to take the right medication at the right times. The medication administration records we reviewed confirmed this. The staff we spoke with were knowledgeable about people's medication needs and we saw documentation had been put in place which gave staff the information and guidance they needed to safely administer people's medication.

The new management team had prioritised updating people's risk assessments and had introduced a suite of risk assessment documentation that could be tailored as required for each person supported. We saw that people had robust and personalised risk assessments in place and these gave staff the information and guidance they needed to help keep people safe. For example, we saw that one person was at risk of suffering from increased levels of anxiety which could result in them behaving in an abusive way towards them self, others and the environment. The risk assessment gave staff information about warning signs for this behaviour and guidance on how to safely and effectively support this person in these situations.

The majority of staff we spoke with had worked at the service for many years and overall there were consistent staff teams within people's homes. We looked at the rotas and observed the staffing levels in the properties we visited and saw that appropriate staffing levels were in place to meet people's needs.

Staff were safely recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files.

We saw that people had been supported to keep their homes clean and well-maintained. We noted that this was the case in all of the homes we visited. However, the service's training records showed that very few staff were up-to-date with training on infection control.

Is the service effective?

Our findings

All of the relatives we spoke with were confident that staff had the skills and training they needed to support their relatives. One relative said, "The staff definitely know what they are doing, they know [relative] very well."

Staff training had not been kept up-to-date since our last inspection and a significant number of staff were not up-to-date in both the service's mandatory and specific training. For example, 18% of staff were not up-to-date with safeguarding training. The service also confirmed that just 56% of its staff were up-to-date were training on autism awareness, which we found particularly concerning given that the service is a specialist autism service. We noted that the service had sourced a new training provider and staff training was scheduled to take place shortly after our inspection. However, the shortcomings in this area meant that people were at a risk of being supported by staff who had not been supported with the regular training required to ensure they were able to effectively and safely meet people's needs.

All new staff completed a six-month probation and as part of their induction they completed the service's mandatory training. This was mapped against the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives staff who are new to care the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were supported by a member of staff who acted as their mentor and they met with a senior member of staff several times to review their progress prior to completing their probation.

Staff had not been supported with regular supervisions, appraisals and performance management since our last inspection. However, we saw that the new management team had made improvements in this area in the last few months. For example, we saw that staff supervisions were now being held on a regular basis, were recorded and meaningful discussions such as performance management issues were taking place. The staff we spoke with told us that they felt well-supported and listened to by senior staff and this was an area that had improved with the introduction of the new management team.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We found that the service had taken appropriate action with the local authority in order to meet its legal obligations relating to the deprivation of people's liberty under the MCA. Staff we spoke with understood the requirements of the MCA and we saw that the service was following the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service also had policies and systems in place to support this practice. Prior to the local authority's visit in November 2017 there was a lack of documented evidence to demonstrate decisions were being made following the appropriate pathway, considering all relevant options and were supported by a decision making rationale. We saw that the new manager had implemented new

documentation to help guide staff in relation to restrictive practice and enable them to take the appropriate action.

There was assistive technology in place in several people's homes which were located close together. The system alerted night staff if a person had got up and left their bedroom. Staff were then able to visit the person to check whether there was anything they needed assistance with or if they needed some reassurance. This technology enabled people to have privacy and independence whilst in bed as, where appropriate, it avoided the need for staff to be present in people's homes all night but instead were able to respond if there was a need to do so. This meant that the least restrictive form of monitoring was in place to maximise the privacy that people could have.

We saw that people were supported to eat and drink what they enjoyed and they were encouraged to maintain a healthy balanced diet. Staff told us that they encouraged people to take as active a role in food and drink preparation as possible. We saw that pictorial information was on display in most of the home we visited, which helped people to understand and choose what to eat and drink.

We saw that staff worked with other healthcare professionals to ensure people received the support they needed to maintain their health and wellbeing, such as GPs, dentists and opticians. Staff supported people to attend any such appointments and we saw that staff followed professional guidance on monitoring aspects of people's wellbeing, such as weight monitoring. However, we highlighted that monitoring information was not always supported with clear guidance about when and how staff needed to take action. For example, we saw one person's care plan noted that their weight should be monitored monthly because their weight could fluctuate and they tended to lose weight in the summer. We saw that this monitoring was being done but there was no information about what this person's baseline weight was, what constituted a concerning amount of weight loss and what staff should do if this person had lost weight. The manager confirmed they would review the monitoring information gathered for all the people the service supports and ensure it is accompanied by the guidance staff need to meet people's needs.

We found that the service had supported people to adapt the design of where they lived to suit their needs and help them to enjoy life. For example, we saw that sensory equipment, such as lighting, had been installed in a number of people's homes as this was something that they found comforting and enjoyed. In one home we saw that a room had been set aside as a quiet and calm space where people could go and sit with staff to do things they liked to do, such as listening to music, enjoying sensory equipment and looking through photo albums.

Is the service caring?

Our findings

We observed positive and caring interactions between staff and the people they were supporting throughout our inspection. All of the relatives we spoke with told us the staff were very caring. They said, "The staff are delightful, they bend over backwards for people" and "The staff are very approachable, they clearly do care about [relative] and they treat [relative] with dignity and respect."

We saw that staff had well-established and respectful relationships with the people they supported. It was clear that staff knew the people they were supporting and had a good understanding of their support needs. Staff showed us a positive attitude towards getting to know the people they supported and told us that they continued to learn about people's likes and interests. For example, some staff told us they had recently discovered a person they supported was an Elvis Presley fan and they were now able to refer to this as a topic of conversation with them.

The staff we spoke with told us they had the information they needed to understand and communicate with the people they were supporting. They said that this was made possible from both the information in people's care plans and by having got to know people over time. We found that staff communicated with people in various ways that suited the individual, such as gestures, mannerisms and phrases. In one home we visited we saw a very good example of effective and person-centred communication between a member of staff and the person living there. The person had a hearing impairment and relied upon British Sign Language (BSL) to communicate with people. The member of staff supporting this person was fluent in BSL and was able to introduce us and ask them if they were happy for us to enter their home.

We noted that the new care plans had a section dedicated to people's culture and diversity, in which staff considered how to meet people's cultural preferences, beliefs and values. For example, if a person wished to attend a place of worship this could be identified in this section and the relevant plans could be put in place for staff to support people with this need.

Staff we spoke with were able to give us examples of how they encouraged people to live as independently as possible. For example, supporting people to visit the shops and buy the food and drink they wanted and supporting someone to wash, Hoover and polish their car at a garage. We also saw that, where possible and desired, people were supported to safely participate in preparing their own food and drink. The care plans we reviewed contained detailed risk assessments giving staff guidance on how to provide people with the support they needed in these situations.

The manager explained that all of the people the service supports have access to an independent advocate as and when they need them. However, the advocate also visits the service every six months to ensure people are receiving the support they need and in the ways they want it. The manager explained that the advocate shares any issues or concerns with senior staff so that they can be resolved as required.

We saw that people's confidentiality was maintained in their homes, as care records were kept locked away when not in use. This meant that other people living in the property or any visitors could not access people's

personal information.

Is the service responsive?

Our findings

We asked people's relatives if they had been involved in the care planning and review process. The feedback we received about this was very negative. They said, "Previously the care plan wasn't being reviewed and it took longer to put it together than it should have done. Things have changed though and we are happy with how things are now" and "No, they've not involved us with the care plan and it's been over a year now since we received and further information about this."

During our inspection we saw that a new care plan structure and documentation had been introduced. We found the new care plans were clear, organised and person-centred, whereas the older versions were disorganised and not up-to-date. The new approach to care planning incorporated a system of regular reviews, including monthly progress meetings and six-monthly full care plan reviews. The manager had also put in place key performance indicators for the staff responsible for managing people's care plans to ensure they were kept up to the standard required.

The new structure was in the process of being implemented for all the people supported by the service. The manager explained that they had completed new care plans for approximately 70% of the people supported but work was still being done to ensure these new care plans met the required standard. The manager confirmed that the plan was to update and improve all of the care plans by the end of June 2018.

We saw in a number of people's homes staff had ensured information was presented in a way that was accessible to them. Examples included, pictorial labels on items of furniture, pictorial displays of food and drink options and photos of the staff who would be supporting people that day.

Following the local authority's visit in November 2017 the service had implemented clear compliments and complaints policies. These gave staff guidance on how to appropriately record, manage, and respond to any complaints. Compliments and complaints information was gathered and collated by staff at the registered provider's head office and monthly reports displaying this information were shared with senior staff.

The feedback we received from people's relatives and what we saw during our inspection confirmed that people were supported to take part in a wide range of activities, hobbies and interests that were important to them. For example, we found that some people enjoyed visiting the nearby zoo and on the second day of our inspection a group of people living in one house were going to the zoo later that day. Staff at the service also told us about a music therapy service that it had recently commissioned for people to take part in. Music therapy involves helping people to express themselves through musical experiences and the use of musical instruments. We also found that the service supported people to go away on holiday. This varied from a couple of nights away in Blackpool to spending two weeks away in a cottage in the countryside.

Is the service well-led?

Our findings

The relatives we spoke with all told us that prior to the new manager taking over the service had been poorly-led. They said, "Previously the management of the service was poor. The new manager is full of energy and keen to improve things which they are slowly achieving", "I don't know why things went downhill, [relative's] regular reviews and assessments just weren't being done and communication with the service had been poor. I am hopeful things will improve now" and "Things have changed at the service, we've got confidence in the management now. They are approachable and making progress to improve the service."

In November 2017 the local authority's quality assurance team inspected the service and found that overall it was non-complaint with their quality standards. The local authority's report identified a number of areas requiring improvement, ranging from shortcomings in person-centred care planning and record keeping to a lack of up-to-date training and supervision for staff. The service committed to an improvement action plan, which the local authority shared with us prior to our inspection. Overall, during our inspection we saw that the service was making progress against its improvement action plan. The new management team at the service were actively addressing the shortcomings that had been identified and they will require further time to make all of the necessary improvements.

The manager explained to us that when they started managing the service people's care plans had not been reviewed for some time, staff morale was low, there were no quality assurance processes in place, staff training was not up-to-date and staff supervisions had been infrequent and ineffective.

We saw that the manager was making progress in these areas. This included, introducing a new care plan structure; engaging with staff and setting up an 'employee of the month' award; implementing a range of quality assurance audits and key performance indicators; setting bi-monthly carers meetings; sourcing a new training provider and ensuring meaningful staff supervisions were taking place. All of the changes being made at the service will take some time to come into full effect and achieve the required improvements.

The manager was open and transparent with us throughout the inspection. They acknowledged the challenges currently facing the service and they were committed to effectively addressing them as soon as possible. They also explained that they were accountable to the registered provider's board and they were meeting with the board on a monthly basis to deliver progress updates.

Both the action already taken and scheduled to be taken, along with the positive engagement with the local authority and development of a targeted improvement action plan, gave us confidence that senior staff at the service have the skills and capability to improve the service.

We saw that there was a caring and positive culture amongst staff. One member of staff said, "We want to make a difference for the people we are supporting and do the best we can for them. The new management are empowering us to do that."

The service had policies and procedures in place which were now regularly discussed in monthly team meetings. For example, the recently reviewed safeguarding and whistleblowing policies and procedures had featured on team meeting agendas.

Registered providers are required to display their most recent CQC rating both at their premises and online, if applicable. They are also required to inform the CQC of certain incidents and events that happen within the service. The service was meeting the legal requirement to display its most recent CQC rating at the office and on its website. However, as we have highlighted earlier in this report, the service had not always notified the CQC of all significant events which had occurred in line with their legal obligations. We discussed this with the manager who agreed to review the service's approach to CQC notifications and ensure any notifications were submitted as required.