

Vivo Care Choices Limited

Winsford Network

Inspection report

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14 June 2018

15 June 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place over three days on 12, 14 and 15 June 2018. The visit was unannounced on the first day and announced on the second and third days.

Winsford Network is a domiciliary care service run by VIVO Care Choices Limited. They are registered to provide personal care to adults within their own homes. The service offers support to older people and people with learning disabilities, sensory impairments and physical disabilities.

The service is provided to people living in their own accommodation, rented through a partner landlord. This arrangement is often known as 'supported living'. At the time of our inspection there were 29 people who received a service in this way by 63 staff across seven supported living homes.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the legal requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we made a recommendation that the registered provider source appropriate training to ensure all staff have an up to date knowledge and understanding of the MCA and DoLS. Staff mandatory refresher training updates also need to be regularly undertaken in accordance with best practice guidelines.

Staff had all completed mandatory training required for their role, however refresher updates were overdue. The registered provider had identified this through their audit processes and had an action plan in place for all staff training to be up-to-date by the end of July 2018.

The Care Quality Commission as required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance in place for the staff in relation to the MCA. The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA and all required documentation was in place.

Procedures for the recruitment of staff were robust and this helped to ensure that only staff suitable to work with vulnerable people were employed. An active recruitment process was being undertaken due to a number of vacancies at the service. There was a high level of agency staff usage however where possible the same agency staff were used for consistency. All staff had undertaken a thorough induction process that had included the completion of shadow shifts at the start of their employment. Staff attended team meetings were supported through regular supervision.

The registered provider had policies and procedures in place to protect people from abuse. Staff demonstrated a basic understanding of the different types of abuse and told us they felt confident to raise

any concerns. People supported by the service had the opportunity to attend safeguarding training to raise their awareness of what abuse is.

People had their needs assessed prior to being supported by the service. The information from this was used to create individual person-centred care plans and risk assessments. People and their relatives, if appropriate participated in the development of the care plans. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. People's care plans were regularly reviewed and updated when any changes occurred.

The registered provider had comprehensive medication policies, procedures and guidance available for staff to follow. Staff administered medicines at all completed training and had the competency regularly checked. Medicines ordering, storage, administration and disposal were all managed in accordance with best practice guidelines.

The complaints procedure was available and easy read and pictorial formats. People and their relatives told us they felt confident to raise a concern or complaint and believed these would be listened to and acted upon promptly by the registered provider.

The registered provider had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

People spoke positively about the food and told us they were always offered choices of food and drink. Clear guidance was in place for staff to follow when people required support to manage health-related diets.

People told us that they knew most of their staff and had developed positive relationships. People and their relatives said that staff were kind and caring at all times. Staff demonstrated a good understanding of the importance of privacy and dignity, and people told us this was respected.

Activities were available for people to participate in and the management team had developed positive relationships with local community organisations.

The registered provider had a selection of quality monitoring systems in place that were followed by the management team for development and improvement. Audit systems were regularly undertaken as part of the registered providers governance process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Robust recruitment procedure were in place.

Safeguarding policies and procedures were in place and staff understood what abuse is.

Risk assessments identified and mitigated risk to people and offered clear guidance to staff.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

Staff had not all received training on the Mental Capacity Act.

Staff had undertaken mandatory training, however refresher updates were required.

People were supported with their eating and drinking requirements and their dietary needs were clearly documented.

Is the service caring?

Good ●

The service was Caring.

People had developed positive relationships with the staff that supported them.

People's rights to privacy and dignity were respected.

People were supported by staff that were kind, patient and caring.

Is the service responsive?

Good ●

The service was Responsive.

Care plans reflected people's individual needs.

People and their relatives knew how to raise a concern or complaint and felt confident they would be listened to.

Activities were available to meet people's individual needs.

Is the service well-led?

Good ●

The service was Well-led

The registered provider had audit and monitoring systems in place.

Regular feedback from people in easy read and pictorial format was sought by the registered provider.

Policies and procedures were available to support and guide staff that were regularly reviewed and updated.

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.

The inspection took place over three days on 12, 14 and 15 June 2018. The visit was unannounced on the first day and announced on the second and third days.

This inspection was carried out by one adult social care inspector.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information that we held about the service. This included notifications received from the registered manager. We contacted the local authority quality monitoring and safeguarding teams who told us they did not have any immediate concerns about the service.

We looked at four people's care plan files, six staff recruitment and training files as well as records relating to the management of the service. We visited four of the supported living homes and spoke to or observed ten people within these homes. We contacted four relatives by telephone.

During the inspection we spoke with three support staff, one agency support worker, two service supervisors, the registered manager and registered provider.

Is the service safe?

Our findings

People told us that they felt safe with staff. Their comments included, "Staff keep me safe", "Night staff look after me and I feel safe" and "Staff always make sure I take my medicines and this is important." One relative commented "It gives me peace of mind knowing [Name] is well looked after."

The registered provider had policies and procedures in place for safeguarding the people they supported. Two people supported by the provider told us they had attended safeguarding training to help them understand about abuse. Their comments included "I did a safeguarding course, it was good. I really enjoyed it" and "I did the course and they told me new things." Records showed that all staff had completed safeguarding training relevant to their role however refresher updates were required. Staff demonstrated a basic understanding of the different types of abuse, signs and symptoms that they needed to be aware of and who they needed to contact should they have any concerns. All staff stated they were confident the senior staff or registered manager would address any safeguarding concerns they had promptly.

Some people supported required assistance with their moving and handling needs. All equipment was in place to support people as well as appropriate policies and procedures. All staff had completed training at the start of their employment however over 50% of the support staff were overdue their refresher training. The registered manager showed us the training schedule to ensure all staff would be up to date by the end of July 2018.

Comprehensive policies and procedures were in place for the safe management of medicines and these followed best practice guidelines. Staff had all completed managing medication training and regularly had their competency checked. We reviewed the medicines for three people and found these were fully completed and signed by staff. PRN 'as required' protocols were not consistently in place across the care plans reviewed. Protocols give staff clear guidance for when to give a person 'as required' medicines. They should include how the person will let you know they need the medicine, how often a medicine should be given and at what frequency. We discussed this with the registered provider who immediately addressed this and the required PRN protocols were put in place.

Risk assessments were in place and included manual handling, seizures, continence, personal care, medicines, hourly checks, risk of choking and finances. Information within the risk assessments was not always consistent. Some risk assessments were very detailed and gave staff clear guidance about how to support the person and mitigate the risk. The risk assessments were in the process of being reviewed and developed at the time of our inspection.

Personal emergency evacuation plans (PEEPS) were in place for each person. This meant staff had guidance in place to follow in the event of an emergency. People told us that they knew what the fire alarm sounded like and would follow staff guidance to get out of the home. They told us they had practised this in the past.

Plans for behaviours that challenged were in place and were written in a person-centred format. These included clear guidance for staff to manage and mitigate identified risks. The plan identified risks associated

with the behaviours, triggers for the behaviours/risk, a clear plan for all staff to follow for continuity, consideration of capacity and best interest decisions and evidence of regular review.

People's care plans included essential information for staff if they needed to contact relatives, GP, healthcare or social care professionals in the event of an emergency. Staff knew where to find this information and confirmed it was regularly reviewed and updated to ensure the most up-to-date information was always available. Staff told us the registered provider had an 'on call' system that was available at all times. This meant that in the event of an emergency or when staff required support or guidance, an appropriate person was available to contact without delay.

The registered provider followed a consistent recruitment process. Each staff recruitment file held a fully completed application form, two references that included the applicant's most recent employer, interview records and right to work information. An up-to-date disclosure and barring check (DBS) was held for each person employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. We reviewed staff rosters and these confirmed that enough staff were available to meet people's individual needs. The registered provider was using a high level of agency support staff due to a number of staff vacancies across the service. Records showed that the same agency staff were being utilised where possible for consistency. An active recruitment process was being undertaken.

Accidents and incidents were clearly recorded by staff and detailed the events that had taken place, the people involved and the location. These were reviewed by the registered manager who identified areas for development and improvement. Trends and patterns were also considered to reduce future risk of reoccurrence. Action plans were prepared, signed and dated when completed. The registered provider had oversight of all incidents and accidents through a computer recording system.

People told us it was important that they and the staff all washed their hands regularly. Staff described the importance of washing their hands between tasks and stated they had all completed infection control training. Personal protective equipment was available to all staff. This included disposable gloves and aprons used by staff when undertaking personal care tasks. These items are used to protect staff and people from the risk of infection being spread.

Is the service effective?

Our findings

People spoke positively about the staff team and said they knew most staff well. Comments included "I like [Staff name] they make me laugh and we have fun", "I like [staff name] she is kind and funny", and "Staff know me well and look after me."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and found that it was. The registered manager had a good understanding of the MCA. Some staff had completed training in this area however 50% of staff had not received the required training. Some staff had a basic awareness of the requirements of the MCA but not all staff were familiar with this.

All staff had completed mandatory training essential for their role. This training included emergency aid, equality and diversity, fire prevention, health and safety, and basic food safety awareness. Refresher training was not all up-to-date. Refresher training is required to ensure staff always have the most up-to-date skills and knowledge for their role. The registered provider had identified a gap in required refresher training during their regular audits. The registered manager shared the training plan which demonstrated how they were going to ensure all staff completed all required refresher training within an achievable timescale.

We recommend the registered provider sources appropriate training to ensure all staff have an up-to-date knowledge and understanding of the MCA and DoLS. All staff are required to complete regular refresher training in accordance with good practice guidelines.

The Act requires that as far as possible people make their own decisions or are helped to do so when required. When they lack the capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered provider's assessment process included consideration for people having the capacity to make their own decisions. Documents clearly demonstrated best interest decisions had been made with the full involvement of relatives where appropriate as well as health and social care professionals. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community any restrictions need to be referred to the Court of Protection for authorisation through the local authority. Appropriate applications had been made by the registered provider.

Staff told us they had undertaken an induction at the start of their employment. Staff were given key information about the organisation and their employment. They were given key policies and procedures. The induction met the requirements of The Care Certificate which is a nationally recognised qualification based on a set of minimum standards, that health and social care workers follow in their daily working life. The standards give staff a good basis from which they can further develop their skills and knowledge. All staff undertook a period of shadow shifts with an experienced member of staff prior to lone working. Staff told us the induction had prepared them for their role and gave them a good insight in to the people they were to work with.

People that required support to manage their meal preparation or to manage health related diets had clear and comprehensive information within their care plans for staff to follow. For example one person's care plan stated that they needed to have all their food blended as they disliked even the smallest of lumps. This person was to sit in an upright position when eating and drinking. Another person required their food to be cut in to small manageable bitesize pieces. Each person that had specific dietary requirement had received support from the speech and language therapy team. People told us they were supported by staff to make their packed lunch and they enjoyed doing this. People's independence was actively promoted where possible. For example one person that required staff support in most areas of their life could choose their own cereal and put the milk in to the bowl. People told us they did menu planning on a Sunday so they could prepare their shopping list. People spoke positively about their enjoyment of meals in their home and going out for meals in to the community. Their comments included "I like the food and I choose what I have" and "I like going out for dinner."

Is the service caring?

Our findings

People spoke positively about the staff and described them as kind and caring. Their comments included "[Staff name] is great, they are funny and kind. They know how to make me laugh" and "Staff always ask me if I am happy and tell me it's important I do what I want." Relative's comments included "All the staff are very kind", "[Name] is well looked after by staff that know him well" and "Staff are very welcoming when I visit [Name] and show a genuine interest in me."

People told us that they had regular staff that knew them well. Staff told us they had developed positive relationships with people. They knew how to meet people's individual support needs.

We saw many positive interactions between people and staff. There was banter and laughter observed between people and staff and the atmosphere was very relaxed. We saw staff sought permission before undertaking any tasks and they did not rush people. Staff respected people's privacy and dignity by knocking and waiting before entering people's bedrooms or bathrooms. Staff described the importance of valuing people's privacy. They explained the ways they could do this that included keeping people covered up during personal care and offering time alone when using the bathroom as long as it was safe to do so.

People told us that staff always offered them choice that included meals they ate, clothes they wore or activities they undertook. People told us they were supported and encouraged to be independent. For example, one person proudly told us they prepared their packed lunch with the support of staff. Grab rails had been installed to promote people's ability to walk around their home safely without staff support.

Staff had a good understanding of people's individual communication needs and described how they always encouraged people to fully participate in all decision making processes. Some people did not use verbal communication and staff demonstrated a good understanding of the gestures and sounds they used.

The registered provider had produced a range of documents that were available in different formats that included pictures and easy read wording. This supported people to understand important information in a format suitable for them. The service user guide, complaints forms and quality questionnaires were all available in easy read pictorial format. This meant people had information available to them in formats appropriate to meet their individual needs.

Is the service responsive?

Our findings

People told us staff actively encouraged them to make their own choices. Their comments included "I choose which staff member supports me to go shopping", "I chose to go shopping in Liverpool and had a great time", "We all decide where we would like to go out for dinner" and "My bedroom is just how I want it and I have photographs of my family. I chose matching curtains and bedding."

People told us they could choose the activities they participated in. One person told us they enjoyed colouring and taking part in craft activities. They described being supported to decorate a jewellery box. Another person said they like to go out dancing with their friends and were supported to do this. Two people attended church each week and this was important to them. People described recent events and celebrations they had attended that had included the royal wedding, great British Royal Bake off and a summer barbecue. People also attended local disco's, swimming club, a football league and also had the opportunity to work on an allotment.

The registered provider and people supported created a quarterly newsletter that included puzzles, word search, spring gardening tips, social events, birthday celebrations, details of service user consultation meetings and lots of photographs that people had asked to be included of activities undertaken.

People's needs were assessed prior to them using the service. People, their relatives where appropriate and health and social care professionals were included in this process. This information was used to create care plans that reflected people's individual needs and included information about areas of need such as personal care, communication, mobility and continence.

People supported by the service had specific needs in relation to equality and diversity. Care plans showed that people's needs were considered during the assessment process and as part of the care planning in relation to; age, disability, religion as well as other protected characteristics.

Each person had a one page summary that included the headings 'what I enjoy and what makes me happy', 'what people like about me', 'how I like to be supported', 'what I might need help with' and 'what a good and bad day look like'. Examples included 'I enjoy football, dancing and shopping', '[Name] is funny, kind, caring and helpful', 'I need help with managing my money and to relax and calm down.' This meant staff had important information available to them to support people in their preferred way.

Staff completed daily records that described people's mood, food and drink choices, activities undertaken and other information relevant to each person. These documents were regularly reviewed by a member of the management team as part of the quality assurance processes.

The registered provider had a complaints policy and procedure that was available in easy read pictorial formats. People told us that they knew how to raise a concern or complaint and thought they would be listened to. The registered provider had an electronic system for the recording and monitoring of complaints. These were regularly reviewed to highlight any trends or patterns to prevent issues re-occurring.

Is the service well-led?

Our findings

People and their relatives told us they were very happy with the support they received. Relatives comments included "It gives me peace of mind knowing that he is well looked after", "We have meetings to discuss what's going well and what could be better" and "There is always someone I can contact if I have any concerns or worries."

The service had a registered manager in post that had been registered with the Care Quality Commission (CQC) since January 2018.

Audits were undertaken regularly by the service supervisors, registered provider and registered manager. These included care plans, training, medication checks, supervision, finances, accidents/incidents and daily records. The audit process had identified areas for development and improvement. Actions had been identified and most had been completed.

Staff MCA training and mandatory refresher trainings had been identified as an area that needed to be promptly addressed and an action plan had been prepared to ensure staff completed this in a timely manner. A recommendation has been made to ensure staff knowledge and skills are kept up to date through appropriate training.

Board members and directors at the service undertook unannounced spot check visits throughout the year that included evenings and weekends. This gave the board members a greater understanding of the service and offered them an opportunity to speak to people and staff to seek feedback about the service and areas for improvement.

The registered provider had developed positive relationships with community groups that included local churches where people attended singing groups, libraries, youth groups, day centres and the local leisure centre.

The registered provider regularly sought feedback from people in the form of easy read and pictorial questionnaires that used thumbs up and thumbs down emoji's. Questions asked included; Are the staff helpful, do you do all the things you want to do, do you like your home? People told us that staff asked them if they were happy or if anything needed to change. People told us they were involved in the development of the service. For example, the registered provider had allocated funds for the redecoration of people's homes. People had been invited to participate in the choices being made and told us this was important. Their comments included, "I chose the lilac colour in the hall and the wallpaper and I love it" and "I chose the storage units in the dining room." This meant people were encouraged to give feedback about the service and participate in it's development.

The registered provider regularly held tenants meetings and service user representative meetings to seek feedback and identify areas of development and improvement. Service user representatives had identified a need for more grab rails in the homes for people to move around independently. This action had been

promptly completed. Two representatives had stated they would like to take part in the staff interview/recruitment process and one had prepared their own questions to ask.

Senior team meetings, service supervisor team meetings and staff meetings were held regularly. Records showed that agendas were prepared and minutes were taken. Topics had included an overview of the people supported by the service, health and safety issues, training, staff rosters, sickness and supervision. Staff told us they had regular support from the management team.

Staff spoke positively about their roles and demonstrated the importance of having a positive impact on the lives of the people they supported. Staff told us that they had a supportive management team and they felt they were listened to.

The registered provider had policies and procedures in place that staff were able to access if they required guidance. We saw that these policies were reviewed and updated regularly.

Registered providers are required to form the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.