Vivo Support Limited

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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

Summary of findings

Overall summary

The inspection took place on 13 April and 18th April 2016 and was announced. The service met legal requirements at our last inspection in February 2014.

Vivo Support Limited is a small domiciliary care service that provides personal care to people living in their own homes. They predominantly provide a service for older adults, some of whom may be living with dementia or may have a physical disability. The service does not provide nursing care. At the time of our inspection there were approximately 30 people using the service.

A registered manager was in post 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 persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were committed to supporting people to remain safe in their homes. There were sufficient numbers of skilled staff to meet people's needs. People were supported to take their prescribed medicines safely and the manager had reviewed and improved the systems to monitor the administration of medicines. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

Staff felt well supported and managers were pro-active about developing the skills of their team. Staff sought consent from people before providing care and understood their rights to make choices about their service.

People were supported to have enough to eat and drink. Staff monitored people's health needs and were committed to ensuring people had good access health care professionals when needed.

Staff had enough time to get to know people and spoke about them with affection. People were spoken to and treated with dignity and respect by staff.

People received support that was personalised and tailored to their needs. They were aware of how to make a complaint and there were a number of opportunities available for people to give their feedback about the service.

Staff were motivated in their role and valued the focus on the people who used the service. The manager was visible and actively involved in supporting staff and people. The provider had effective systems in place to check the quality of 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?

Good

The service was Safe.

Staff were committed to keeping people safe.

Staff had sufficient time to meet people's needs.

Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was Safe.

Staff were committed to keeping people safe.

Staff had sufficient time to meet people's needs.

Staff supported people to take their medicines safely.

Is the service caring?

Good

The service was Caring.

Staff had enough time to get to know people well and had developed positive relationships with them.

Staff had respect for people's privacy and treated them with respect.

Is the service responsive?

Good

The service was Responsive.

People received support which was personalised around individual needs.

People knew who to speak to if they had any concerns about the service they received and were given opportunities to provide feedback.

Is the service well-led?

Good

The service was Well Led.

The staff and manager had a shared ethos and focus on the people who used the service.

The manager was actively involved in the service and was accessible to people and staff.

There were systems in place to measure the quality of the service and the manager was committed to on-going improvement.

Vivo Support Limited

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 on 13 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection was carried out by one inspector.

On the day of the inspection we visited the agency's office and spoke with the registered manager, the Director of Care and the Head of Care Services, plus a number of additional office staff. We spoke to or had email contact with five members of care staff. We visited three people who used the service and met the staff supporting them. We met with two family members and spoke on the phone to an additional three people and one family member. We had email contact with three health and social care professional to ask them about their views of the service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at four people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who provided them with support. A family member told us, "It's good that my relative hasn't got a multitude of carers coming in."

The safety of people was a priority for staff and managers. Staff had a good understanding of what abuse was and were able to describe how they supported people to keep safe. They had completed the relevant training in safeguarding and there were policies and procedures to advise staff of their responsibilities to enable people to be protected from abuse. Safeguarding was a standing item for discussion when staff met with their managers for individual supervision. This gave staff the opportunity to consider the safety of the people they cared for but also enabled the manager to assure themselves that any areas of risk would be highlighted. We found staff to be vigilant about checking people were safe. One staff member told us they had reported to their manager when they saw a person had unexplained bruising, so that this could be looked into.

We looked at the care plan for a person who was supported to move with the aid of equipment and saw the needs and risks assessments in place. Their usual staff had received detailed verbal guidance from senior staff and so knew how to use the equipment safely. We felt however that there was limited written step-by-step guidance to staff. For example, a person had a specialist bed and the care plan advised staff to assist with them getting up but did not outline the exact support which was needed. The lack of written guidance meant if the usual staff were unavailable any staff covering would not have sufficient written information to understand the person's needs. The family members were actively involved in the persons care and described how they would advise staff, where necessary. In addition, we were told that in this situation a senior member of staff, familiar with the person's needs, would usually cover. We discussed the potential risks with the manager who assured us that they would ensure staff had access to written, as well as verbal guidance when assisting people with moving.

We saw that where a person had fallen or were at risk of falls, staff were proactive, for instance a member of staff had discussed their concerns with a person's social worker to request a re-assessment of their needs. They had also spent time with the person, giving them advice about how to stay safe when in their bathroom.

Staff had carried out assessments to determine how dependent people were on the support visit. Therefore, people who needed timely support, for example to take their medicines or because they lived alone, were assessed as a 'red' and would be a visited as a priority in an emergency. These assessments were reviewed as required. This information helped the manager plan for emergencies and to review risk if a visit had been missed.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications and conducting employment interviews, seeking references, ensuring the applicant provided proof of their identity and right to work and carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. We looked at recruitment files for three

staff and noted that the provider's procedures had been followed. Staff told us that they had only started working once all the necessary checks had been carried out. There was a schedule for the renewal of DBS checks so that the manager was able to have updated information about people's suitability to provide care. The manager told us they tried to avoid using agency staff. However, where agency staff were used it was the organisation's policy to carry out competency assessment checks on all agency staff, so that managers could be assured that staff had the skills to provide a good quality of care.

People, staff and relatives told us there were enough staff to meet people's needs which was confirmed through our observations. A member of staff told us, "Clients get what they have ordered timewise, today I was longer than the half hour." The manager had logged missed calls and we saw examples of where this had been addressed with staff. For example, a meeting had been arranged where one member of staff had missed a number of calls and improvements were made, such as staff being told to phone rather than text any important information about the scheduling of calls. The manager had also ensured the people affected by the missed calls were contacted to check they did not have any concerns.

Staff had written advice on exactly how to support people when prompting them to take their medicines. Staff used clear medicine administration sheets (MARS) to record when they had supported people to take their medicines. At the end of each month, completed sheets were brought into the office and checked for accuracy. When people had been prescribed medicines on an as required basis, for example for asthma, there were protocols in place for staff to follow so that they understood when a person may require this medicine.

Training had recently been provided and recording of administration had been changed when managers had become aware of an issue around staff prompting people with their medicines. A member of staff explained to me the new process and demonstrated they knew how to follow the organisations policy. We noted during a visit that whilst a person had capacity and was usually independent with taking their medicines, their usual carer sometimes gave a little more support with medicines then outlined in the care plan. When replacement carers visited, they followed the care plan and did not provide any support, which resulted in some inconsistency. We discussed this with the manager who immediately arranged for the care plan to be amended and MARS to be put in place. We felt there had been limited impact on this occasion and the response of the manager and the recent training assured us that our concerns were being addressed.

Senior members of staff audited the administration of medicines, for example, they checked staff were recording which medicines they had supported people with. There were also observations of staff administering medicines to ensure they were doing this safely. Any mistakes in medicine administration were dealt with promptly, for instance we noted that when a person did not receive their medicines, staff had raised this immediately with their next of kin and with their GP. The manager then made changes in the way the medicines were being administered to try and prevent the mistake from happening again. Additional training was arranged as necessary, where there were concerns about the skills of a member of staff.

Good

Is the service effective?

Our findings

People and family members told us they felt staff were well trained and had the necessary skills to meet people's needs. A family member said, "The carers are of a high calibre, they interact well with [person] and have a personal touch." Another family member told us, "I am confident they know what they are talking about, for example they let us know when [person] had a suspected urine infection."

New staff received a comprehensive induction. Two staff members had attended training to enable them to deliver the Care Certificate to any new staff who were new to the care sector. Managers had decided to put all existing staff through the induction training, as a refresher, which we felt demonstrated a positive attitude towards the ongoing development of their staff team. Staff had told the manager they did not find e-learning as useful as face-to-face learning and training had been adjusted, so now manual handling and medicine administration were practical courses. Staff told us, "Practical training is good, because you can chat to other carers and get hints from them." Where a person had limited computer skills, they were assisted by a member of office staff while doing online training. We felt this was a positive measure to ensure people were fully supported to develop their skills. A health and social care professional confirmed that, "Comments I have received are that their staff are trained to a higher level to other 'care' agencies."

The member of staff responsible for developing training was introducing a "tool box" which involved bite-sized training sessions, held during team meetings on a wide range of subjects, such as dementia. We felt that this was an effective and practical way of enhancing knowledge within the team. The subjects of these sessions were selected following observations of staff practice carried out by senior members of staff and so would have a tangible impact on the support being provided to people.

Managers ensured that staff had the necessary skills before they started supporting people. Part of the induction process involved the new member of staff shadowing a more experienced member of staff. We saw records of the observation carried out of the shadowing process. People were also assessed prior to returning to work, for example after taking time off for health issues. Where people had not completed the necessary training they had received letters from the manager telling them this training had to be completed if they wished to continue providing support.

Observations took place to enable managers to measure the skills of their staff, for example one member of staff was observed supporting a person transfer from a wheelchair to check their learning following a manual handling course. A senior care staff told us, "I carry out observations and check they (staff) are doing what they should be and the client is happy." Observations were specific, for example members of staff were observed preparing food. This level of detail enabled the manager to drill down into staff member's particular skills. People receiving the service were consulted as part of the observation to find out whether they felt the member of staff was meeting their needs.

Staff told us they felt well supported by their manager and other senior members of the organisation. They received supervision and attended staff meetings. A member of staff said, "I discussed a problem I was having with my shifts at my supervision and it got sorted. They (managers) are very good if you have any

problems, they do support you."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. There was a pro-active approach to implementing the Mental Capacity Act, for example the handbook and care plans had recently been amended.

We were told by the manager there had been a recent drive to help staff understand their responsibility under the MCA act, following an analysis of observations carried out of staff practice. We saw that staff and their manager had a good understanding of balancing risk and people's right to make their own decisions. For instance, a member of staff had alerted their manager that a person was choosing to keep their door open, despite staff explaining that this posed a risk to their safety. As a result, the manager spoke with the social worker to arrange for an assessment of that person's capacity to make this decision. A family member told us they observed staff asking their relative for consent before supporting them. They told us, "Carers do a running commentary as they carry out each task."

Staff supported people from the risk of poor nutrition and dehydration. A member of staff told us how they had discussed with a person's district nurse how their needs had changed when the person had a stroke and needed a soft diet. Staff were given guidance sourced from a national charity to help them raise healthy eating awareness with people who used the service.

Staff were supported to meet people's specific health care needs. A health care professional told us, "If they have been concerned regarding a client they have arranged joint meetings with myself and the community matrons to discuss the best way forward." We saw an example where a person had been discharged from hospital with insufficient after care a member of care staff had contacted the local district nurse to request an urgent continence assessment and support with pressure relieving equipment. On another occasion, a member of staff had referred a person for occupational therapy when their mobility had deteriorated. Staff were committed to understanding people's needs. For example, we saw that a member of staff had requested further training in dementia to enable them to better meet the needs of some of the people they were supporting.

Good

Is the service caring?

Our findings

People spoke with great affection about the staff who supported them. Two people said it was like being supported by a family member. One person said to us, "[Staff member] is like another daughter, so kind and helpful." We observed camaraderie between the person and the member of staff supporting them. They told us, "We're like sisters, we get round my stress with laughter." Staff spoke with affection about the people they supported and had developed positive relationships with them. A member of staff told us, "You think about the clients all the time. When I am running late I tell myself I must get to [person] to get them their porridge." A member of staff told us, "I love my job; you really get to know the clients."

We were told by staff, people and their families that key factor to the caring service being provided was the time staff had to spend with people. A member of staff told us, "That's what's good about this company; they give you enough time, without rushing." Another member of staff told us, "I've been in care a long time but this is different, you are given enough time to talk to people." As a result, people felt comfortable with the staff supporting them. We were told by a relative that their family member, "Lights up when they walk in."

Staff were not limited to the tasks on a care plan when supporting people. The relative of a person who had died had thanked the staff for staying with their family member whilst they were deteriorating and assistance was being sought. Another family member told us that in an emergency an office member of staff came out to them to support them whilst other care arrangements were made. "They really came up trumps on that day."

A member of staff told us, "Vivo is centred round client and carers needs." We saw this demonstrated on a number of occasions, for examples, a member of staff described how a person's life had changed when they had had a stroke and we saw that they were compassionate when describing the effect on the person's life. A health professional described a specific incident they had witnessed at a person's house and said, "This to me shows a carer to whom clients are not just a number but real people." We saw that a family member had sent a card complimenting a staff member, "[Staff member] is very good at explaining to [person] what they will be doing for her."

Staff had the skills to communicate with people, which was helped by an in-depth knowledge of the person's needs. A family member told us that staff knew their relative so well that they had learnt to pick up non-verbal signs. "Because it's the same carers, they know [person] inside out and they know that if they keep their mouth closed they don't want to eat." As a result, people were able to lead staff when decisions were being made about the care they were receiving.

Staff explained how privacy and dignity was maintained when carrying out personal care tasks. A member of staff described how they would shut the bedroom door when supporting a person whose extended family were visiting them, to ensure they could be supported in privacy.
Another staff member said to us, "When care is provided in the lounge, I close the curtains, although I would never provide care in front of family members if they were around."

Good

Is the service responsive?

Our findings

People felt staff provided a high quality of service. One person said, "They are marvellous, first class, the work is very thorough." Another person told us they had asked staff to help monitor a long-term condition and they felt staff did this well. A health and social care professional commented that, "I feel they are always responsive and react in a positive way to our requests. Very often we make requests on an ad hoc basis in response to our urgent care system however they have always responded with flexibility yet ensuring they are able to maintain a high quality of care."

Assessments of people's needs were carried out and care plans outlined the support to be provided. Staff told us office staff described people's needs then they would read care plans in people's homes to find out more about them. A member of staff told us, "The care plans are good and they (senior staff) are really good at changing care plans as the client's needs change."
Support plans were detailed and personalised, for example, one person's plan said, "[Person] likes to have lots of butter on their toast." We noted that each person had a quick reference guide in their records outlining key issues and risks, for example if they were at risk of choking or had an allergy. This meant that although care plans were very long and detailed, managers had ensured staff had easy access to key information about people.

There was a commitment to providing a service which was tailored around people's needs. The staff team had completed a questionnaire about their skills to enable managers to match them to people with specific needs and preferences. Each worker had individual meetings with a senior worker which included discussing the support they were providing to each person. There was a set form which was followed which included prompts to ensure the worker considered any issues and changes fully. There were actions flagged up as a result of the supervision meetings and the manager checked these had been completed. For instance, where a member of staff had said a person needed a piece of equipment, the manager ensured a referral to an occupational therapist had been made.

We saw that people's support was reviewed and family members were involved in reviews where appropriate. For example, we saw that one person had their visits increased when their needs changed. Staff told us, "Every visit is a review. If needs change we sort that out."

People knew how to complain. Complaints and compliments were logged and responded to. A family member told us, "The manager has been at pains to tell me that issues are being addressed, they are very apologetic." A member of staff told us where there have negative feedback from people, concerns "Would be dealt with before the end of the day, I can't fault the manager."

We found the service had a focus on being open and learning from complaints. A professional who commissioned the service said the manager, "Provides regular case studies which demonstrate a positive approach to learning from experiences with very minimal complaints." Changes to the service were made as a response to feedback received, so that other people using the service benefitted from the feedback. For example, the manager had addressed the issue of missed visits through reviewing processes and speaking

with staff to minimise the risk of these happening again.

Good

Is the service well-led?

Our findings

People told us this was a service which was improving. One person said, "The manager has done a lot of research and things have improved." A family member told us, "Communication with the office has been an issue in the past; I think it's getting a bit better."

The people receiving the service were at the main focus of the organisation. For example, managers had invited people to a staff away day so that they could influence new developments and help drive improvement in the service. The website for the organisation outlined the fact that the service was not accountable to share-holders and this feature was echoed throughout the day as being central to the ethos of the service. A member of the office staff told us, "The company has a real family feel, it's not about the money."

Whilst this was a fairly small organisation it benefitted being a subsidiary of the larger Swan Housing Association. For example risk assessments for the business were carried out by an external company and staff had access to good quality training and support from experienced human resources officers. As a result, the registered manager was able to focus on ensuring people received a good quality of care and support.

Communication was good between carers and with the office, which was promoted by the provider who had provided a phone for care staff. A member of staff gave an example where a colleague had rung her up for advice on how to cook a specific fish recipe that a person had asked for. There was an on-call number for staff to ring if they had any concerns or needed to communicate any issues. A member of staff told us, "I ring all the time, there's always good communication with the office." The manager had introduced monthly team meetings for senior carers to help improve communication.

Staff were encouraged to visit the office. The service was in temporary offices, during refurbishment, and one member of staff told us that in the current offices where they were based, they found it intimidating to walk through an open plan office. The manager told us this had been addressed in the usual office base, where care staff now had a separate room to meet.

The registered manager and senior managers were very visible. A member of staff told us, "The managers are easy to approach and accommodating. You're not afraid to speak, it's very ordinary, it's not like you're speaking to a top manager." 'Meet the manager' meetings had been arranged, which included discussions on how to minimise the risk of missed visits and the guidance to staff on recording support with administering medicines. We noted that these were two areas which had been highlighted as a concern following analysis of complaints and other audits. We felt this demonstrated openness and an awareness to change and to strive for continual improvement. The manager told us they were piloting a care academy to deal with issues of recruitment in a pro-active way, through recruiting staff who had potential, but who might not have the skills when they applied for a job. The manager told us, "Recruitment of staff is our biggest challenge; we had to think outside the box."

The management team were aware of what was happening on the ground. A senior care staff told us, "I spend a lot of time out there, I work with carers and I see what's going on." We were told the manager challenged poor practice, for example when staff were found with nail varnish on they were told to remove this. A family member told us, "They have got rid of carers when everyone complained about them." The manager told us that when they become aware of possible concerns they, or another senior worker, might accompany a member of staff to minimise the risk of problems escalating. The manager told us, "We are very hands on and will support an uncertain worker or if a worker needs to go to the dentist." The staff we spoke to confirmed this, one said to us, "Management comes up, if they are short," and a family member told us, "They are not frightened to muck in and get involved." In addition to providing support and gathering feedback, by working alongside staff on calls, managers were able to effectively monitor the quality of care being provided.

Audits were carried out regularly, for example recently there had been an audit of medication recording. This had established that their system for recording the prompting of medication needed improving. This mirrored our findings when we visited people in their own homes. Whilst our observations demonstrated that the changes were not yet fully in place throughout the service, we were assured this was being resolved by the management's commitment to openly drive improvements.