

Vivo Care Choices Limited

Vivo Care Choices Specialist Autism Service

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

About the service

Vivo Care Choices Specialist Autism Service is a supported living service providing personal care to 21 people at the time of the inspection. The service can support up to 22 people who have learning disabilities and who live with autism.

People supported live in shared housing which are situated close to each other. These consist of nine dwellings; six of which are bungalows.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The communication preferences of people were such that it was not always possible to gain their direct experiences verbally. We were able to observe how people communicated non-verbally and used this to inform our judgement. We gained the views of relatives who had regular contact with their relations.

Relatives were consistently positive about all aspects of the support their relations received. They told us that the service had improved over time and provided a safe, caring and supportive environment. They stated that their relations had had their lives enhanced by the support provided and had progressed in all aspects of their lives. Relatives commented on the management of the service considering it to be transparent and supportive.

People who used the service were relaxed and comfortable with the staff team; using them as a point of reference to make their needs known and request support.

People were safe using the service. Reporting systems were in place for the identifying and reporting of incidents that may be considered as abusive. Staff were now fully trained and knowledgeable about the types of abuse and how these could be reported effectively. Accidents and incidents were analysed and learning took place to prevent reoccurrence.

Risks faced by people were regularly updated and covered all hazards they faced through their support and from the wider environment/community. Sufficient staff were available to respond to the needs of people and the recruitment of new staff was robust.

People were encouraged to maintain hygiene standards in their own homes either through support or

independently by a staff team who were trained in minimising infection.

People received prescribed medications as appropriate to promote their health.

Staff consistently received the training they needed to support people effectively. This extended to the receipt of regular supervision to monitor care practice. People had their needs appropriately assessed by the service before they received support.

The nutritional needs of people were met with food provided in line with their preferences and health needs. People were supported to make meals either independently or with staff support.

The registered provider acted as an advocate to ensure that standards of accommodation in people's homes were of a good standard.

People received support in maintaining their health and wellbeing.

People were supported in a dignified and caring manner. People had their privacy and rights upheld by a staff team who were clearly committed to supporting people effectively.

Care plans were person centred and were now more regularly reviewed. People were provided with information they needed to make informed choices in formats appropriate to their needs. People were provided with the opportunities to take part in leisure activities in line with their preferences both on-site or in the local community; or supported in employment.

The management team demonstrated a continued committed approach to ensuring that people received a person-centred level of support. This commitment extended to the staff team. People we spoke with considered that the standard of support in the service had improved for their relations and that the service was well managed and transparent.

The registered provider was keen to gain the views of people about the standard of the support provided and had a range of audits to check that the support provided was effective and had positive outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 5 July 2018). The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vivo Care Choices Specialist Autism Service on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Vivo Care Choices Specialist Autism Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This visit was carried out by one inspector.

Service and service type

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was Announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with ten people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and the activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted three professionals who regularly have contact with the service. We also contacted the registered manager for additional information to support evidence.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Since the last inspection all staff had received safeguarding training. They understood the different types of abuse and how to report any concerns about people's safety.
- People were at ease with the staff team and all relatives stated that they believed their relations were safe using the service.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Accident and incident records were now completed. An analysis of these events was carried out and action had been taken to reduce the risk of further occurrences.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks people faced were assessed and measures put in place to minimise the risk of harm to people. Risks to people were reviewed regularly.
- Regular safety checks were completed on the environment and equipment used by people.
- Each person had an up to date personal evacuation plan (PEEP). They were kept under review and updated when there was a change in people's needs.
- Medication was safely stored and managed.
- Medication records were appropriately signed after administration.
- Care plans included person-centred ways of assisting people to take any prescribed medications.
- Staff had received appropriate training in administering medication and had had their competency to do this assessed.

Staffing and recruitment

- Staff were recruited appropriately with checks made prior to their employment to assess their suitability to support vulnerable people.
- Newer staff told us that their recruitment had been thorough and fair.
- Sufficient staff were in place to meet the needs of people who used the service.

Preventing and controlling infection

- Staff had received training in infection control.
- People who used the service were encouraged to maintain hygiene standards within their home either independently or with support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Our last visit found that not all staff were receiving the training or the supervision they required to support them in their role. This had now improved.
- Records confirmed staff received regular training and supervision. This was echoed by staff through our discussions with them.
- Training included health and safety topics as well as training linked to the needs of individuals. Specific autism awareness training was a key part of the training programme to meet people's needs.
- Staff demonstrated a detailed awareness of people's needs and the support they needed in their daily lives.
- Relatives and professionals told us that staff had a good understanding of the needs of the people they supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Where applicable, assessments were completed prior to people receiving support to ensure the service was able to meet their needs.
- Assessments were completed in good detail and outlined people's desired outcomes.
- Relatives told us staff knew their relations well and how best to meet their needs. They commented "They [staff] really know [name] very well" and "[name] has progressed in all aspects of their lives thanks to the staff".

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were met.
- Care plans outlined the preferences people had in relation to food as well as dietary plans to take health conditions into account.
- There was an emphasis on people following healthy eating diets.
- People were encouraged by staff to prepare meals or drinks either independently or with support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with medical and other professionals to promote people's health.
- Records evidenced the routine health appointments people had as well as dealing with emergency health issues.

- Relatives told us that staff were very persistent in ensuring that people's health issues were treated appropriately; especially when people could not directly express the source of their health condition.

Adapting service, design, decoration to meet people's needs

- People had the equipment they needed to meet their needs in their home environment.
- People's preferred decoration tastes were fully respected by staff.
- The service had linked with housing associations to ensure that facilities within people's homes were appropriately refurbished and renewed. A programme of renewal was underway during our visit.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and were aware how this affected people in their daily lives.
- The capacity of people to make decisions was assessed by the service.
- Information in care plans outlined the status people had in respect of any Court of Protection orders.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interactions with people were respectful, friendly and supportive.
- People felt comfortable with the staff team and used them as a point of reference to make their needs known. Staff always responded immediately to people.
- Relatives commented "[name] is thoroughly well supported by the staff," "[staff] really care about [name]" and "[staff] are well informed, give continuity and I am reassured by this."
- Professionals who visited the service regularly commented " [name] has progressed really well and this is thanks to the staff team."
- Staff had detailed knowledge of situations that people might face causing them anxiety and ensured that these were avoided.
- Equality of opportunity for people was embedded within the support provided to people.

Supporting people to express their views and be involved in making decisions about their care

- The preferred communication needs of people were recorded in care plans and were observed being used in their support.
- People were able to make their needs known either through gestures, key words, directing staff or through other communication needs.
- Staff gave people clear choices and respected decisions made.

Respecting and promoting people's privacy, dignity and independence

- People were always treated in a dignified manner.
- Staff respected the fact that they were always providing support in people's homes and respected their wishes .
- The staff team sought to provide opportunities for people to become more independent in their own homes with domestic tasks and in the local community, for example.
- People's personal and sensitive information was kept secure and confidential at all times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Our last visit identified that care plans were not regularly reviewed. This has now improved.
- Care plans were person centred and contained detailed information on people's needs, preferences, lifestyle and their preferred support routines.
- Information was included about people's social history, culture and spiritual needs enabling staff to have the knowledge about people's past life experiences and beliefs.
- Care plans were accompanied by daily records which outlined people's progress on a daily basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had been devised using a format to enable people to understand the support they received. Discussions with the registered manager concluded that these needed to be developed further over time so that their effectiveness could be assessed.
- People were given information verbally as this was considered the most effective way of assisting them.
- Other pictorial information and symbols were used to communicate with people effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- People were provided opportunities to access the local community in line with their wishes. People had also been supported to gain employment/voluntary work.
- People were encouraged to access leisure opportunities in the local community and these were introduced at a pace which people felt comfortable with.
- The registered provider employed an activities co-ordinator who had resources at hand to provide a variety of activities both individually or in groups as preferred.
- Consideration was made to providing one to one sensory activities in line with people's needs. The service was considering the possibility of developing a sensory garden in a local area to respond to people's needs.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place.
- Complaints received had been investigated appropriately.
- Relatives told us that while they had not had to make complaints; they were confident that they would be listened to and acted upon.

End of life care and support

- No-one using the service was receiving end of life care.
- The registered manager had sought to take the future wishes of people and their families into account in the event of someone reaching this stage of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Our last inspection found that notifications were not always sent to us as legally required. This had now been addressed.
- The registered manager was clear about their roles and responsibilities as a registered person.
- The registered provider had ensured that the ratings from our previous visit was displayed. This demonstrated a transparent approach in line with regulations.
 - Staff were clear about their responsibilities and reported any concerns, errors or changes to management without delay.
- A wide range of quality assurance systems and processes were in place to ensure people received safe, effective and high-quality support from a staff team very familiar with their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers and management team demonstrated a commitment to ensure that the rights of people they supported were upheld and promoted.
- This was also demonstrated by the staff team whose practice ensured people had meaningful choice and were provided with new opportunities and experiences in their lives.
- Staff felt supported by the respective manager. They considered them to be supportive and approachable and felt that the service was now run with the interests of people in mind.
- There was an emphasis on providing good quality and consistent support that put the needs, wishes and preferences of people first.
- The management team were open and transparent and sought to promote good practice as well as recognise when lessons needed to be learnt.
- Relatives and visiting professionals considered the management team to be open, committed to the people they supported and had seen people achieve positive outcomes in their lives as a result. Those who used other ways of communicating appeared relaxed and happy with the support they received.
- Clear systems were now in place to ensure that when things went wrong; reflective practice was undertaken to ensure that re-occurrences of adverse events were not repeated.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People supported by the service were fully involved in their support and clearly communicated when they agreed or disagreed with the support they received.
- A forum had been devised for relatives to share their views and be updated about developments in the service. Relatives told us that meetings were constructive and transparent.

Continuous learning and improving care

- The registered manager, management team and staff now had all received training for their roles and undertook regular refresher updates to ensure their practice remained up-to-date and in line with people's needs.
- There were systems in place for learning from feedback raised by people and their relatives.
- All care records were now reviewed on a regular basis. Appropriate action had been taken to address any issues identified.
- Regular and detailed audits were undertaken across all areas of the service. Areas for development and improvement were identified and actions taken to address these promptly.

Working in partnership with others

- The service worked effectively in partnership with other stakeholders, including a variety of commissioners and health professionals.
- We received information from other agencies who the service worked with, about their dedication and the positive impact support had had on people's lives.