

Guideposts Trust Limited

# Guideposts Trust Shared Lives Scheme

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on 21 December 2015, and was an announced inspection. The manager was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Guideposts Shared Lives provides a service for adults who need support and who want to live as part of a

family or household. It is an alternative to residential care for people who want to live or stay in a homely environment, but cannot manage on their own. It provides services for people with learning, physical or sensory disabilities, and people with mental health

# Summary of findings

problems. The service provides long term placements and respite care. It is responsible for co-ordination between the people who use the service and the carers with whom people live.

Guideposts Shared Lives staff liaise with social workers, who oversee the processes and care management of the people who need support. The staff are responsible for recruiting carers who will provide the care and support that people need within the carers' own families or households.

For the purposes of this report we will refer to those who provide support as 'carers'. At the time of our inspection, the service had 63 carers, and was providing support to 37 people.

Our inspection process included the recruitment of carers to support people, how they were matched to people needing support, how well they were trained and supported themselves, and how people who were being supported felt about their placements.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe and carers knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. People received care from carers who were well supported and trained. Carers understood the need to obtain consent when providing care.

People were supported with meals and to make choices about the food and drink they received. Carers supported people to maintain good health and access health services when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed. The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and to drive improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Carers and people receiving support felt safe.

Staff and carers understood their roles in regards to safeguarding people from abuse, and knew how to raise any concerns of abuse.

Staff and carers were recruited appropriately within the required legislation.

People's medications were managed in accordance with professional guidance, and in ways that supported them.

Good



### Is the service effective?

The service was effective.

The manager, staff and carers understood the requirements of the Mental Capacity Act 2005, and ensured that people were appropriately supported by their next of kin or advocate in making difficult decisions.

Staff and carers were appropriately trained and supported to understand their responsibilities and provide the support that people needed.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



### Is the service caring?

The service was caring.

Carers and the people they supported spoke positively about the care and support they were given.

Staff and carers enabled people to take part in their own care planning and to make their own decisions about their care and support. The staff contacted advocacy services to support people when this was needed.

Carers protected people's privacy and ensured they were treated with respect.

Good



### Is the service responsive?

The service was responsive.

People took part in their care planning and received support that was tailored to their individual needs.

People were supported in following their preferred lifestyles, activities, education and interests.

Good



# Summary of findings

Carers and people receiving support were confident that they could raise any concerns, and that they would be listened to and dealt with appropriately.

## Is the service well-led?

The service was well-led.

The staff had a clear understanding of the service's vision and values and worked with the manager to bring about on-going improvements.

The manager and staff were looking creatively at different ways in which they could expand the service and assess the quality of care for people receiving support.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

**Good**



# Guideposts Trust Shared Lives Scheme

## 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.

This inspection took place on 21 December 2015 and was announced. The provider was given 48 hours' notice because we needed to make sure the office was open and the manager would be available to speak with us. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including the Provider Information Return (PIR) which the provider completed before the

inspection. The PIR 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 also reviewed the information we held about the service including safeguarding alerts and information received from people who used the service.

On the day of the inspection we spoke with the registered manager at the agency's office. After visiting the offices, we visited three of the carers who supported people in their home. We met with two people receiving support. We also carried out telephone calls to two people who received care, and spoke to health and social care professionals.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

# Is the service safe?

## Our findings

Carers providing the placements told us that they had received training which supported them, such as health and safety and lone working. All of the carers that we talked to praised the level of support they were given in caring for people, and one said they knew that they “only had to pick up the phone.” if they required advice or help.

All of the staff and carers were trained in safeguarding adults and knew about the different types of abuse that people could experience. They knew the action to take if they should have any suspicions of abuse, and knew the processes to follow if any abuse was suspected.

Carers’ files showed that the staff carried out very detailed risk assessments for all aspects of carers’ personal, family, social life and health to determine if they were suitable to care for people in their own homes; and risk assessments for their own safety. The staff assessed the risks for every person in the carers’ household to determine their suitability for having people who needed support to live in their home with them. This included assessments for the main carer’s husband, wife or partner and children. The assessments provided information about their ethnicity, length of current partnerships or relationships, financial management and arrangements, health status, and the facilities provided in the home.

Detailed risk assessments for the carers’ homes were carried out before a decision was made about their suitability as carers. These checked the fire safety and emergency procedures in the home, such as smoke and carbon monoxide detectors, exit doors, ventilation, domestic safety, steps and stairs, lighting, noise levels, quality of furniture and furnishings, any out of bounds

areas and any rules about locked doors or gates. Carers were required to have a fire plan in place, which provided details of access to the property and who lived there, escape routes, assembly point, and what to do in the event of a fire day or night.

People receiving support had risk assessments put in place by their social workers. These were appropriate to each

individual person, and included risk assessments such as physical limitations within the home such as steps or stairs, wheelchair use, travelling unaccompanied on buses or trains and support for people with their families and friendships. The risk assessments were reviewed each month by their allocated carer or more frequently if needed, so as to ensure their safety in every aspect of their lives. Any accidents or incidents were reported to the staff by the person’s main carer, and there were systems in place to monitor these and check their frequency and why they had occurred.

Guideposts Shared Lives followed safe recruitment procedures for their own staff, using an on-line system for the application form. Applicants had checks for their personal identity, a Disclosure and Barring System check (DBS) a DBS check helps employers make safer recruitment decisions and prevent unsuitable applicants from working with people who require care and support, written references, and a medical check. They provided proof of their qualifications. Successful applicants were invited for an interview with the manager and two other staff. Where possible, the interview process included a person receiving support, so that they could give their views on the applicant’s friendliness and empathy and how they related to people.

Carers were all given training in medication management before they could have a person to live with them in their own home. The training ensured that they understood, how to support people who could manage their own medications, (for example checking if they had taken them, or prompting them to take them); and people who needed physical support with opening packets, or checks that they had been able to swallow them. Carers were trained in the use of ‘as necessary’ (PRN) medications, and supporting people with purchasing and taking over the counter medications, where this was appropriate for them. Where people had specific health care needs such as epilepsy, carers were given additional training and competency checks to ensure they could support them effectively with emergency medications.

# Is the service effective?

## Our findings

People said they were very happy with the service they received. Some of their comments included, “I think the service is very good, I am happy with it all.”

Carers were required to carry out training before they were permitted to have people who needed support going to live in their home. Their training included knowledge and skills in caring, health and safety, safe storage of chemicals, first aid, safeguarding adults, and medication. Staff assessed the carer’s ability to communicate clearly, and their understanding of the training they had received. They used the Skills for Care, ‘Common Induction Standards,’ Skills for Care is an organisation, that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector, as part of the assessment processes and in line with new legislation carers were commencing the ‘care certificate’.

Carers were visited by the allocated shared lives’ manager and supervised on a regular basis any issues were then discussed along with any further training needs. These meetings included checks and assessments of how well they were supporting people with their care as well as assessments for their own health needs, family concerns, and day to day living.

Carers were required to understand and respect people’s confidentiality, keep clear and accurate records, protect people from discrimination, and support people with their finances. The carers that we talked with thought that their training needs had been met. Training sessions were held regularly and some training was accessible on line. They said they really appreciated this, as it did not take them time out of being at home.

Staff and carers had been trained in Mental Capacity Act 2005 and Deprivation Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. In Shared Lives’ services the process involves the court of protection. Some people receiving support lacked the capacity to make informed choices for difficult decisions about their care and welfare. These people were supported through ‘best interest’ meetings with their next of kin, health and social care professionals, and advocates,

for any decisions for which they needed support. Advocates are independent persons who represent and work with a person or group of people who may need support and encouragement to exercise their right, in order to ensure that their rights are upheld.

Staff carried out detailed processes to find out about carers own preferences, so that they could consider all the aspects of people’s lives when matching them to the carers who would be the best for them. This ensured that people who liked activities such as outdoor pursuits, sports, gardening, craft activities, films, cinema and different types of music would be matched as far as possible to carers who had the same type of lifestyle and preferences. This made it easier for people to understand one another and share the same interests which helped in building positive relationships. Staff also assessed the lifestyles and preferences of other family members to see if the person receiving support would be compatible with other family members and checked if people liked pets if this was applicable.

Carers were required to show their understanding of supporting people with their nutritional needs, and this was discussed as part of their initial assessments. Discussions took place about the specific needs of people receiving support, to ensure that their carers would provide them with a varied diet suitable for their needs. Carers told us, “The people we have live as part of the family, so we tend to all eat together.” People receiving support had detailed care plans which showed if they could help to prepare their food, and how much support they needed in the kitchen. Some people had lunch out when they attended day care centres or college.

Carers were assessed for their own health needs and informed staff if they had any health concerns. Many carers had other people within their family who acted as ‘support carers’ to the people who lived with them, and who had the same checks carried out as the main carers. These people could provide support for people if the main carer became ill or need some respite from their usual caring responsibilities.

Each person receiving support had a health action plan in place. Carers supported people with attending health appointments such as GP appointments, dentists, opticians and chiropodists. Some people required support to attend out-patient appointment at hospitals, or with

## Is the service effective?

mental health services. Carers checked with people's doctors and community nurses if they needed on-going health support such as blood pressure, blood tests wound care dressings and flu vaccinations.



# Is the service caring?

## Our findings

People who received support gave positive feedback about their placements. People told us, “I am happy here, I enjoy my life and my carers are lovely.”

We had positive feedback from health and social community professionals. People told us, “The staff and manager really do care.” Another carer said, “Everyone works closely together to ensure the best outcome for the person.” All of the people we talked with or received information from about Guidepost Shared Lives gave us positive feedback. Carers said that they felt very well supported and could access support or advice easily.

People were encouraged to take part in the decisions about all aspects of their care. They were enabled by social worker to look at details of prospective carers on a computer system, so that they could find out what the home was like, if it was in the town or country and if they thought they would get on with the person. The social worker then arranged a meeting to take place, for example, visiting for tea, for an activity, for an evening, or to stay overnight. This enabled the person and the carer to discuss

the person’s care and support needs and identify if the carer might be the correct person for them. Some people’s care plans showed that they needed support to discuss their preferences, and what they hoped for from sharing in family life with others.

Support plans included people’s ability to communicate. For example, a care plan stated that one person needed time to process information so they should not be rushed. Another person’s plan stated that a person could communicate clearly and used a mobile phone to contact his carers when he was out in the community.

There were processes in place to access advocacy services if people needed support with making decisions, and did not have anyone suitable to help them.

Carers protected people’s confidentiality and made sure that people received their personal care with dignity and respect, encouraging them to be as independent as possible. For example, we saw a care plan where the person had been set small goals such as putting the soap onto the sponge and the toothpaste onto the toothbrush and small household tasks such as taking their laundry to the washing machine.

# Is the service responsive?

## Our findings

People were supported by their carer's and social workers to develop their care plans and to identify the activities and the life style that they preferred. People's care plans had different sections to help them to think about different aspects of their lives. These included a 'My Life' support plan that was written in a style relevant to the person receiving support. These included a pen picture of a person's typical day, such as the time they preferred to get up, the support that they needed during the day and if they attended a work placement or college the plan also had details of what foods they liked to eat and what time they liked to go to bed along with any hobbies or interests.

Care plans showed if people had a set daily routine, or if this differed for example at weekends. Preferences were highlighted such as if the person preferred a bath or shower, if they liked to visit family or friends, if they liked to attend day centres and if they liked to spend time with others or preferred to spend most of their time on their own.

Some people had work placements and care plans had details of the work they carried out, how they travelled to work and if they needed support out in the community. Some people went to college to learn life skills and other subjects they were interested in and some people attended day care centre such as Mencap. There were detailed plans in place to remind carers of their needs and the support

they required. For example, 'I can communicate verbally, but need time to process information, I need verbal prompting with my personal hygiene and help to choose the appropriate clothes for the weather.' Care plans showed details of things that may make a person anxious or upset and instructions on how carers should deal with these situations.

Social workers and carers worked together to decide on new goals and achievements. These might include budgeting and being able to be responsible for their own finances or goals for achieving practical skills such as washing up or doing the laundry. Care plans were reviewed on an annual basis.

Carers supported people to maintain relationships with family where appropriate and to keep in contact with their friends. People were supported to phone, email or to use skype as well as to visit them. Some people received respite care whilst their carers went away on holiday.

Shared Lives staff made regular visits to each home and these visits included having a discussion with the person receiving the care to ensure they were happy and did not have any problems or worries. On occasions the manager told us the people may be visited outside of the home, for example, at their day centre or in a café to enable them to have a discussion they may not be comfortable having in the home of the carer. People told us they felt listened to and did not have a problem in talking to their carer or the manager.

# Is the service well-led?

## Our findings

People receiving support, carers, and health and social care professionals, told us that Guideposts Shared Lives was a professional and caring service. People who received support confirmed that they had received appropriate help in being placed with the right carers, who provide them with the support they needed. One person told us, “It is an excellent service; we have encouraged other members of our family to join.”

The feedback we received from carers included, “[manager] is always around for support any time of the day, we are very happy with how [name of person] placement has gone.” Feedback from health and social care professionals included these comments. “We all work together as a team to place a person in the best possible placement; the manager has a good professional relationship within the team.”

People told us that the management was thorough in their assessment and matching service provision process and provided support along the way when needed.

The manager told us how they were looking into expanding the service to include day care service provision for people who needed extra support during the day, or for someone

who wanted some company and interaction from others during the day. Meetings had been held with some of the carers and ideas had been shared on how this could be possible, by carers having people visit them and doing meaningful activities, such as gardening, baking or making it possible for them to follow other hobbies or interests.

The manager had strong links with the local community, including working with learning disability service, occupational therapy, mental health services and advocacy services. This provided a network of care for people receiving support, ensuring that they were assisted in every aspect of their lives.

We looked at records of complaints, there was a clear audit trail of the complaint being received, investigated and responded to. The manager told us and this was confirmed when talking to people that the complaints received in the last year were not directly related to the Shared Lives service and were more to do with helping carers or people receiving support with payment issues and similar situations.

Copies of care files and other confidential information about people were kept securely in the main office. People could be confident that information held by the service about them was confidential.