

Brighton and Hove City Council

Brighton and Hove City Council - Shared Lives Team

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 27 November 2018 and was unannounced.

The Brighton and Hove City Council - Shared Lives Team is registered to provide personal care for children sixteen years and above, adults and older people living in Brighton and Hove. People with either a learning disability or autistic spectrum disorder, mental health issues, dementia, a physical disability or sensory impairment. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

In shared lives, people who need support and or accommodation become a regular visitor to, or move in with, an approved shared lives carer. Together, they share family and community life and in many cases the individual becomes part of a supportive family. Shared lives carers and people they care for are matched for compatibility and can develop real relationships. The shared lives carer acts as 'extended family', so that someone can live at the heart of their community in a supportive family setting. Care and support was offered for long-term and short-term respite placements. A 'day share' facility was also available where people can go to a shared lives carers home for the day who provide care, support and activities. Approximately 65 people, of which 26 received the regulated activity personal care, were supported by 37 approved shared lives carers in the scheme. Not all the shared lives carers provided the regulated activity of personal care at the time of the inspection. But were supporting people with developing access into their local neighbourhood and helping develop people's life skills towards improved independence. Shared lives carers were supported and managed by shared lives staff employed by the scheme.

As part of the scheme staff were working on a pilot project to support care leavers from the age of 16 years plus within Brighton and Hove. Shared lives staff had been collaboratively working with another scheme also in the pilot. They were working with Shared Live Plus, the UK network for shared lives schemes on the policy and procedures to be followed. Staff were in the process of being recruited and trained. The pilot was not up and running at the time of the inspection so was not looked at on this occasion.

At our last inspection on 25 February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection on 25 February 2016 risk assessments did not reflect the level of knowledge held by staff members, and lacked sufficient guidance. Where changes had been made these had not always been used to inform and update the information. At this inspection we found improvements had been made.

Outstanding responsive care had been provided. We were given numerous examples of where care had been outstanding in its outcomes for people. Observations, staff and a visiting health and social care professional consistently told us how the service was exceptionally personalised to meet people's individual needs. Staff spoke with pride and passion about the way people were cared for. Management and staff continuously looked-for ways to improve people's care so they received positive experiences and led fulfilling lives at the service.

The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. The provider had clear values which the registered manager and staff promoted. The registered manager showed outstanding drive and passion, ensuring the service was continually improving and striving to be outstanding, with people at the heart of the service.

Systems had been maintained to keep people safe. One person told us, "Yes its nice. Thumbs up. Yes, I feel safe. I get help with medication." People's care and support plans and risk assessments continued to be developed and reviewed regularly. A shared lives carer told us, "He likes shared living. He lives with a jolly family. He likes the hustle and bustle. I'm given a care package plan with his needs and risk factors." People remained protected from the risk of abuse because staff understood how to identify and report it. Infection control procedures were in place.

People told us they had continued to feel involved and listened to. The culture of the service remained open and inclusive and encouraged staff to see beyond each person's support needs.

The care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and increase their independence.

New shared lives carers continued to undergo rigorous assessment and checks before being 'matched' with people who needed support. People's equality and diversity needs had been considered when they were matched with potential carers. People told us how they liked their accommodation and enjoyed living with their shared lives carers.

Staff continued to have the knowledge and skills to provide the care and support that people needed. One person told us, "They do understand what I need and they know me very well." Staff told us they had received supervision and appraisal's. They had been supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

People continued to be supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One person told us, "Twenty-six years I've lived with this family. I do very much so feel safe. It is beneficial towards me. It's company for me and I live with other people and I'm independent and I am very happy here and well settled. I do medication myself." Shared lives staff continued to have a good understanding of consent. People spoke of continued good support to access a range of educational, work and social activities.

People continued to be supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health and access healthcare professionals when needed.

People, staff and a visiting health and social care professional told us the service continued to be well led. A

shared lives carer told us, "It's brilliant. Quite a lot of us have a wealth of experience. We all have different experience and skills." Shared lives staff told us the registered manager was always approachable and had an open-door policy if they required some advice or needed to discuss something. The registered manager and shared lives officers had maintained a range of internal quality assurance audits to ensure the quality of the care and support provided. People and their relatives, and staff were regularly consulted about the care provided through reviews and by using quality assurance questionnaires.

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 becomes Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service becomes Outstanding.

People received exceptionally person-centred care from staff who knew each person very well, about their life history and what mattered to them. The level of care experienced promoted their health and wellbeing and enhanced their quality of life.

People's views were actively sought, listened to and acted on.

People were encouraged to socialise, pursue their hobbies and interests.

Is the service well-led?

Good ●

The service remains Good.

Brighton and Hove City Council - Shared Lives Team

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 November 2018 and was announced. We told the registered manager a week before our inspection that we would be coming. This was because we wanted to talk with staff and people using the service. We also wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection, with an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience gathered feedback from four people and five shared lives carers by speaking with them over the telephone.

We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make'. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team, who had responsibility for monitoring the quality and safety of the service provided to local authority funded people. We contacted seven shared lives carers over the telephone. We received feedback from a health and social care professional who had had contact with the service.

During the inspection we visited the provider's office and spoke with the registered manager and three shared lives officers. We also spoke with five people at one of the provider's offices. We spent time reviewing the records of the service, including policies and procedures, six people's care and support plans and risk assessments, the training records and supervision plan for four shared lives carers and the recruitment

records for one new shared lives carer, compliments and complaints recording, accident/incident and safeguarding records. We also looked at action plans, quality assurance audits and service development plans.

At our last inspection on 25 February 2016 we rated the service Good overall.

Is the service safe?

Our findings

At the last inspection on 25 February 2016 we found risk assessments did not always fully reflect the level of knowledge held by shared lives staff, and lacked sufficient guidance to be followed. Where changes had been made these had not always been used to inform and update the information held. At this inspection we found improvements had been made. The risk assessment process had been reviewed and a more detailed recording process was now being used for staff to reference. A health and social care professional told us they had found shared lives staff to be knowledgeable, and they had engaged in joint risk assessments when considering a new person for a placement. They said had added to the safety of the service provided. There continued to be an assessment of the environmental risks to ensure people using the service were living in a safe and maintained environment.

People told us they felt the service continued to be safe. One person told us, "I like being cared for and I feel safe. I do my own medication. I go different places. Sometimes we stay home. Been here five years. Like the company. I'm part of a family. Make my own choices." Another person said, "I feel safe and secure as I have carers there and they give me the support as I need it."

People remained protected from the risk of abuse because staff were confident and understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. There continued to be arrangements in place to help protect people from the risk of financial abuse. Shared lives officers showed us how they monitored that the procedures were being followed and records were completed correctly as part of the regular review process.

Systems had been maintained to ensure medicines were ordered, administered and stored safely. Shared lives officers undertook regular checks of the administration of medicines as part of the review process in place.

Procedures remained in place for staff to respond to emergencies. There was a 24 hour on-call service available. There was a business continuity plan which instructed staff working at the provider's office on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Staff had continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book.

People were protected by the infection control procedures in place. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these.

A team of skilled and experienced staff had been maintained to ensure people were safe and cared for. Staffing levels were determined by the number of people using the service and their needs. Staff were

consistently recruited through an effective recruitment process that ensured they were safe to work with people. Records we viewed confirmed this.

Is the service effective?

Our findings

Staff continued to be skilled to meet people's care and support needs and provide effective care. One person told us, "I do indeed think the family I live with are very good. Very much so. They are very experienced in looking after me. "

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." We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff demonstrated they continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area.

Shared lives officers and carers continued to receive training to ensure they had the knowledge and skills to meet the care needs of people using the service. They had been supported to receive regular training updates and to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care. Bespoke training had also been arranged for the shared lives carers as part of the matching process to ensure people's care and support needs could be met.

The shared lives officers continued to manage a group of shared lives carers. They had maintained regular monitoring visits and appraisal for the shared lives carers in their group through one-to-one meetings. These meetings gave shared lives carers an opportunity to discuss their performance and identify any further training or support they required and complete monitoring checks of the care and support provided, health and safety, finance and an annual review. A shared lives carer told us the shared lives officers were, "Very supportive. Any concerns shared lives pop round. Every three months there is a review of the care package. Well informed. Talk to them at least twice a fortnight." The shared lives officers told us they also continued to attend weekly staff meetings, had regular supervision and communication in the service was very good.

Potential new shared lives carers were assessed and, once accepted, were 'matched' with people who needed short or long-term care and support.' There was evidence that people's differences were respected during the assessment process and there was no discrimination relating to their support needs or decisions. Staff had a good understanding of equality and diversity and told us how people's rights had been protected.

People continued to be supported to access a varied and nutritious diet and to follow any dietary requirements. They told us they liked the food provided. People were encouraged to help with the weekly food shop and those who could participate in food preparation. One person told us, "I do like the food. Friday night is Indian takeaway, and at all other times, we have all a variety of meals, and it is nutritious. I know to drink lots of water. "A shared lives carer told us, "They live very well and their food is good.

Sometimes their families come down and they all have the same meals. I give them good food whether or not anyone is coming."

People continued to be supported to maintain good health and had on-going healthcare support and had attended an annual health check. A shared lives carer told us, "I always check with the doctors and I know what to do."

Is the service caring?

Our findings

People continued to benefit from staff who were kind and caring in their approach. People were treated with kindness and compassion. Staff told us how they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. We observed staff talking to people politely, giving them time to respond and a choice of things to do. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people. They showed an interest in what people were doing. A shared lives care told us about working in the service, "I loved it from the word go." Another shared lives carer told us, "It's fantastic the whole thing. It's my home but I am providing care. She's in a home. She has come a long so much. It's being in a home that makes a big difference."

The care and support provided continued to be personal and met people's individual needs. Support was provided only where it had been assessed as necessary and people were encouraged to develop their skills. People had a care and support plan in place which detailed their goals for working towards developing their skills. These had been discussed with people and their family and their progress towards their goals was regularly reviewed. Through family life, people had been given self-esteem and support to increase their independence. A shared lives care told us, "We provide a tailored one to one service in a home environment where they can learn new skills Its much more individual in a small environment."

People were addressed according to their preference. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service.

Maintaining people's dignity continued to be embedded within daily interactions with people. A shared lives carer told us how they supported one person with their personal care, "She will take herself to the bathroom. I close the door and leave her, and knock on the door to ask if she needs any help." Shared lives gave people the opportunity to become part of a family and to live in a safe and caring environment. People were able to tell us how shared lives had made such a positive change to their lives. People told us they valued their rooms and personal spaces in their shared lives home and told us how these spaces were respected by those they lived with. The provider had gathered evidence through ongoing monitoring of how the person was sharing the lives of the carer and ensuring that there were no separated areas within the home.

People told us they continued to be supported to keep in touch with relatives and friends. People could have access to advocacy services if they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

Care records continued to be stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy, which was

accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information. All shared lives carers and officers had undertaken training in the new General Data Protection Regulation (GDPR). This regulation requires providers to maintain and demonstrate evidence of data protection compliance.

Is the service responsive?

Our findings

The service provided was exceptionally personalised to meet people's individual needs. Staff spoke with pride and passion about the way people were cared for. The registered manager and staff went over and above and continuously looked-for ways to improve people's care so they received positive experiences and led fulfilling lives. People were listened to and supported to be as involved as possible in making decisions about their care and support wherever possible. People were supported by staff with care and support to develop their skills and increase their independence with the agreed goal that people were working towards. A shared lives carer told us, "Shared lives are very good. We are supported very well. I can get advice at any time. I most definitely have the rights skills and have been a carer for 25 years. There is always someone there if we need them as a family."

We were given numerous examples which demonstrated the outstanding personalised responsive support provided to people, which had made a difference to people's lives. One example highlighted the excellent work in finding a person the right placement, ensuring the shared lives carers had training which supported them to undertake their roles effectively and that the right support has been provided to one person. Through the right support this person had been supported to identify their gender and sexuality in a way they felt comfortable with. They had researched clips, documentaries and films on their tablet about being gay or transgender and would ask the shared lives carer to watch and discuss with them. This supported the person to understand and recognise their preferred sexuality. This work and ongoing support had a significant impact to this person's wellbeing. The shared lives carer told us of the support they had received for the two people they supported, "It's brilliant (Shared lives officers name) is the driving force and has been really supportive."

Another example, was of one person who told shared lives staff they felt part of a family living in shared lives which they had never experienced before having been in residential care until they were 72 years old. Due to increased health and mobility needs the placement has now had to end. But shared lives carers still visited weekly and were fully involved in the transition to ensure the person settled into the new service.

There were several instances described by the registered manager of how they had been exceptionally responsive to changes in the service. For example, as part the review of the risk assessment process they had recently attended falls prevention training due to identifying growing numbers of people using the service who were over the age of 65 years old and who are at higher risk of falls. From this training the registered manager had developed and implemented a risk assessment specific to people who are over 65 years old.

They spoke about providing attachment training for shared lives carers as a number of people using the service had diagnosed complex attachment styles which impacted relationships with their carers and others. The registered manager had liaised with the community learning disability service (CLDT) who had provided this training and ongoing links. They told us of how this support and training had been used to support one person who had complex attachment issues and was at continual risk of exploitation within the community and online. They spoke of how staff had worked closely with the persons social worker to manage the risk in the least restrictive way, and of work with the community nurse, psychologist,

occupational therapist and specialist counsellor for carers. We were told of systems which had been put in place to help support this person to be safe in the community. We also spoke with shared lives carer who had attended this training, told us of the work they completed with the person they supported on boundaries, which they described, "That was fabulous." They went on to say how they had valued the training and the ongoing support provided, "There are ongoing sessions with other people who have attachment issues."

The assessment process through to acceptance continued to be a lengthy process as the senior staff took account of people's needs, wishes and preferences and the lifestyle of the families who applied. Shared lives staff had worked hard to involve people in choosing who would become their shared lives carers and where they would live. A pictorial guide was put together by families so that people could see where they might stay, with photos of family members and the accommodation. Meetings were set up and trial visits arranged so that people and families felt comfortable with each other and got to know each other better. This helped ensure a good match was made and people were placed with shared lives carers who could meet their needs and support them effectively. A shared lives officer told us, "We are very good at recognising what our carers can offer and matching well. We have taken our time to make sure we have as much information and collate. "From this a detailed care and support plan had been drawn up. A process to ensure these continued to be up-to-date had been maintained. Where people had been involved in the review of their care and support plans they told us this had worked well.

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. For example, there had been the use of pictorial formats and easy read formats. The provider had a provided access to a communications officer who was part of the speech and language team (SALT). They could help with the use of materials in easy read and best format to support understanding.

Technology was also used to support people with their care and support needs. For example, the PIR detailed; 'Many service users have mobile phones and iPads. Work is currently underway re how to build on this to enable them to contact the scheme, each other, friends and family to share photos comments in a safe way. We already receive texts and phone calls from some service users. We have a good working relationship with the Council Communications team. We use FB, Twitter, TV and radio to promote the scheme. Service users have been involved in this and have felt proud of promoting their scheme. We are working to further develop use of technology.' We spoke with a service user who had been part of this and they told us how much they had enjoyed the experience.

Shared lives staff had continued to enable people to live life to the full and do things they enjoyed. People were supported to attend a range of activities. People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own room, food shopping and helping prepare the meals. Some people attended day-care, others undertook paid or voluntary work in the nearby area. People attended a range of social activities. One person told us of their week, "Friday am swimming, 20 to 30 lengths up and down. Walking around town. I work in a charity shop two afternoons a week. Tuesday and Wednesday, I am at the recovery centre, Brighton singing, art and craft, relaxation, listen to pop music and go on the computer." A shared lives carer told us of one person they supported, "His care needs are

reviewed with person he lives with. He comes to me, (I'm one of his carers) for the day and I arrange to meet up with friends together. We've just been on a walk. He goes to, 'Walking for Health' in Shoreham. Last year I took him on holiday to Scotland to see the steam trains and he was very happy talking to people. He likes reading, going on trains and taking photos. He is very willing to fit in."

People and their relatives continued to be asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. The 2018 questionnaires had been sent out and responses were still being received. Of those already sent back most people stated they liked where they lived, of good shared lives carers, privacy and dignity being maintained and of knowing who they could talk with if they were worried about being safe.

The provider had maintained a process for people to give compliments and complaints. No formal complaints had been received during the last year. People told us they know who to speak to if they had any concerns

Where required peoples' end of life care had been discussed and planned through the review process to ensure people's wishes were recorded and respected. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

Is the service well-led?

Our findings

People, staff and a visiting health and social care professional told us the service continued to be well led. People continued to be actively involved in developing the service and their views were sought. One person told us, "No nothing could be improved. Everything is going very smoothly. I am really content and happy." A shared lives carer told us, "Yes, it is well led. Shared lives are fair in as much as we have been encouraged to do social things together and I organise get togethers for a social group and we support each other. We raise issues at our own meetings and shared lives will come if they are asked and they are willing to listen. Takes their ideas forward." Another shared lives carer told us, "There's good support, they are always there if you have any concerns. There is good training available."

The service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a clear management structure for the service with identified leadership roles. The registered manager was supported by four shared lives officers, one of whom was employed on a fixed term basis to undertake a two-year project. Staff told us they continued to be well supported. A shared lives officer told us, "(Registered managers name) is very approachable. And always available to support me. I feel looked after. She nudges me to extend my skills set. She is knowledgeable and supportive."

Senior staff continued to monitor the quality of the service by regularly completing quality assurance audits of the care and support provided. The regular supervision and staff meetings ensured that the care staff understood the values and expectations of the provider. The results of the 2018 shared lives carers questionnaire had recently be collated and fed back to shared lives carers. Overall the carer satisfaction with the service was very good with many positive responses recorded. Comments received included "Support is brilliant and supportive. Always available when needed" and "My Shared lives officer's support is always good and she listens and always supports in dealing with situations."

The PIR detailed, 'Carers have been more involved in supporting the scheme and each other. Carers have started to develop an induction package to support new carers with things that they found helpful. Carers have also looked at questionnaires to ensure most effective questions prior to send out. We will work to build on this success going forwards and hope to collaborate more with carers and service users in the development of the scheme.'

The registered manager, officers and shared lives carers continued to work closely with external health and social care professionals such as GP's and the local learning disability and mental health teams. Feedback from a health and social care professional was of a well-managed service. They spoke of a friendly and approachable service. Of professional interactions and it was clear they safeguarded the people they place into shared lives placements. Senior staff had supported people and the shared lives carers, advocating for both sides equally to ensure a high quality and safe service.

Policies and procedures had been maintained and updated where needed for staff to follow.

The registered manager had continued to send information to the provider to keep them up-to-date with the service delivery. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider had maintained internal audits of the service to ensure the quality of the care being provided and health and safety and this met current guidance. They had attended monthly manager meetings. This had been an opportunity to be updated on any changes in the organisation and legislation and learn from or share experiences with other managers. The registered manager and officers attended Shared Lives Plus regional and national network meetings to discuss their knowledge and share practice with other schemes.

The registered manager continued to be committed to keeping up to date with best practice and updates in health and social care. They told us how they had kept up-to-date by attending training to support them in their role and receiving regular periodicals and industry updates. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.