Sunderland City Council

Sunderland Shared Lives

Inspection report

Shared Lives (Adult Placement Scheme)
Fulwell Community Resource Centre, Fulwell Road
Sunderland
Tyne And Wear
SR6 9QW

Tel: 01915612274

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22 September 2017
27 September 2017

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31 October 2017

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

This inspection took place on 22 and 27 September 2017 and was announced. This was to ensure someone would be available to speak with us and show us records.

Sunderland Shared Lives is an adult placement scheme. The scheme oversees carers who provide care and support to adults who have learning disabilities. On the day of our inspection there were 17 people using the service. The registered manager and senior support worker are employed by Sunderland Shared Lives, however, carers are self-employed and have a contract with Sunderland Shared Lives.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in September 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and monitored. The manager understood their responsibilities with regard to safeguarding and carers had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration of medicines.

Appropriate health and safety checks had been carried out, and risk assessments were in place.

The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when employing carers. Carers were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and carers supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and carers were aware of people's nutritional needs.

People were treated with dignity and respect and were helped to maintain their independence.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet

their social needs.

The provider had an effective complaints procedure in place and people who used the service and carers were made aware of how to make a complaint.

The provider had an effective quality assurance process in place. Carers said they felt supported by the management team.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Sunderland Shared Lives

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 22 and 27 September 2017 and was announced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

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

During our inspection we spoke with two people who used the service and six carers. We also spoke with the registered manager and senior support worker.

We looked at the care records of four people who used the service. We also looked at the personnel files for four carers and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at home and accessing the local community. Carers we spoke with told us about the vulnerabilities of the people they supported and what they did to keep people safe. For example, one carer told us, "[Name] is a vulnerable adult. We have a long term plan to provide the support [name] needs." Another carer told us, "We make sure everything's safe in the house" and "We have a risk management plan in place."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

A 'Home environment service continuity plan' was maintained for each home that a person lived in. This included emergency response information, important contact numbers, how to gain access to the property, details of any emergency carers and a signed consent form. A health and safety checklist was completed with each carer and included details of home insurance, gas and electricity checks and servicing records, details of fire detection equipment, first aid, and domestic safety. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate information was available to carers, staff or emergency personnel, should there be a need to evacuate people from their home in an emergency situation.

Accidents and incidents were appropriately recorded and monitored to identify any trends or issues. Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The provider had whistleblowing and safeguarding policies in place. The manager told us a new safeguarding policy was in the process of being developed. A 'Safeguarding adults briefing pack' included information on roles and responsibilities, definitions of abuse, and a risk assessment tool. We found the manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC when required and carers had been trained in how to protect vulnerable people.

We found appropriate arrangements were in place for the safe administration of medicines. Each person had a medication profile that described the level of support people required with the administration of medicines. This was on a scale from self-administration to complete assistance with medicines. Staff had been trained in the administration of medicines. Where required, medication administration records (MAR) were completed by carers and these were audited by the manager or senior support worker.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported carers. Carers were extremely knowledgeable about the people they supported. Some had cared for the person who lived with them since they were a young child. A carer told us, "It's not a job, it's a lifestyle" and "No-one knows [name] like I do." People told us they were happy with the support they received. One person told us, "It's better here [than their previous home]."

The service had a robust induction and training package. New carers were enrolled on the Care Certificate and were required to complete it within the first three months of employment. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

The service had a learning and development plan and the manager maintained a training matrix, which was used to identify when training was due. Mandatory training included safeguarding, first aid, health and safety, moving and assisting, food hygiene, mental capacity, infection control, and the administration of medicines. Mandatory training is training that the provider deems necessary to support people safely. The manager told us they also looked at each individual carer's needs and abilities to see whether any additional specific or specialised training was required.

Carers were supported in their role and received regular visits from the manager or senior support worker that included a supervision, named a 'Carer support and monitoring visit'. A supervision is a one to one meeting between a member of staff and their supervisor. Supervisions included a review of any actions from the previous meeting, a review of health and wellbeing, general information and guidance, and any actions to take forward. Carers also received an annual appraisal, named a 'Carer annual review'. Carers told us, "They [manager] are very on the ball with them [supervisions]", "They [manager] are quite thorough" and "They [manager] are spot on with that [supervisions]."

People were supported with their dietary needs. Support plans described what support people required. For example, prompting to choose healthy food options or support with preparing a shopping list and purchasing food and drink. One person required their food to be cut into bite size pieces as they had a tendency to eat too quickly. Appropriate assessments and nutritional screening tools were in place, and guidance had been sought from a speech and language therapist (SALT).

People's communication needs were recorded and included information on their communication skills and abilities, and how carers were to support them. For example, one person had limited verbal communication skills but could demonstrate whether they liked or disliked something by facial features and the use of body language.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were in place, and we saw copies of correspondence between the manager and social workers. For example, one person had capacity to make their own decisions providing information was clearly explained to them. The person's support plans described their communication abilities and how to support them to make an informed decision. A carer told us, "Top of my priorities is that [name] can make her own decisions."

People were supported with visits to and from health care professionals. The manager told us they had attended a recent meeting regarding changes at a local GP practice where some of the people who used the service were registered. They attended the meeting so they could pass on any relevant information to carers for when they were supporting people to attend the practice.

People had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital.

Good

Is the service caring?

Our findings

People we saw appeared very happy and comfortable in their home environment. We saw and heard how people had a good rapport with carers. Some of the people had lived with their carers since they were young children.

Care records showed that people had been involved in planning their care and making decisions. For example, what name they wished to be known by and details of their preferred daily routines.

Care records described how people were supported to be independent. For example, we saw one person was able to organise laundry into colour groups but needed assistance choosing the correct wash cycle. They were able to prepare snacks and drinks themselves but required support using the cooker. A carer told us, "The whole idea is to enhance [name]'s independence." They told us how the person they supported liked to have a list, with each task written down individually. The person would work their way through the list and tick off each task as it was done.

Developing independent living skills was an important aspiration for some people. Support plans for this area had been written with relevant health care professionals to support people to become more independent with daily living skills such as cooking, cleaning, laundry and using the telephone. One person's record stated, "[Name] would like to continue to live with [carer] until she feels ready to live independently and have the skills to enable this to be a positive move."

Carers and people we spoke with told us about how people were supported to be independent. For example, one person could travel independently on public transport provided it was a route they were familiar with. Their carer told us "dry runs" would take place for any new routes to ensure the person was comfortable before they attempted it independently. Several people accessed the community independently and a carer told us it was a "balancing act between duty of care and independence." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's religious and cultural needs were considered and recorded in support plans. Some of the people had been consulted about their end of life care and had funeral plans in place. The manager told us people were encouraged where possible to discuss their end of life care but as it was a sensitive subject it was people's individual choice.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one of the people using the service at the time of our inspection had an independent advocate for financial matters.

Good

Is the service responsive?

Our findings

People's needs were assessed before they started using the service and we found care records were regularly reviewed and evaluated.

An annual care and support plan review was carried out that included health, social and emotional support, progress with independent sills, activities and social life, and significant events. The manager or senior support worker also visited each carer and the person they supported every three months to review records and have a discussion with them.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. For example, records described what was important to the person, such as seeing friends, having meals out and attending voluntary placements. Carers told us, "It's the most person centred care that can be given" and "It's very person centred care, 24 hours a day."

Support plans included important information such as communication, religion and culture, eating and drinking, finance, mobility, activities and holidays, keeping safe, health, personal care, and medication. Records described people's individual needs, what their desired outcomes were and who was to provide them with the support to achieve the outcome.

For example, one person had a mobility support plan that described how they were unable to weight bear and were dependent on the use of a wheelchair for mobility. The support plan described how they were to be supported in this area and what equipment was needed. Although care staff from an external agency assisted the carer several mornings and evenings, there were times when the carer had to transfer the person independently. The manager had arranged for occupational therapists to visit the carer's home and assess their competence in moving and handling techniques. We saw a copy of this assessment and guidance, and the carer was assessed as being competent in the moving and handling techniques required.

Daily records were maintained for each person who used the service. Diaries were provided to carers at the beginning of the year and these were used to record appointments and any other relevant information. People who used the service were also encouraged to write in the diaries.

We found people were protected from social isolation. People's interests and hobbies were clearly recorded in support plans, along with any voluntary work or colleges people attended. For example, we saw people worked in local charity shops, helped out at cafés, a local school and lunch clubs, and attended local colleges.

The provider had a compliments, comments and complaints policy in place, including an easy to read version. This described the procedure to follow when making or receiving a complaint and important contact details. Complaints were a standard agenda item at annual carers' reviews. There had not been any complaints recorded at the service since 2014. The manager told us this was due to being able to instantly

resolve any issues due to their visibility, and regular visits to the homes were carers and people they supported lived.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us they had submitted a 'Future of Sunderland Shared Lives service' report and showed us a copy of the report. This included plans to raise the awareness of shared lives, establish the potential demand for different service user groups, educate external professionals about shared lives, talk to partners in the NHS and other agencies and examine the business case for developing shared lives to reduce the reliance on residential care.

The manager also told us they were looking to develop and recruit a team of Shared Lives carers who could provide a short breaks and/or day care service for people in the Sunderland Shared Lives service, rather than the current option of only being able to access a residential type short breaks service. The manager told us it was about "Getting it right for the people we've got."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person centred and inclusive. Carers we spoke with felt supported by the management team. They told us, "If I want to know anything, I've just got to phone them. They are straight there", "They are always at the end of the phone", "We never feel unsupported at any time" and "Shared Lives are very supportive. [Manager] comes out regularly and is always at the end of the phone if you need her." Carers had been nominated for internal awards and had featured in the service's newsletter.

Carers were regularly consulted and kept up to date with information about the service. Carer group meetings took place with the manager every six months and individual meetings took place every three months. Carers told us they were kept up to date regularly by email and telephone of any developments or relevant information.

Carers were involved in the running of Shared Lives and the manager attended national meetings to discuss best practice. This information was then shared at local meetings. Likewise, if there were any local issues, carers took them to a regional meeting to discuss and identify solutions.

When carers left the scheme, they were asked to complete an exit questionnaire to obtain their views of being a Shared Lives carer. The manager also conducted an exit interview to obtain further feedback. These were used by the manager to gain an understanding of how carers felt about their role and their reasons for leaving the scheme.

The manager told us they were supported in their role and received regular supervisions and an annual

appraisal from their line manager. The manager attended a meeting twice per year of national independent Shared Lives schemes. This meeting covered subjects such as commissioning, funding, safeguarding and carer employment status. They also attended a local Shared Lives panel meeting every two months that included discussions and updates on the service, for example, recruitment, carers and people they supported, and future plans.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

The manager or senior support worker visited each carer and the person they supported every three months. This included the carer's supervision, a discussion with the person and a review of records. For example, a review of support plans, risk assessments, accidents and incidents, and complaints.

A quality assurance and audit matrix was in place and included a variety of audits and reviews carried out throughout the year. These included quarterly monitoring visits, six monthly health and safety checks, quarterly medication audits, annual carer reviews and questionnaires for people who used the service, annual care file reviews, and annual reviews of risk assessments. A quality assurance guidance document had been produced that described how this would be implemented. A 'Quick reference checklist' was also in place for each carer that was used to ensure certain checks and reviews had been carried out. For example, whether files had been audited, emergency plans were in place and safety certificates had been obtained.

Carers met with the manager as a group every six months. The manager had written to people who used the service to try to set up a 'Shared Lives customer group meeting' where people who used the service could get together and chat about their experiences in Shared Lives. This was planned to take place in October 2017.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.