

Somerset County Council (LD Services)

Somerset Adult Placement

Inspection report

Six Acres
Roman Road
Taunton
Somerset
TA1 2BD

Tel: 01823257908

Date of inspection visit:
05 December 2018
06 December 2018
07 December 2018

Date of publication:
16 January 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 5, 6 and 7 December 2018 and was announced.

Somerset Adult Placement Scheme provides a shared lives service. The shared lives scheme enables people to receive care and support in a family type situation. Shared lives providers share their family and community life with someone who needs support to live independently.

The scheme's four staff are employed by the service but shared lives providers are self-employed.

The scheme matches people to self-employed carers who support people within their own homes. It gives people the opportunity of experiencing life in a supported family setting either on a long-term basis, or for shorter term respite care.

The scheme provides a service to people with Learning Disabilities or Autistic Spectrum Disorder.

At the time of the inspection the scheme was supporting over 100 people in 60 approved households. The service is able to provide long term care and respite and holiday breaks for people.

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." Registering the Right Support CQC policy

There is a registered manager in post but at the time of the inspection they had been away from the scheme for an extended period of time. 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.

At the time of the inspection an acting manager from another well-established scheme was providing temporary management cover.

Improvements were needed to make sure the provider was effectively monitoring the quality of the scheme and had action plans in place to make ongoing improvements. Since changes to the county wide provision of services to people with learning disabilities, management of the scheme had become reactive rather than pro-active.

Further improvements were needed to make sure roles and responsibilities of scheme staff were clear and fully understood by shared lives providers and people using the service.

People were not always cared for by shared lives providers who had received up to date training in relevant topics. Scheme staff supported providers in gaining basic knowledge but a number of providers felt training was an area which could be improved.

People's needs were assessed and, in most cases, they were well matched to shared lives providers. People had opportunities to try out different households to see which suited them best.

People had support plans which gave basic information about their needs and how they wished to be assisted. These plans could be enhanced to show people's ambitions and how they would be supported to achieve these.

People felt safe and said they had people they could talk with if they had any concerns or were unhappy about any aspect of their support. Scheme staff carried out regular monitoring visits to ensure people's safety and review the support they received.

People were supported by staff and shared lives providers who were caring and compassionate. People had built strong and trusting relationships which had helped them to build confidence and independence. People we spoke with were enjoying family life.

People had opportunities to take part in a variety of social and work activities in accordance with their abilities and interests. People told us they had opportunities to keep in touch with families and friends and had made new friendships through the scheme.

People were supported to live healthy lifestyles and accessed healthcare professionals according to their individual needs. One person said, "They [shared lives provider] help me to make appointments. She will come with me if I want her to."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not totally safe.

People's safety and well-being was not always supported by the provider's policies and procedures.

There were adequate numbers of staff to assess, approve and monitor people's placements.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

People were supported by shared lives providers who did not always have access to up to date training and guidance regarding best practice.

People were supported to live healthy lifestyles and accessed healthcare professionals according to their individual needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff and providers who were kind and caring.

People were involved in decisions about where they lived and how they were supported.

Is the service responsive?

Good ●

The service was responsive.

People were supported in a way that took account of their individual needs and wishes.

The service was flexible which enabled it to respond to people's changing needs and aspirations.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not have effective systems to monitor the quality of the service people received or plan on-going improvements.

Roles and responsibilities of scheme staff were not always clear which lead to confusion for shared lives providers and people who used the service.

Somerset Adult Placement

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 5, 6 and 7 December 2018 and was announced. We gave the service notice of the inspection site visits because we wanted to be able to speak with key people and make arrangements to visit people and shared lives providers in their homes. The site visit included speaking to management and staff at the office base, visits to people and carers in their homes and attendance at a training session held for carers.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with eight people who used the service, 17 shared lives providers and four members of staff. The registered manager was not available at the time of the inspection but an acting manager was available throughout the visit.

We looked at a number of records relating to individual care and the running of the service. These included eight support plans, monitoring visit records, training records and two application files for shared lives providers.

Is the service safe?

Our findings

Improvements were needed to make sure the service was totally safe for people.

The scheme had a clear approval procedure which was carried out by scheme workers. All final decisions for approval were then taken by an independent panel. This helped to make sure people were only matched with shared lives providers who had been fully assessed and deemed safe for people to live with. One shared lives provider described the approval process as "Reassuringly rigorous." However, there was no clear system to remove a shared lives provider's approved status. The schemes' handbook stated that following an investigation carried out by the manager, if concerns were identified a panel would be convened to consider the next steps. There had been no guidance issued to panel members or training to support them in this process. The lack of a clear process could mean that people lived with shared lives providers who were no longer appropriate to meet their needs.

Risks of abuse to people were minimised because the approval process for new shared lives providers and the recruitment of scheme staff included carrying out checks to make sure they were suitable to support people using the service. These checks included carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records we saw did not give clear information regarding how information included in shared lives provider's DBS checks were considered or the rationale for decisions made regarding this. Shared lives providers had a responsibility to inform the scheme of any offences whilst they remained part of the scheme and there were plans to renew all DBS checks which were over three years old.

Scheme staff worked with shared lives providers to identify and minimise risks to enable people to maintain their independence and take part in activities of their choosing. Scheme staff relied on information about people from other professionals when arranging new placements. We heard there had been occasions when information about risks had not been fully shared which meant that robust risk assessments had not been put in place. This could potentially place people, or the families they lived with, at risk.

People were protected because scheme staff and shared lives providers received training and information about safeguarding adults. All were familiar with how to recognise signs of abuse and how to report it. People told us they felt safe with the shared lives provider who supported them and they had access to other professionals if they were unhappy or wanted to raise concerns. One person said, "There's nothing bad. [Scheme worker's name] visits me and I could talk to her."

Another person told us, "I feel very safe here. I could talk to someone if I was unhappy."

The scheme employed adequate numbers of staff to enable them to monitor placements, approve new providers and offer advice and support on a formal and informal basis. One member of staff acted as a duty worker each day to make sure there was always someone available in the office to respond to any requests for advice or support.

People's medicines were managed in accordance with their abilities and wishes. Some people administered their own medicines whilst other people received them from shared lives providers. Where shared lives providers administered people's medicines they kept records to show when medicines had been accepted or refused. This helped to make sure the effectiveness of medicines could be monitored.

People using the service lived in ordinary households and shared lives providers had a responsibility to make sure basic good infection control practices were followed to minimise risks to people.

People's safety was monitored. Scheme staff checked records kept by shared lives providers as part of their monitoring processes. Records checked included, records of medicines administered, people's personal financial records and evidence that appropriate insurances were place.

Is the service effective?

Our findings

Improvements were needed to make sure people always received effective care and support.

People were not always supported by shared lives providers who had received up to date training. Training records showed that many providers had not received formal training in relevant topics for a number of years. For example, records seen showed a high proportion of shared lives providers had not received formal training in first aid since 2009 or had not received this training at all. This meant people were at risk of receiving care and support from providers who were not familiar with up to date best practice which could result in inappropriate care.

Shared lives providers did not always receive training in a timely way to enable them to effectively support people. Shared lives providers said they thought that training opportunities had declined and they could not always easily access training needed to meet people's individual needs. For example, one shared lives provider told us the difficulties they had encountered to source training to meet a person's particular healthcare needs. Another provider said they would like to have training to help them with coping strategies when supporting a person on a one to one basis.

The staff at the scheme provided some individual training to providers which helped to ensure they had the basic skills and knowledge to meet people's needs. This included induction training for newly approved shared lives providers. Each shared lives provider received a handbook with basic guidance and staff assessed their knowledge of the subjects in the handbook during monitoring visits. Staff had also provided training in mental health issues to providers. However, a number of providers felt training was an area that could be improved. One provider told us, "Nowadays there's no regular training through the scheme." Another said, "We really need bespoke training so we have the skills and information we need when someone first moves in."

Staff working for the scheme said they were happy with the training provided to them. One member of staff commented positively about the induction they had received. They said it had been very practical and they had felt well supported in their new role.

People's needs were assessed before they joined the scheme. In addition to assessments completed by professionals outside the scheme a member of staff met each person referred to the scheme to ensure it would be able to meet their needs. The scheme's staff worked with other professionals to make sure people's needs were met. This sometimes included making emergency placements. In these situations, the scheme's staff tried to match the person to the best possible placement available.

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.

The staff used a number of methods to help people to make decisions. For example, the staff made short films of providers and their homes. People could watch the films to help them to make a decision about whether to visit the provider with a view to staying. Where people were unable to make decisions, the staff told us they worked with family members and other professionals to make a best interest decision.

People's ability to consent to various aspects of their care and support was not always recorded. Each person had a support plan which they completed with shared lives providers. Some support plans were very basic and did not give details of the person's mental capacity to make decisions or agree to their support plan. This meant there was no information about how decisions had been made. For example, one person was being supported by their shared lives provider to budget their personal money. When we spoke with this person they were happy with the arrangements in place. However, there was no recorded assessment of the person's capacity in respect of finances and no information to show the person had consented to the support plan in place.

People were supported to make and attend medical appointments to make sure their mental and physical health was monitored. Discussions with shared lives providers showed they worked in partnership with other professionals, such as GPs, physiotherapists and community nurses, to make sure people received the care and treatment they required to meet their individual needs. One person said, "They [shared lives provider] help me to make appointments. She will come with me if I want her to."

Each person had a hospital passport which gave information including what and who was important to them, how they communicated, healthcare needs and medicines. This meant that if people were admitted to hospital, professionals would have the information they needed to support them. We heard how shared lives providers had supported people in hospital by staying with them and making sure they received appropriate care and support. This meant people who were unwell had familiar people who they could communicate with.

People told us they were supported to eat a healthy diet and were able to make choices about the food they ate. Some people helped to shop for food which enabled them to choose what they ate. One person told us they had lost weight since they had lived with their shared lives provider and felt healthier. One person told us, "We always have lovely food. We all eat together."

Is the service caring?

Our findings

People were supported by scheme staff and shared lives providers who were kind and caring.

People were supported within family units and were able to become part of their family and community networks. People spoke very fondly of the shared lives providers and other people they lived with. One person said, "It's my second family." People we met were very relaxed and comfortable with the shared lives providers they lived with and looked very at home in their environment.

It was clear from our observations that people and their providers had developed strong, positive and respectful relationships. People were very thankful for the support they received. One person told us how they had experienced many different types of care settings in their life but nothing had suited them. They went on to say how their confidence had increased and told us they were now working two days a week which they were really proud of. The provider for this person told us that the two years supporting this person had been difficult in the beginning but they worked through that period together. This resulted in a successful placement which had a positive impact on the person's life.

Scheme staff were caring and compassionate. All shared lives provider households had a named worker from the scheme and the majority of shared lives providers told us they felt well supported. One provider said, "The support I get is amazing. If I need help [scheme worker's name] will come over. I don't have a bad word to say about them." Another said, "There is wonderful support from the scheme. I can phone anytime and always get an answer."

The scheme aimed to match people and shared lives providers together and most people and providers we spoke with felt this worked well. Scheme staff spent time getting to know people and the things they liked and disliked. This helped to identify possible placements. Scheme staff met together each week to discuss people who were referred to the scheme and possible matches. One shared lives provider told us, "The possible matches show how well the scheme understands us and what we offer."

People were involved in all decisions about their care and support. There were systems in place to support people to try out placements before making any decisions about staying. The scheme staff made short films of shared lives providers and their homes which people could watch to see if they wanted to visit. If people chose to meet the shared lives providers, then tea visits were arranged so they could meet in person. People were able to visit more than one provider to help them to make a decision about their future.

People and shared lives providers said they had been able to take time to make decisions about if the placement was right for everyone. This helped people to build relationships at their own pace. One shared lives provider told us the person who lived with them had originally planned to stay for a short break. However, when the person came to stay they, "Just clicked" and both decided they wished to make it a more permanent arrangement. At the time of the inspection they had been living together happily for a number of years.

Under the scheme, shared lives providers could be approved for up to three people to live with them. The matching process took account of other people who already lived at the household, as well as the match between the person and the shared lives provider. One shared lives provider told us how they had fully involved the person who already lived with them when another person had been introduced. The shared lives provider told us the new person had come to visit several times to make sure everyone was happy about living together. They told us, "It has worked brilliantly. There was no pressure and it seems to really work for everyone." One person told us, "We all get on. We have our moments but that's just family life."

People's privacy was respected. People told us they had their own rooms which they were able to personalise according to their tastes. One person told us, "I love the company but sometimes I want private time so I go off to my room."

People were encouraged to spend time with family and friends. We heard how people went to stay with family and invited friends and family members to social events where they lived. One person told us how supportive their shared lives provider had been when a close family member had been unwell. The person told us their shared lives provider was very respectful of the relationship and had made sure they had lots of opportunities to spend time together.

Is the service responsive?

Our findings

People received care and support which was responsive to their needs and wishes.

Scheme staff worked hard to make sure the support provided was tailored to people's individual needs and took account of their likes and wishes. The matching process considered what people wanted from their placement, such as living in a town or more rural location. One person told us they had asked to live with animals but still wanted to be near shops. They said, "Here I can walk to the town and do my shopping but we have animals at home too."

People had support plans which set out their needs and how they wanted to be cared for. They also had placement agreements which showed what they should expect from their placement. Shared lives providers created support plans with people and they were reviewed annually with scheme workers. The quality and comprehensiveness of support plans was variable but all we saw gave basic information about people's day to day support needs.

People's support plans were not always fully personalised to their needs. Although placement agreements were in picture format to help to make them meaningful to people, support plans were all in written format. This could mean that people using the scheme may be unable to fully understand their support plan.

Support plans contained information about the support people required but not their goals or ambitions. This meant there was no information or guidance to assist shared lives providers and scheme staff to help people to fulfil their goals.

The scheme responded to changes in people's needs. We heard of, and met people, who had become more independent since using the scheme and some people had been supported to move to more independent living. For example, one person had moved to live independently with their partner.

If appropriate, shared lives providers could care for people at the end of their lives with support from relevant professionals. One shared lives provider told us, "This is their home. If this is where they wanted to be at the end I'm sure the scheme would support that."

People had opportunities to take part in a variety of work and social activities. One person told us about the voluntary work they undertook and another told us they attended a day centre. People said they had lots of opportunities for socialising and we saw photographs of people enjoying days out and holidays. One person said, "We do all sorts of things like horse riding, cooking and parties." Another person said, "I have a busy week so at the weekends I like to have a lie in with a cup of coffee before we go out and about."

People we spoke with said they would be able to talk to their shared lives provider, a scheme worker or family member if they were unhappy. Where complaints or compliments were made records were kept and any learning from these was shared with the scheme's staff.

Is the service well-led?

Our findings

Improvements were needed to ensure the scheme was well led.

The provider was not always acting in accordance with the regulations. Since the last inspection the scheme had moved office base but had not applied to the Care Quality Commission (CQC) to change their registered location address. The provider was not displaying their CQC rating on their website as required by the Regulation 20A.

Not displaying the current rating is breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have effective systems to monitor quality, identify and mitigate risks and plan on-going improvement to the service people received. The service was owned and run by Somerset County Council. Since the last inspection there had been considerable changes to how learning disability services were managed and run. This had resulted in changes to the oversight and management of the scheme which had become reactive rather than pro-active. This meant that when issues arose they were dealt with but there was no planned monitoring or action plan in place to drive improvement.

Although a senior manager had been given responsibility for oversight of the scheme we were informed this had been on a temporary basis which had lasted over a year. Shared lives providers we spoke with were not aware of the line management responsibilities within the scheme and said they did not know who they should approach if they had concerns about the registered manager.

Improvements were needed to ensure scheme staff felt well supported and valued. Staff said they did not feel well supported by the provider which led to poor staff morale. Two staff told us they felt senior management were not fully informed about how the scheme worked and they felt ways of working did not always acknowledge the needs of the scheme. The scheme used policies and procedures used throughout the county council and these had not been personalised to the scheme. For example, the recruitment policy and procedure meant that shared lives providers and people using the service were not involved in the selection and interview of scheme staff.

The registered manager had been away from the scheme for an extended period of time. 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.

At the time of the inspection an acting manager from another well-established scheme was providing temporary management cover. Part of their remit had been to audit the service and identify areas for improvement. The audit had highlighted a number of shortfalls in the service which had not been identified and addressed by the provider's own governance systems. At the time of the inspection the results of the

acting manager's audit had only just been presented to the provider so it was too early for action to have been taken in response to this.

The lack of effective systems and processes to assess, monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The lines of accountability and responsibility were not always clear. Although care management responsibility for people using the service remained with community adult social care teams within the local authority, this was not always clear to people. The lack of clarity of roles had, on occasions, led to bad feeling between shared lives providers and scheme staff because expectations and responsibilities differed.

The scheme was not working in partnership with shared lives providers meaning providers extensive knowledge and skill was not always utilised. There were some informal support groups for shared lives providers. These were not resourced by the scheme and therefore not used as consultation groups to look at ways to improve the service offered to people.

The ethos of the scheme was to provide individuals with opportunities to be part of a family and community network. Scheme staff and shared lives providers were committed to providing a personalised service to people and people we met had a good quality of life.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the service.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider was not displaying the current rating for the service on their website.