

Blackpool Borough Council

Shared Lives Service

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 05 May 2016 and was announced.

This was the services first inspection since its re- registration with the Care Quality Commission (CQC). This was because the service had moved premises.

The Shared Lives Service is run by Blackpool Borough Council and is based at Bickerstaffe House in Blackpool town centre. The service links vulnerable adults who need personal care and support with specially recruited carers from the community, so that both benefit from the informality of sharing a lifestyle in an ordinary domestic environment. The role of the service is to arrange and support these links over a period of time, to the mutual benefit of the carer and the person placed. At the time of our inspection visit the service supported 85 people.

There was a registered manager in place. 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.

We found recruitment procedures were safe with appropriate checks undertaken before new carers joined the service. These included employment and personal references along with a Disclosure and Barring Service check (DBS). One carer we spoke with said, "My recruitment was very thorough and took approximately four months. They have to be sure you are suitable for the service."

Carers received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs. On the day of our inspection visit we observed nine carers attending food hygiene training. One carer we spoke with said, "As you can see today we are completing food hygiene training which has been tailored to meet our needs as a domestic household."

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Carers had received safeguarding training and understood their responsibilities to provide safe care and report safeguarding concerns.

People told us they were comfortable raising any issues, concerns or complaints with their carers or with shared lives officers. The service had arrangements in place to deal with these appropriately.

People supported by the service told us how happy they were living with their carers. They told us they lived together as a family, felt safe and were supported to undertake activities independently where possible. One person said, "They are my family and treat me like that. I feel very safe and that makes me happy." Another person said, "My carers helped me to go to university and socialise in the community. I am very happy."

People who used the service had a pre-service assessment of their needs undertaken and a personalised plan was then produced outlining the support the person required. The plan documented all aspects of the persons needs including how they wanted their care and support to be provided, their wants, needs, likes and dislikes. This enabled the service to provide a personalised approach to the care and support they provided.

Risk assessments had been developed to minimise the potential risk of harm to people who used the service. These had been kept under review and were relevant to the support provided.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Carers responsible for the administration of medicines had received training to ensure they had the competency and skills required. People were supported to manage their own medicines where able. One person said, "I take care of all my medication from going to the chemist and ensuring it is correct. [Carer] is always there to guide me if necessary."

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 was safe.

Carers had received safeguarding training and knew how to recognise and respond to abuse correctly.

Risks associated to people's needs had been assessed and risk plans were reviewed.

Recruitment procedures the service had in place were safe.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by carers who were sufficiently skilled and experienced to support them.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered provider was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

People told us their carers supported them appropriately and were kind, caring and respectful. People's individual needs were known by carers who provided care and support in a way that respected their individual wishes and preferences.

Information about Independent advocacy services were

available for people should they have required this support.

People's privacy and dignity was respected.

Is the service responsive?

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

The service had arrangements in place to deal with people's concerns and complaints.

Good ●

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered provider had clear lines of responsibility and accountability. Carers understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who used the service. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good ●

Shared Lives Service

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 visit took place on 05 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 05 May 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we went to the Shared Lives Service office and spoke with a range of people about the service. They included a representative of the registered provider, registered manager and three shared lives officers. We visited two homes and spoke with three people supported by the service and their carers. We also attended a training event and spoke with nine carers who were undertaking food hygiene training.

We looked at the care records of four people, recruitment records of three carers, the services training matrix and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

People who used the service told us they felt safe from abuse and harm when they were supported by their carer. One person said, "They are my family and treat me like that. I feel very safe and that makes me happy." Another person said, "I feel very safe living with my family. They look after me."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager, shared lives officers and carers had received safeguarding vulnerable adults and children training. There was an established procedure in place for carers and staff to follow to report any concerns they had that an individual may be at risk. Carers and shared lives officers spoke knowledgeably about their responsibilities for safeguarding people they supported and actions they would take to ensure they were appropriately protected. One carer we spoke with said, "We have recently completed safeguarding training and this is updated regularly. The safety of people in our care is very important to us."

There had been no safeguarding concerns raised with the local authority. Discussion with the registered manager confirmed she had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of her responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

Risk assessments had been completed and reviewed on an annual basis or as needed. They included who was at risk and what control measures were in place such as personal plans, training, medicines and monitoring. We saw a risk assessment had been completed for one person who wanted to access the community independently. Discussion had taken place and the person had agreed they would take their mobile phone with them so they were contactable or could contact their carers if needed. This was a good example of how the person had been involved in discussions and decisions and their choice and control had been respected.

The service had arrangements in place to ensure people who applied to the scheme to become a shared lives carer were suitable. As part of the application process people's reasons for applying and their suitability to join the scheme were assessed by shared lives officers. This included undertaking background checks such as requesting references from employers and criminal records checks. Consideration was also given to the accommodation provided, the environment and location. During this process health and safety checks were also undertaken within the property. Towards the end of the process two other shared lives officers visited the prospective carer to provide a second opinion and review the assessment process.

Shared lives officers discussed the suitability of the individual and their findings from the assessment process with an independent assessment panel. The role of the panel was to make a final decision about the suitability of the individual to become a shared lives carer. The registered manager informed us the process can take between three to six months. One shared lives carer we spoke with said, "The whole recruitment process is very thorough. We met everyone from shared lives and were supported from the start to finish."

The service ensured there were sufficient carers deployed to meet people's individual needs and keep them safe. People spoke positively about their carers and said they were always available to meet their needs. One person said, "[Carer] is always available if I need them for anything. I feel very safe here."

The service had arrangements in place to assist people with their medicines and ensure they were taken as prescribed. People who used the service were encouraged to self-medicate if able. Shared lives carers monitored and recorded that people were taking their medicines as prescribed. Records we checked were complete and carers had recorded support they had provided people to take their medicines. We saw audits of medication records had been undertaken by shared lives officers confirming no errors in medication administration had been identified.

Carers employed by the service received medication training during their induction. Discussion with carers confirmed they had been trained and assessed as competent to support people to take their medicines. One carer said, "Yes I have completed formal medication training as I administer medication and complete records. The service would not let us take control of people's medicines until we had completed formal training."

Is the service effective?

Our findings

The service used an assessment process that was lengthy, in depth and asked questions about the personality, attitude and values of people wishing to fulfil the role of carer. The matching process used by the service ensured people were supported by suitable carers. Carers were provided with induction training that prepared them for their role and development training continued with their involvement with the service. This enabled people to receive effective care because they were supported by established and trained carers who had a good understanding of their needs.

We spoke with 12 carers, looked at individual training records and the services training matrix. Carers told us they received regular training opportunities and they were well supported by the service. When we undertook this inspection visit nine carers were attending food hygiene training. One carer we spoke with said, "As you can see today we are completing food hygiene training which has been tailored to meet our needs as a domestic household." Another carer said, "We have not been with the service long and must say the induction process was brilliant. Training events and access to courses are first class."

Records seen confirmed training covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, manual handling, first aid and food hygiene. Carers employed by the service had received medication training. We saw they had been assessed following the training to ensure they were competent to support people with their medicines. Discussion with carers confirmed they were provided with opportunities to access training to develop their skills.

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 registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Carers spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety.

Records seen and carers spoken with confirmed annual appraisals were in place along with six weekly support meetings. These are one to one meetings held on a formal basis with a shared lives officer. Carers told us they discuss their development, training needs and any issues with the placement. They told us they were also given feedback about actions and learning from their last review. They said they felt supported by the management team who encouraged them to discuss their professional development. One carer said, "Every five to six weeks we receive a visit from our shared lives officer to check everything is alright."

Personalised plans seen confirmed people's dietary needs had been assessed and any support they

required with their meals documented. Food preparation at mealtimes was completed by carers with the assistance of people they support where appropriate. Carers told us people decided each day the meals they wanted. One person we spoke with said, "We have lovely meals together as a family. I help out a bit in the kitchen and I can help myself to drinks and snacks."

People were supported to maintain good health and have access to healthcare services. People told us their carer supported them to attend health appointments and hospital outpatient appointments. Records looked at confirmed people's healthcare needs had been assessed and plans were in place of how these were to be met.

Is the service caring?

Our findings

People supported by the service told us their carers were kind and caring towards them. One person said, "I feel so well cared for here. I am very happy." Another person said, "My carers are lovely people who look after me really well. I get on brilliantly with them and they support me to do the things I want to do."

Carers we spoke with demonstrated they had a good knowledge about people's needs, personal histories including their preferences. This included concerns about people's wellbeing. One carer told us, "The matching process used by shared lives is excellent. They ensure people are appropriately matched and have similar interests and hobbies." Another carer said, "We all live together as a normal family and share decision making about daily routines, outings and holidays."

We looked at the care records of four people and found people were supported to lead active and full lives based on what was important to them. For example, some people were supported to maintain regular contact with their relatives, friends or other important people. We found people were supported to be independent and pursue hobbies and interests within the local community. One person said, "My carers helped me to go to university and socialise in the community. I am very happy."

The service had policies in place in relation to privacy and dignity. Carers spoken with had an appreciation of people's individual needs around privacy and dignity. During visits to two carers homes we observed they spoke with people they supported in a respectful way. We observed carers demonstrated compassion towards people in their care and treated them with respect. We saw people appeared comfortable in their surroundings and enjoyed being in the company of their carers. One person said, "I am treated so well I am happy. I have come on so much thanks to my carers."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no concerns about the service.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on the individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by their carer to lead their life as they wished. People told us about their interests and hobbies and how they got involved within their local community. One person said, "Since living with [carer] I have learned how to use public transport on my own. I have become independent and this has helped me so much."

Carers spoken with gave examples of how they supported people to receive a responsive and personalised service. This was based on people's preferences, interests and what was important to them. For example one carer told us how they had recently changed the General Practitioner (GP) of the person they supported. The carer told us they had done this because the person wanted a GP closer to home which would be convenient to visit. Another carer spoke of how they were supporting the person who lived with them to obtain a passport so they could holiday together. The carer told us they were trying to obtain a copy of the person's birth certificate.

People's support plans were regularly reviewed and records showed people were able to take part in evaluating the effectiveness of the support they received and how this met their goals and aspirations. Where changes to people's needs were identified, their plans had been updated to reflect this.

We found people were also able to access work based opportunities. The service had developed good links with the voluntary sector and as a result people that wished to were able to undertake voluntary work in the community. The support plan of one person showed they had found voluntary work in a charity shop two days a week. We spoke with the person who told us how proud they were to have found work. The person said, "I help out two days a week and go to Blackpool and St. Annes on my own. I feel so confident and better in myself."

The service had a system in place for recording accidents/incidents and how they responded to these. We saw the service had arranged a thorough assessment and investigation for one person who had been experiencing falls. The assessment identified a problem with the person's medication which was resolved.

The service had arrangements in place to respond appropriately to people's concerns and complaints. People said they were comfortable raising any issues or concerns they had with their carer or with shared lives officers. One person said, "I would be comfortable raising a complaint if I was unhappy about something."

At the time of this inspection visit the Care Quality Commission had received no complaints about the service

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

The service promoted a positive culture that was person centred, inclusive and open. People who used the service and their carers were positive about the service and how it was managed. We found people were routinely asked for their views about how the support they received could be improved. This was done through annual surveys and review meetings between people, their carers and shared lives officers. People's views were listened to and as a result people had been supported to access new activities, courses and employment opportunities. This had helped them to achieve their goals to live independently.

Records of review meetings showed the care and support provided to people was evaluated to assess how successful the service had been in helping people to achieve their care goals and aspirations. The objectives of the service were also continuously monitored by the registered manager and her shared lives officers through team meetings. Progress against the service's goals and objectives for supporting people to live independently, was reviewed and discussed by shared lives officers every two weeks so that all were clear about how these were being met.

The service organised shared lives carers meeting every four months. We saw the minutes of the last meeting which had been well attended by shared lives carers. The meeting had covered topics about quality assurance paperwork, training available from the provider and service updates. Carers we spoke with told us they enjoyed attending the meetings and mixing with other carers. One carer said, "We don't get together much as a group so I always try to attend. The meetings are very informative."

The registered manager told us they also carried out a visit to each person and their carer every six months to gain their views and check on the quality of care and support they had experienced. They also checked people's records for outcomes from review meetings to ensure people's needs were met by their carers.

Carers we spoke with told us the registered manager and shared lives officers were easily accessible, approachable and supportive. One carer said, "We meet with our shared lives officer every five to six weeks to check everything is ok and going well. They are very supportive." Another carer said, "The management structure is excellent. They are always available by phone if there is a problem."

We found regular audits were completed by the service. These included medication, accident/incidents, training, staff and carer supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and lessons learnt to improve the service going forward.