

Luton Borough Council

Luton Council Respite and 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 unannounced comprehensive inspection was carried out on 25 July 2018. It was completed on 10 August 2018 when we had spoken with some of the people's relatives and visited some of the people using the service. This is the first inspection of the service since it was registered with the Care Quality Commission in November 2016.

Luton Council Respite and Shared Lives Service runs a 'care home' to provide respite care to people with learning disabilities and autistic spectrum conditions. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 9 people and the service supports 41 people on a rotational basis. At the time of the inspection, three people were being supported by the service.

The service also operates a 'shared lives' scheme. This is a service which supports people who need care to move in and live with their approved carer. At the time of the inspection, 10 people were living with and being supported by eight approved carers.

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.

There was no registered manager in post. A new manager who had been in post for a few months was in the process of registering with the Care Quality Commission. 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or harm. There were safe staff recruitment processes in place and there were sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs in a person-centred way. The provider had an effective system to handle complaints and concerns. People were supported to pursue their hobbies and interests. Further work was necessary to ensure that people's wishes about the kind of care they would like at the end of their lives were recorded in their care records.

The provider's quality monitoring processes had been used effectively to drive improvements. People, relatives and staff we spoke with were happy with the quality of the service.

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.

There were systems in place to safeguard people from the risk of harm. This included effective safeguarding policies and procedures, and individual risk assessments.

There were safe recruitment procedures and there was enough staff to support people safely.

People's medicines were being managed safely.

The manager reviewed incidents and accidents, and appropriate actions were taken to prevent them from happening again.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed, and staff provided effective care and support that met people's individual needs.

Staff received regular training, supervision and support in order to support people effectively.

People were supported to have enough to eat and drink.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans to enable staff to provide person-centred care.

People's needs were met by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

Further discussions with people were necessary to determine how they wanted to be supported at the end of their lives.

Is the service well-led?

Good ●

There was no registered manager in post. This had the potential to have an impact on the leadership and stability of the service. We therefore could not rate this key question as 'Good'.

People, relatives and staff were enabled to share their experiences of the service.

The provider had effective systems in place to assess and monitor the quality of the service.

The service worked closely with other stakeholders to ensure that they continued to provide the care people required.

Luton Council Respite and 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 unannounced comprehensive inspection took place on 25 July 2018 when we visited the care home. On 9 and 10 August 2018, we spoke with relatives of two people using the service and one shared lives carer by telephone. We visited the homes of two shared lives carers, during which we met and spoke with the four people they supported. We received written feedback from two other shared lives carers.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. 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 reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the care home, we spoke with the manager, deputy manager and four care staff. We spoke with three people when they arrived at the care home after their day services. However, they were not able to comment in detail about their care.

We looked at care records for five people to review how their care was planned and managed. We looked at three staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.

Is the service safe?

Our findings

People told us they were safe. Two of the three people we met at the care home nodded in agreement when we asked if they felt safe and happy. Three people being supported by the same shared lives carers told us that they were safe and happy with how they were supported. One person told us, "I like it here and I'm happy."

We saw that staff and shared lives carers had received appropriate training and guidance on how to keep people safe. Staff we spoke with showed good knowledge of safeguarding guidance and the local reporting procedures. Information about safeguarding was displayed on the notice boards at the care home so that anyone who wanted to raise a concern knew what to do. The shared lives carers also had information on where they could report concerns about people's safety. One member of staff told us, "I have done safeguarding training many times and I know what to do. I would initially report any concerns to the manager. I know that I can call the safeguarding team if I needed to." Records showed that the manager had followed local safeguarding protocols to report potential safeguarding incidents.

There were individual risk assessments in place to ensure that risks to people's health and wellbeing were mitigated. The information contained in these and the related care plans, gave guidance to staff on how they could support people in a way that meant they remained as independent as possible, but with minimal exposure to risks that could cause them harm. Areas such as people's mobility, nutritional needs, support needs while on trips out, and behaviours that may challenge others had been risk assessed. One member of staff said, "We are very vigilant when it comes to risk. For example, we keep an eye on how service users get on with each other, otherwise they might be some arguments which could escalate." We saw that the risk assessments were reviewed regularly and changes made when necessary. This showed that appropriate action had been taken to ensure that people were supported safely and enabled to live full lives.

Records showed that there were safe staff recruitment procedures in place. The provider carried out thorough pre-employment checks before staff started working at the service. These included checking each potential staff's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were sufficient numbers of staff to support people safely and to meet their individual needs. Records showed that staffing numbers at the care home were carefully planned and reviewed in relation to the numbers of people staying there at the time. Staff told us that there was always enough of them and that staffing could be increased at short notice if they needed to when there was an unscheduled admission to the care home. One relative told us, "I've never been concerned about staffing. There always seems to be enough staff." The manager told us that they had vacancies they were still recruiting into, but in the meantime, staff worked flexibly to cover shifts as required. Staff we spoke with confirmed this.

People told us they were happy with how staff supported them with their medicines. One person said, "[Shared Lives carer] gives me my medicine and there are no problems." There were systems in place for

ordering, administration, recording, storing, auditing, and returning unrequired medicines to the pharmacy. We found these were being followed by staff, as we did not identify any issues with how medicines were managed.

There was a system for signing in people's medicines when they arrived at the care home and signing them out when they returned home. This ensured that all medicines received had been accounted for, and accurate stocks were sent back. Staff told us they had no concerns about how medicines were managed. The medicines administration records (MAR) we reviewed had been completed fully, with no unexplained gaps. There was evidence that these were audited regularly so that any errors could be identified and rectified quickly. We found a review on medicines errors completed in September 2017 by a manager supporting the service at the time had resulted in sustained improvements in how medicines were managed at the service.

Staff completed regular health and safety checks of the service to ensure that care was provided in a safe environment. These included checking that gas and electrical appliances were safe, fire systems and equipment were in working order, and that the service was clean. We saw that the service was cleaned to appropriate standards and this provided a pleasant environment for people to live in. There was an environmental risk assessment to assess and mitigate any hazards that could put people, visitors and staff at risk of harm. People were also supported in a way that ensured they were protected from risks of acquired infections. We saw that where required, staff wore gloves and aprons to prevent cross infection. Appropriate hand washing facilities had been provided to further prevent this risk.

Very few accidents and incidents occurred at the service. We saw that the manager reviewed the completed accidents and incidents reports to determine the causes. This was so that they put systems in place to reduce the risk of them recurring. There was evidence of learning from these find ways to prevent further incidents.

Is the service effective?

Our findings

People told us that their care needs were met by the service and that staff provided good care. One person said, "I'm quite happy living here with [Shared Lives carers]. They look after us really well." One relative told us, "I'm generally happy with my [relative]'s care. If I have any issues I usually phone them up and they do the same with me."

People had assessments of their care and support needs carried out prior to them using the service. Information from the assessments had been used to develop personalised care plans that considered people's needs, choices, views and preferences. Some of the people we spoke with knew about their care plans, but others were not able to tell us about this.

Relatives told us they were confident that the service could meet their relatives' assessed needs. Most people supported by 'shared lives' carers had been living with them for many years and this ensured that the carers had got to know them well and understand their needs. As a respite service, people who using the care home changed frequently, but staff told us that they knew those who used the service regularly quite well. Information in the care plans was also important in ensuring that they provided consistent care. One member of staff told us, "We always refer to the care plans to ensure that we know exactly what the person's needs are." There was evidence that care plans were reviewed regularly.

People were not able to tell us about the quality of staff training. However, they told us that staff supported them well. The provider had a comprehensive mandatory training programme that all staff completed. Additional training was also provided when required to effectively meet people's individual needs. Staff told us that they were happy about the quality of the training and that there had no unmet training needs. One member of staff said, "I've been on a lot of training over the years and I do refreshers when due. This keeps us up to date with what is happening in adult social care and it updates our own skills." The 'shared lives' carers also told us that they completed regular training to ensure that they kept their knowledge and skills up to date.

Staff told us they also felt supported, and they received regular supervision and appraisals. They were all complimentary about the level of support they received from senior staff. One member of staff told us, "Supervision is good, very interactive and very supportive. It's very positive and my confidence has grown as a result of the support." Another member of staff said, "Supervision is okay and I get that regular enough. I know that supervision is a two-way process and I will start speaking more during this." One of the shared lives carers we meet with had had their supervision during the morning of our visit. They told us, "[Manager] is only a phone call away and we can contact them when needed."

People told us they were supported well to eat and drink enough. They also told us they always enjoyed the food. One person said, "The food is always lovely." We saw that there was a variety of food provided to meet people's nutritional needs. At the care home where people changed regularly, staff explained how they planned meals so that people were provided with food they liked and that met their health, religious and cultural needs.

Everyone had a form that showed their food and drinks preferences, which staff used to buy the food for each person. This required good planning so that people had food for their first day at the care home. Staff told us that they normally planned the meal for the first day and then discussed with the person about what they would want to eat for the rest of their time at the service. Where possible, staff then supported people to prepare and eat their meals. Staff told us that they always supported people to eat well. One member of staff said, "Food is good here. It's prepared from fresh ingredients and we cater for various needs. We check with people what they would like to eat and we also speak to their families if we need to."

Where necessary, the service worked closely with other stakeholders such as people's social workers, advocates and community learning disabilities teams to ensure that people's needs were met. The service ensured that where required, people received healthcare support from various health professionals. People using the care home were mainly there for short periods and it was unlikely that staff needed to support them to appointments with health professionals such as GPs, dentist, chiropodist, and opticians. For most people, their relatives supported them with these, but the shared lives carers did so for people they supported.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found these were met. Records showed that appropriate action had been taken to ensure that people who lacked mental capacity to make decisions about some aspects of their care had been supported to do so by staff or their relatives. Where required, people had valid DoLS authorisations in place to ensure that any restrictions on their freedom were lawful and necessary to ensure that they remained safe.

Staff told us that they always asked for people's consent before providing any care or support. One member of staff said, "Even people who cannot communicate verbally will use body language to tell us if they are unhappy with anything." We saw that one of the 'shared lives' carers was able to communicate using sign language with the person they supported. They told us that they had training to enable them to communicate more effectively with the person.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "Everyone is nice and very kind." Another person said, "I'm happy." Relatives told us they had always found staff to be friendly and caring. One relative said, "Most of the staff I have spoken to are friendly enough and I have no concerns at all."

Three people who lived together with their shared lives carers told us that they got on very well, as well as with their carers. One person who was more able to tell us about their experience of being supported by the carers told us that they had all formed close and caring relationships. They further told us that they felt like 'one big family' and they enjoyed relationships with the carers' wider family members. They spoke fondly about the carers' youngest family member who visited regularly, adding that they enjoyed playing with them. They also fondly recalled times they spent on holiday together and sometimes, with other people being supported by other shared lives carers.

People we met at the care home seemed happy and familiar with the staff. Staff were very friendly and kind when they spoke with people and they told us how much they enjoyed spending time chatting with everyone. One member of staff told us, "Staff are caring here. We have a good team of staff who really care about people we support." Another member of staff said, "We go over and beyond expectations to make sure service users are well looked after and happy."

People told us they were supported to make decisions and choices about their care and support. One person told us, "[Shared lives carers] always let me choose what I want to do, I'm happy about that. Staff we spoke with also said that the service always promoted people's choices. One member of staff said, "Everyone is encouraged to make choices about many aspects of their lives. People who are non-verbal would normally point at what they want."

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity. We observed that staff were always respectful in the way they interacted with people and asked them if they needed support. The relatives we spoke with had no concerns with how staff supported people. One relative told us that they always found staff to be respectful.

Staff told us how they encouraged people to maintain their independence as much as possible, and would only provide support when it was necessary. One person told us about what they could do for themselves, and we saw that they were fairly independent in carrying out some tasks with minimal prompts and support.

Is the service responsive?

Our findings

People told us their needs were met by the service in a person-centred way. Three people told us that they were happy with how staff supported them. People had allocated key workers who worked closely with them to regularly review care plans to ensure that these continued to meet people's assessed needs. People's 'personalised support plans' were written in easy read formats so that they were more able to understand them. We saw that these records had details about things that were important to people's care, happiness and wellbeing. A senior member of staff who completed some of the needs assessments told us that people's relatives or professional advocates were much involved in people's care, and they communicated with them if anything needed reviewing. One relative told us, "I am aware about my [relative]'s care plan and I am happy with this. Staff phone to communicate any issues they need to discuss with me."

Some people had communication needs that meant that they were not always able to communicate verbally. Some staff could communicate with people using basic Makaton and other sign languages that people used. This ensured that they would provide the care that people wanted. One member of staff told us that it was easier to understand what the gestures people used to communicate meant when they got to know them well. They also said that it would be beneficial to all staff if they had more training on this.

We saw that as much as possible, the care home staff ensured that people were booked into the same bedroom each time they stayed at the service. This was particularly important for people who needed to feel more comfortable and secure in a familiar environment. It was evident in the records we looked at that this was important for one person who would have struggled to settle in another bedroom. Also, some bedrooms were more accessible for people with limited mobility and therefore these were always made available to people with that need. People could bring small personal items to personalise their bedrooms if this made them feel more comfortable. Three people told us that they would have a short stay in the care home while their shared lives carers went away. One person told us they were always happy to stay there as the staff were nice. The carers told us that these short stays were planned in advance with people so that they had time to adjust to the changes, thus alleviating any anxieties they might have. Also, to further support people's religious needs and preference, the care home had a 'halal' only oven and cooking utensils.

People told us that they were supported by staff to pursue their hobbies and interests. We saw that most people regularly attended day centres during week days, and they were supported by staff to enjoy social and recreational activities during weekends. One person told us about a holiday to the Isle of Wight they had recently gone to with their carers and other people they lived with. They described what they did there and what they enjoyed most, prompting the other two people to also tell us what they enjoyed. They added, "It was absolutely brilliant. We saw a George Michael look alike!" It was evident that they treasured the moments they spent away with everyone. One member of staff said, "At weekends people we support go out to shops, parks, etc. We have a vehicle we can use to facilitate this."

People's concerns were handled effectively. People told us they were happy with their care and they had no

reason to complain. One relative told us that they had once complained about their relative sometimes returning home without all of their personal items. They found staff responsive to suggestions to improve this in the future and they hoped that this would not happen again. Staff told us that they were now more rigorous at recording what people brought with them and checking again when they left the service. We saw examples of the forms they completed for each person. The service had received some complaints and we saw that appropriate action had been taken to investigate these, and responses had been sent to the complainants.

Some people's end of life wishes had not been explored and recorded. We discussed with the manager the need to review people's care plans so that they contained detailed information about how they wished to be supported at the end of their lives. They told us that they would work with people and their relatives to update this information.

Is the service well-led?

Our findings

There was no registered manager in post. A manager who had been in post for a few months was in the process of registering with the Care Quality Commission.

Staff and the shared lives carers told us that the manager was good and they found them to be approachable and supportive. They also said that the manager promoted a cohesive team that worked well together to provide good care to people they supported. Everyone, including relatives we spoke with said that the service was good and providing the care that people needed. One member of staff said, "We've come a long way since moving here. The service is growing and going in the right direction. I feel quite positive about the future of the service." Another member of staff told us, "The management team are very supportive. The manager is 'hands on' and helps. There is no hierarchy here. You can approach the manager, air your views and they listen." A third member of staff said, "The manager always works flexibly to support staff. This is a huge factor why we have a happy team here. It creates a lovely environment to work and live in." One shared lives carer said, "They are always very helpful."

Staff told us that they worked well as a team and their views were valued. We saw that staff had regular meetings where they could discuss issues relevant to their roles. Staff also told us that they felt able to contribute to the development of the service because the manager was receptive to any suggestions they made. One member of staff told us, "Anything we recommend to the manager gets done, she listens to staff and takes their suggestions on board." Another member of staff said, "Staff meetings are very open. We have an agenda, but we also discuss any other issues raised by staff." We saw that shared lives carers also met regularly to share good practice and have discussions with the manager.

The provider also enabled people and relatives to give feedback about their experiences of the service. The manager told us that they had not yet been a meeting with relatives this year, but they had met with most relatives to review care plans or discuss any other issues relating to their relatives' care. The provider had a system to complete annual surveys, but none had been done since the service moved to their current location. There was however, evidence of collaborative working with people's relatives and other stakeholders to ensure that the service continued to provide the care that people needed and expected.

The provider had systems in place to regularly assess and monitor the quality of the service. The manager and other senior staff carried out a range of audits to ensure that they provided safe, effective, and good quality care. We saw that the manager acted quickly to resolve any shortfalls identified during the audits. For example, they put systems in place to support a person to eat healthy foods when their audits had identified that the person had put on a lot of weight. The provider's internal review of the quality of the service had identified that improvements were also required in the robustness of the recruitment processes, safety of the premises, and the quality of some records. We found improvements had been made when we inspected the service.