

Birmingham City Council

Birmingham Shared Lives

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

About the service

Birmingham Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. There were 67 people using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they were happy living with their carer and being part of a family. People told us they felt safe living with their carer. Shared lives workers and carers knew how to recognise signs of abuse or harm and what action they needed to take to keep people safe. Effective risk assessments and management plans ensured people were supported to manage risks in their daily lives.

Prospective carers were approved by an independent panel to ensure recruitment systems were robust. There was a lengthy 'matching' process which ensured people were placed with carers that had the skills to meet their needs. There were enough staff and carers to run the scheme although recruitment of further carers was underway as the provider had intentions to expand the scheme.

Carers had the support they needed to care for people. They were provided with ongoing and regular support from shared lives workers. Workers and carers had received regular training and had the skills to support the people they cared for.

People were supported to have their mental and physical healthcare needs met. Shared lives workers and carers sought and took advice from relevant health professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People told us that they were supported to be independent and to take part in their chosen hobbies and interests that they enjoyed.

People's privacy, dignity and independence was promoted. People had been involved in the assessment of

their care and decisions about their support needs and where they should live. People's independence was promoted.

The service was well led. Regular monitoring and auditing of care records and practice helped to maintain the quality and values of the service people received. Feedback from people, carers and shared lives workers was requested to help improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Birmingham Shared Lives

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector.

Service and service type

Birmingham Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and people using the service and carers would be able to speak with us, either in person or on the telephone.

Inspection activity started on 15 August 2019 and ended on 23 August 2019. We visited the office location on 15 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection-

During our office visit we spoke with five members of staff including the registered manager, deputy manager and three shared lives workers. We reviewed a range of records. This included three people's care records. A variety of records relating to the management of the service, recruitment of carers and training arrangements were viewed.

Following our office visit we met with two people and their carer in their own home and spoke with two people at their day centre. We also spoke on the telephone with two people, three relatives and three carers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the assessment process for a person new to the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living with their carers; their comments included, "I feel very safe." Relatives also told us they felt their family member was safe.
- Each person had an allocated staff member from the scheme who visited them regularly and spoke with them in private so that they had the opportunity to discuss issues personal to them.
- All carers and shared lives workers received safeguarding training and were aware of their responsibilities to report any suspicions of abuse. One care worker told us they looked out for any signs of abuse, to include changes in behaviour and body language.

Assessing risk, safety monitoring and management

- Risks to people in relation to their health and support needs were assessed before they joined the scheme, and these were regularly monitored to reduce possible risk. These included mobility risks.
- Where the behaviour of people may pose a risk to themselves or others, appropriate action had been taken to manage the risk. This had included liaison with other relevant care professionals.
- Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support. Carers' homes underwent a health and safety audit at the time the carer joined the shared lives scheme as well as regular monitoring by shared lives workers.

Staffing and recruitment

- The service employed sufficient shared lives workers to manage the service and to provide regular contact and support to carers as well as to oversee people's care.
- The service was looking to expand the number of people it supported and there had been some recent changes to the way the service was organised to help this. Discussion with the registered manager showed they were aware that any significant increase in the service may need additional shared lives workers to enable the current good standards to be maintained.
- The recruitment processes for carers and shared lives workers remained thorough and safe. An independent panel reviewed carers' assessment reports and interviewed prospective carers prior to approving their joining the service. One carer told us, "It was a very robust process."

Using medicines safely

- All carers responsible for the administration of medicines received training to do this.
- People told us they had their medicines when they needed them.
- Some people were supported to manage their own medicines and told us how they did this safely. One person told us, "My carer checks I have taken my medicine as I do this myself."

- Checks on the arrangements for people's medicines were undertaken by shared lives workers to ensure this was safe.

Preventing and controlling infection

- Carers and shared lives workers received training on infection control techniques and food hygiene.
- Shared lives workers undertook monitoring visits to help ensure effective infection control procedures were maintained.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents and any safeguarding issues were monitored to check for any actions needed or consider any learning to improve the service. Due to the low number of incidents the system was currently effective. We discussed with the registered manager that a more formal system would benefit the tracking of any patterns and trends and would be beneficial given the intention to expand the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving in with a shared lives carer, each person had a comprehensive assessment of their care and support needs. This enabled the service to 'match' people with carers who had the skills, knowledge and same interests as the person. One person told us about their shared interest of football.
- People were provided with opportunities to meet carers and make a choice about who they would like to live with. One relative told us they had been involved in the introductory visits and that their family member had met with two prospective carers.

Staff support: induction, training, skills and experience

- The service provided a comprehensive training programme. All carers undertook mandatory training in health and safety topics and specialist training were provided to ensure carers had the skills to meet people's individual care needs. One carer told us, "I had to do all the on-line training before I was approved."
- Carers and shared lives workers told us the training and support they received was satisfactory. One carer told us, "The support from my worker has been fantastic."
- The registered manager told us about additional training that was being arranged in relation to specific needs of some people using the scheme- for example in autism.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs in relation to nutrition were described in their support plans and kept under review by the service as well as the professionals involved in their care.
 - People told us they were involved in choosing the food and drink they had and encouraged to eat as healthily as possible. One person told us that the carer they lived with was "a great cook." Another person told us, "The food is five stars."
 - People told us how they enjoyed eating out in restaurants with their shared lives family. Where possible they were supported to develop skills in shopping and preparing and cooking meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were detailed in their support plans and guidance was available about who to contact if people needed treatment or advice. One person told us, "I go to all my health checks."
- One person had been unwell and had needed input from healthcare professionals. The shared lives worker and carer had worked very hard with the person and other health professionals as they had high anxiety in relation to the health procedures that were needed. This resulted in successful treatment for the person.

- The staff had established good working relationships with a range of healthcare professionals to help support carers with aspects of people's care.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Carers and shared lives workers received training on the MCA. They knew what to do if they were concerned someone they supported may lack capacity to decide about an issue. Records showed best interest meetings were arranged when appropriate. For example, where a person lacked the capacity to consent to medical treatment.
- Care files contained details about how to support people to make choices and decisions. People confirmed they were asked for their consent in relation to their care. One carer told us, "It's not about us- it's all about what [person's name] likes, it's about choice and autonomy."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Each person was respected and treated very much as a member of the carer's family. One person told us, "I'm part of the family." One carer told us that having a person live with them was the best thing they had done, and it had "Enriched our lives."
- The staff team were committed to ensuring people's equality and diversity needs were met through matching people to the right carer and through the importance they placed on people being treated equally.
- The service focused on promoting people's relationships with their families, friends and carers. People's relationships with those important to them were supported. One relative told us how they had been out for a meal with their family member and their carer.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved and encouraged to make decisions about how they wished to be supported. Regular reviews ensured people's views were sought and acted upon.
- People were given information about the service in the form of a service user guide. Pen pictures were available of SLCs to give people some information about SLCs before they met them.

Respecting and promoting people's privacy, dignity and independence

- People told us their carers and workers treated them with respect, consideration, kindness and dignity.
- People told us they had their own rooms and private space.
- People gave examples of how their independence was promoted, for example with opportunities to be involved in domestic chores, voluntary work or attending college to learn new skills. One carer told us that whenever they went food shopping the person had their own shopping basket, so they were able to participate and choose the things they wanted.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was person centred and responsive to their needs. People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued. This included needs such as religion or culture.
- People's needs were recorded in a care and support plan which was regularly reviewed to make sure it reflected their current needs.
- Every person and relative we spoke to was very positive about their shared lives experience. One relative told us, "We are absolutely delighted."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and recorded in their care plans.
- Information was available in a range of formats when this was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People all told us they were supported to follow their interests. One person told us they had been to six pantomimes in the last year as this was something they really enjoyed, and that soon they were going to try horse-riding.

Relatives told us that people opportunities to follow their interests or to try new activities. One relative told us, "[Person's name] is going to new places."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and a copy was given to people when they started using the service. Records showed that complaints were responded to.
- People told us they would speak with their carer or the shared lives worker if they were unhappy about anything. They knew they could make a complaint and told us they had never needed to do so.
- One relative told us they had previously raised a concern. They told us, "It was quickly addressed."

End of life care and support

- No one was receiving end of life care. We were informed that shared lives workers and carers would work

with people and palliative care professionals to ensure people's end of life needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements had been made to auditing systems since our last inspection and a new tracking matrix had been introduced.
- Monitoring visits were in place to review the placement and the carer's performance. Records showed the visits covered a full range of people's care needs including checks on medicines and finance records.
- The registered manager and staff looked to try to improve and promote the service. We saw from the Provider information return (PIR) and discussion with the registered manager that actions were ongoing for the continuous improvement of the scheme. A development plan had been completed and we saw evidence that action was being taken to achieve areas identified for improvement.
- Whilst the registered manager and deputy manager undertook frequent audits of the service the provider had not undertaken any recent formal audits. We saw evidence that discussions were in progress regarding developing a system for provider audits.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their registration requirements including statutory notifications and had submitted these when required.
- The provider was meeting the requirement to display their most recent CQC rating within the service and it was clearly displayed on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Shared lives workers had opportunities to raise any issues for discussion with the registered manager and said they felt they could do this at any time.
- Some staff had anxieties about recent changes in the organisation of the scheme and plans for future expansion. We saw that the registered manager had taken account of this and several staff meeting, both group and individual had taken place to seek staff views. One shared lives worker told us, "Managers are fully consulting us on how we achieve these changes."
- People, their families where appropriate and carers views about the service were sought through a range of methods including visits, reviews and surveys. The surveys were in a picture and easy to understand format to make them accessible.

Working in partnership with others

- The registered manager worked closely in partnership with other agencies including day centres, health and social care professionals.
- The scheme was a member of the Shared Lives Plus network which is a network for family-based ways of supporting adults that offers guidance and a way of sharing ideas and practice, to help improve the quality of the service.