

Persona Care and Support Limited

Bury Shared Lives

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Bury Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care within shared lives carer's own homes. Not everyone who used the service received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At this inspection, the service was providing a regulated activity for 8 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Medicines were not always managed safely, however the registered manager provided assurance they would address the issues we identified. People were supported to play an active role in maintaining and improving their health and wellbeing. Shared lives carers understood the ethos of the service and gave people choices about their lives and care. Carers were up to date with all necessary training. Discussions about people's care and support were recorded and information was given to people in a way that they could understand.

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.

Right Care

People received kind and compassionate care from their shared lives carers. Shared lives carers protected and respected people's privacy and dignity. People's cultural needs were respected, and carers provided culturally appropriate care. People were supported to develop skills and independence at their individual level, varying from growing in confidence with cooking and household tasks to moving into more independent living arrangements.

Right Culture

The provider evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The registered manager, staff and carers worked hard to instil a culture of care and good teamwork. Everyone valued and promoted people's individuality, protected their rights

and enabled them to develop and flourish. There was an embedded culture of people being at the heart of 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

This is the first inspection of this newly registered service.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Bury 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Experts by Experience. An Expert by Experience is a person who has personal experience of caring for someone who uses this type of care service.

Service and service type

Bury 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.

Registered Manager

This service is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we received feedback from 4 carers and 3 people about their experience of the care and support provided by the service. We spoke with 3 staff including the director of care, registered manager, and a shared lives support officer.

We also reviewed a range of records. We looked at care records for two people and multiple records about people's medicines. We reviewed 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits and training records were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were being administered by carers who had received appropriate training. However, a programme for assessing the carer's competency to administer the medicines safely was not in place, as recommended by best practice guidance.
- Each person had a medicines assessment to identify what support they needed to take medicines safely, in the way they preferred. However, information about the risk some medicines posed was not clearly identified. For example, an assessment did not highlight the need for an antidiabetic medicine to be swallowed whole with or just after a meal and there was no information about the risks posed when transferring medicines from one location to another.
- Medicines management processes were not robustly audited when staff carried out regular monitoring visits to carers. Staff were not up to date with best practice which was shared with carers and people to ensure excellence in safe medicines practice. As a consequence, the medicine administration records did not have all the necessary information required to ensure people receiving medicines support and their carers were not put at risk.
- The provider had policies for the management of medicines however these policies were not robust and did not accurately reflect the type of service the shared lives scheme was providing.
- Following the inspection, the registered manager provided assurances that new systems would be implemented to improve oversight of people's medicines.

Staffing and recruitment

- Robust staffing and recruitment processes ensured staff were recruited safely. The provider used a robust matching process for respite and permanent placements which enabled people to make informed decisions about where they lived and who they lived with.
- People were fully involved in recruitment and matching processes. One person had created set questions to ask prospective staff. This enhanced the safe recruitment of new care workers.
- People and care workers considered they were part of each other's family, and this enhanced people's lives and in ways they may not have experienced before. One person told us, "They [care workers] are kind I go on holiday to America. They look after me and buy me Christmas presents."
- A range of pre-employment checks were carried out and verified to check staff were suitable to work with vulnerable people, prior to them being offered employment. We found a minor oversight with recruitments checks, as the provider only went back 5 years when checking new applicants work history. Application forms were amended immediately during the inspection to ensure this process captured a full employment history in line with the regulations.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- Detailed assessments captured risks associated with people's care and we found these had been accurately completed.
- Assessments identified risks related to people's mobility and health needs. The shared lives carers' home was assessed for hazards and risks to people to ensure the environment was safe.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help identify and report abuse to help keep people safe. All staff had received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- Information was available to people and care workers on how to report any concerns. This was also provided to people in an easy read format.

Preventing and controlling infection

- Staff and carers had received training in infection prevention and control and measures to keep people safe during the COVID-19 pandemic had been implemented and followed.

Learning lessons when things go wrong

- There were systems in place to monitor and learn from incidents and accidents. The service positively promoted an open and transparent culture in relation to accidents, incidents and near misses.
- The registered manager was part of a national forum of Shared Lives services and regularly participated by way of posing questions, seeking guidance and sharing information to ensure every opportunity to review, share and follow best practice was taken.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- Detailed initial assessments were produced when a person was referred to the service. This included a lengthy matching process to ensure people were placed with the right care workers to meet their needs. The matching process was gradual, giving the person who used the service as much choice and control as possible. If the individual wished to stop the process they could at any stage.
- Staff members and carers knew the people they supported extremely well. This meant they could provide support in a person-centred way and allowed positive risk taking. For example, they supported a person who used the service into work and had completed comprehensive risk assessments for travel to and from the person's place of employment.
- Annual and quarterly reviews highlighted people's choice and feedback. They also evidenced that care was delivered in line with legislation and reviewed risk regularly. Carers told us that if issues arose in between quarterly reviews the provider "always responds quickly" and "I never have to ask twice for support." Reviews also looked at the individual's cultural needs and how these were supported and maintained.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained and highly motivated staff team who felt supported by the provider and the management team.
- Before a person was placed with carers, the prospective carers completed a comprehensive training package including the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training was personalised to the carer and the person they were supporting. This ensured carers had the right skills to meet people's individual needs.
- Staff were provided with regular supervision and appraisal which was strongly linked to the provider's values.
- Quarterly reviews included a review of the carer's skills and competence. We saw an example of how a review had highlighted additional support was needed and the provider had coordinated this with external services.

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

- Carers told us they provided healthy and balanced meals which provided choice. Where possible, if the person they were supporting was able and confident, they could support with meal preparation.
- If people needed a special diet, a risk assessment was completed to ensure staff had the information they

needed to support people safely and meet their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with external agencies to provide enhanced holistic support. The provider worked with the community learning disability team, the day service and the GP practice nurse to enable positive outcomes.
- The provider engaged with multi-disciplinary teams, day services and social services to look at support issues and risks.

Supporting people to live healthier lives, access healthcare services and support

- Everyone who use the service had hospital action plans which were designed with the service user and carers. This provided health professionals with up to date person-centred information about the person.
- The provider ensured annual GP reviews were completed and worked with other services to perform holistic annual reviews which included social services and community learning disability services.
- The service supported people to achieve good health outcomes. For example, carers provided significant support to a person with insulin-controlled type 2 diabetes and the person was able to reverse this health condition. This meant they no longer required insulin injections. This not only improved their physical health but also had a positive impact on their mental health.
- Another example was around cervical screening and how a person who uses the service was invited, however this person became upset and refused. Over the course of 12 months the provider worked with the person and other professionals in order to build their confidence. This included providing easy read documents for the procedure. The person subsequently had the procedure with support from the provider and proceeded to share their story with other female service users to support them.

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 MCA 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.

- The service worked within the principles of the MCA. They supported people in the least restrictive way possible.
- The service took proactive risks with people who lacked capacity to make their own decisions. This enabled people to have equal access to activities such as work.
- Policies were person centred and appropriate for the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were well supported and cared for. People were well matched with their designated shared lives carers and as a result, people were at ease, happy, engaged and stimulated.
- Staff and carers respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Carer workers provided compassionate and kind support to people and treated people as members of their family. One carer said, "The [registered manager] and [shared lives officer] are excellent, they really understand the system and support family carers."

Respecting and promoting people's privacy, dignity and independence.

- Carers knew when people needed their space and privacy and respected this. One person told us, "I have my own room where I like to listen to my music."
- People's right to privacy and confidentiality was adhered to. The service utilised technology to minimise any risks to people's confidentiality.
- People had the opportunity to try new experiences, develop new skills and gain independence. The registered manager explained the service would often support people to explore new interests.
- We saw examples where people were supported to gain voluntary work placements which sometimes progressed into paid employment.

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

- Staff and carers were proactive and skilled at identifying and sourcing support and opportunities for people based on their views, needs and wishes. This supported people to lead fulfilling lives and achieve their aspirations.
- The service recognised it was people's right to have access to an independent advocate and other support networks to protect and promote their wellbeing.
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 person-centred care and this was embedded into the ways of working within the service.
- Staff and carers had an excellent understanding of people's needs, preferences and wishes.
- Carers and staff were responsive to people's changing needs and these were reflected in the support plan.
- Although people's care plans were person centred, we found people's social history needed expanding further. The registered manager confirmed this area would be addressed, as people's life histories tended to be captured in other documents such as the pre-assessment.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service presented information in a way that people understood, to ensure people and their carers were able to make appropriate choices based on options which had been presented to them in an accessible way.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Each person had detailed 'health passports' which included information about their needs and their preferred communication style. This gave healthcare services information to ensure people could receive information in a way they could understand.

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

- The service facilitated links with people and their carers. Events and informal coffee mornings were held to help people feel a sense of belonging and avoid any feelings of social isolation.
- People's care records included information about the activities and hobbies they liked to take part in. People were supported to try new activities including in relation to self-care and everyday living skills. A committee group was formed by Bury Shared Lives that encouraged people to become involved and have a voice for the service. One person told us, "I love the committee group and we have some good ideas."

Improving care quality in response to complaints or concerns

- The provider took complaints seriously and these were responded to in line with their policy and procedures.
- People and carers were provided with information on how to make a complaint should they need to. People and carers had regular communication with staff, and knew how to contact the management team if there was anything they were unhappy with.

End of life care and support

- There was no one using the service who required end of life care. The service produced a bespoke end of life care booklet that was in an easy read format. This provided helpful guidance for people and carers to ensure people's wishes and choices were respected at the appropriate time.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The management team had the skills, knowledge and experience to perform their role and a clear oversight of the service.
- A registered manager was in post and present throughout the inspection. There was also a shared lives officer who supported carers and people. Everyone we spoke with provided positive feedback about the support offered by the service.
- The registered manager carried out overarching audits to review the governance of the service. These included, reviewing health and safety checks, the environment, staff feedback, a review of records, and staff practice. However, audits connected to people's medicines had not been entirely effective, given the shortfalls we identified. High level assurances were provided by the management team that they would review their internal quality assurance systems in order to improve oversight of people's medicines.
- The service was affiliated to 'Shared Lives Plus'. This is the UK network for small community care services, including Shared Lives carers and schemes. The registered manager also attended and was the chair of registered manager meetings. This facilitated the sharing of best practices.
- The registered manager was committed to providing good-quality care and was recognised internally and awarded the provider's values award.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and staff were passionate about the service they delivered to ensure people lived fulfilled and meaningful lives.
- The registered manager had worked hard to instil a culture in which shared lives workers and carers truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People's needs and wishes were at the heart of everything they did.
- People were supported to have access to the care and support they needed, in the right location, taking into account their personal choices and preferences. People's decisions were respected and acted on. One person said, "I feel like the managers listen to me. If I wasn't happy with something I could say."
- The registered manager worked in an open and transparent way including when any incidents or accidents occurred. This was in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Through effective collaborative working between carers, various health and social care professionals, as well as community and wider networks, people were kept safe and given opportunities to reach their full potential. Positive links has been created with the local Jewish community.
- Meetings took place with people, carers and staff to share information with them about any changes that occurred in the service.

Continuous learning and improving care

- The registered manager kept up to date with national forums and best practice in Shared Lives services to inform and drive ongoing improvements to the service. Carers also had access to a national Shared Lives forum to inform their own learning and remain up to date.
- The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help the service to continually improve.