

Manchester City Council

Manchester 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

This inspection took place on 11 and 12 December 2018. We announced the inspection 24 hours in advance so the manager was able to ensure there were staff available at the office to assist us with the inspection.

Shared lives is a model of care where care is provided by approved carers (providers) in their own home or in shared houses with the approved carer living off site. The service matched people (called citizens by the service) with a care need with providers who supported them according to their assessed needs. Providers either supported citizens on a long term basis or for short breaks.

At the time of our inspection the service supported a total of 144 citizens. Not everyone using the Manchester Shared Lives receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service was supporting 48 citizens who needed support with 'personal care' at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Citizens said they felt safe living with their providers. Citizens and providers said they were well supported by the shared lives team.

Citizen's care needs, any risks they may face, interests and preferences were assessed and regularly reviewed to ensure they reflected their current support needs. There was a thorough assessment procedure in place for potential providers. Citizens were matched with providers based on these assessments.

Citizen's finances and medicines were safely managed. Citizens were supported to take part in a range of activities, work placements and holidays, either with their provider or independently.

Provider training had been improved. Placement workers had the training and support to fulfil their roles.

A quality assurance system was in place, with placement workers undertaking regular monitoring visits. New monitoring forms were being introduced to make these visits more robust. The registered manager checked a sample of each placement workers care files prior to their supervision meetings.

Incidents and accidents were reviewed to reduce the risk of further incidents occurring. The few complaints received, both formal and informal, had been responded to appropriately.

The service was engaged with Shared Lives Plus to keep up to date with developments and good practice within the Shared Lives field. Peer reviews by a manager of another local shared lives service had been completed.

Capacity assessments and best interest meetings were completed where required.

The service sought feedback from providers and citizens to look at ways for further improvements to be made through annual surveys and provider focus groups.

Further information is in the detailed findings below.

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Manchester Shared Lives

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive, announced inspection and was conducted by one adult social care inspector on 11 and 12 December 2018.

We reviewed the information we held about the service. We looked at the statutory notifications the home had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. The service had submitted a contact list which we used when planning the inspection.

During the inspection we spent time at the Manchester Shared Lives office and visited four providers with their permission. We spoke with six citizens who used the service, 10 care providers, two placement workers, the registered manger and the locality strategy manager for learning disabilities.

We looked at records relating to the management of the service such as incident and accident records, two placement worker staff files, placement monitoring forms, provider training records, four care files at the office and a further seven care files in the homes where citizens lived, meeting minutes and quality auditing systems.

Is the service safe?

Our findings

Citizens we spoke with said they felt safe living with their shared lives provider. One person said, "I'm safer here with (provider names); I've a better life now."

Providers had completed training in safeguarding vulnerable people and said they would raise any concerns they had with their placement workers. They said any issues they raised were taken seriously and acted upon. Some citizens supported by the shared lives service had worked on a project to make safeguarding personal for other citizens. This had included a presentation, with questions and provided citizens with information about keeping themselves safe in an easy read format.

The service had effective procedures in place to manage any accidents or incidents. All incidents were logged and reviewed to reduce the risk of further incidents occurring in the future.

Citizens received their medicines as prescribed. Placement workers reviewed the medicine administration records on each provider visit. At our last inspection in May 2016 protocols were not always in place for when medicines not routinely required (PRNs) were to be administered. A new PRN protocol had been developed to clearly state when the person needed their PRN medication and how the person would communicate this, either verbally or non-verbally. A new placement monitoring tool being introduced in December 2018 prompted the placement workers to check that where PRN medication was prescribed protocols were in place.

Citizen's care plans identified the day to day risks they may face and how these were managed. A new risk assessment tool had been introduced in March 2018 to ensure potential risks were discussed with citizen's and providers. Where required specific risk assessments were also written, for example for citizens going out on their own, where they may have some behaviour that could challenge the providers and consuming excessive alcohol. These were regularly reviewed and updated when citizen's needs had changed.

At our last inspection the providers did not always have copies of citizen's current risk assessments. All the providers we spoke with and visited had copies of citizen's care plans and risk assessments to refer to. Providers told us they wrote any changes in citizen's needs on the risk assessments when required and discussed them with the placement workers at their regular provider reviews held every eight to ten weeks. The placement workers then updated the care plans and re-issued them to the provider.

The service continued to have robust recruitment and assessment procedures for providers. A comprehensive assessment was completed over a series of home visits, including references and disclosure and barring service (DBS) checks. An environmental check was made on the providers house / property, which was reviewed annually by the placement workers. A check was also made by the local fire service.

The provider assessment was then reviewed by an independent panel consisting of social care professionals, provider representatives and senior staff from other local shared lives schemes before the provider was approved for shared lives.

Is the service effective?

Our findings

There continued to be a rigorous process for matching citizens with potential shared lives providers. An initial assessment for each citizen was completed by the placement workers. This detailed their hobbies and the things they liked to do as well as their support needs. Citizens and providers were then matched. Introductory visits were made; if there was more than one match of potential provider the citizen was able to visit each provider before making a decision about where they wanted to live.

Providers told us they received the training they needed to meet the needs of the citizens they supported. The training matrix showed providers completed a range of courses, including medicines, first aid and managing finances. Specific training was also provided where required, for example epilepsy and dementia awareness. Providers said that the training available had increased since our last inspection, with courses for awareness of mental health having been arranged. One provider said, "I've done a lot of training with them. There's more encouragement to go on it now."

New providers attended induction meetings where different scenarios they may come across could be explored in a safe environment.

The service was looking to further develop the training they offered with placement workers completing 'train the trainer' courses in first aid and moving and handling. The service would then be more flexible in offering the providers training and would be able to adapt the courses to suit the shared lives setting.

Placement workers training was up to date, with staff also supported to complete externally recognised qualifications. One placement worker said, "The training and support is absolutely amazing."

The placement workers had regular supervisions and team meetings with the registered manager. They said they were well supported to carry out their role.

The service continued to work within the principles of the Mental Capacity Act (MCA). Citizen's capacity for making decisions was assessed. Where required best interest decision meetings were held and recorded for specific decisions that had to be made. Providers we spoke with understood that they needed to support citizens to make their own choices and decisions.

Citizens were supported by the providers to maintain their health. Care plans included details of citizens' health needs and health action plans were in place where required. Providers kept a diary of all health appointments, which were checked by the placement workers. Appropriate referrals to other healthcare professionals were made, for example psychiatrists and the community learning disability team.

Citizens told us they enjoyed the meals they had and were involved as much as they wanted to be in the choice, buying and preparation of their meals. One citizen said, "[provider name] knows what food I like." Any nutritional needs citizens had were recorded within their care plans.

Is the service caring?

Our findings

Citizens were positive about the providers they lived with. Comments included, "[provider's names] are always here; they look after us well." Another citizen clearly showed the inspector through gestures and words that they were happy where they were living and that it was their home.

During our home visits we observed positive interactions between citizen's and care providers and it was clear that strong relationships had been developed. Providers knew the citizen's needs and preferences well.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service enabled placement workers and providers to capture information to ensure people from different groups received the help and support they needed, which met their individual cultural needs and promoted their independence.

Providers were recruited from a range of backgrounds and their attitudes and values explored during their assessment so suitable matches with citizens looking for support could be made.

Providers explained how they maintained citizen's privacy and dignity, for example giving people time on their own if they wanted it and knocking on bedroom doors before entering. The citizen's survey from April 2018 was very positive about providers respecting their privacy and dignity.

Care plans showed how people were supported to maintain and increase their independence where appropriate. Providers explained how they 'travel trained' citizen's when they wanted to go somewhere new. This involved showing them how to get to where they were going and then allowing them to take the lead until they were confident to travel on their own.

Where required referrals were made to independent advocacy services to support people to make decisions or to ensure decisions taken were in the person's best interests if they did not have the capacity to make the decision themselves.

Is the service responsive?

Our findings

Each citizen had a care plan that was person centred and detailed their individual needs and preferences. These were regularly discussed by the placement workers and providers at the monitoring visits which took place every eight to ten weeks. These visits were recorded and any changes in people's needs noted. A new monitoring record form was due to be introduced which clearly detailed the areas the placement worker had to check / review at each monitoring visit, including any changes for the provider as well as for the citizen, that may affect the placement.

Short stay providers told us they were kept up to date with any changes in people's needs between visits. They also wrote a record following each visit, which included any changes in citizen's needs, health or behaviours they had seen. These were given to the placement workers to update the care plans accordingly.

A formal annual review was held, involving the citizen, provider, placement worker and the citizen's family where appropriate. Care plans were also provided in an easy read format so citizens were more able to understand them. Citizen's had signed their care plans where they were able to do so.

The service had made information accessible to citizen's by producing easy read guides for various topics, including a service guide, keeping safe, drinking alcohol and sexual health. The citizen's survey was also in easy read format.

Feedback from the citizen's survey in April 2018 clearly showed that citizens felt able to make their own choices and day to day decisions, such as when they went out and when they went to bed.

Citizen's continued to take part in a range of activities, either with support or independently. Some citizens had work placements organised in conjunction with the volunteer centre. All the care plans we saw contained a full weekly plan of activities that the person was doing.

Citizens also told us they went on holidays, either with their care provider or through a supported holiday company.

The service had a formal complaints policy in place. Few complaints had been received since our last inspection. Any that had been made, whether formal or informal, had been considered and responded to by the registered manager.

Care plans contained information about citizen's wishes in the event of their death where they had wanted to discuss this and some people had funeral plans in place. Citizens told us they were supported to visit and tend their family's graves when they wished to do so.

We were shown evidence of the comprehensive end of life support provided for one citizen and their care provider which enabled them to stay at the provider's home at the end of their life. Placement workers provided additional visits and liaised with other community professionals, for example Macmillan nurses,

community and district nurses. Additional support from a care agency was arranged so the citizen was able to continue to attend their usual activities for as long as possible and the provider had additional assistance where required, for example with personal care.

Is the service well-led?

Our findings

The shared lives team had a clear commitment to the citizens and providers they supported. Providers and citizens told us they regularly saw their placement workers and could contact anyone in the team if they had any questions or issues. Providers felt well supported, with an out of hours phone number being available if there was an issue out side of the office hours. One provider said, "I felt supported through the whole assessment process and I could be honest with them (placement workers) if I had any issues."

A range of quality assurance tools were used by the service. Placement workers made regular monitoring visits to each provider to discuss the placement, any changes in citizens needs and to review the medicine administration and finance records. The monitoring records had been made more robust since our last inspection.

The registered manager completed a file audit for five providers / citizens on each placement workers caseload prior to their supervision meeting. These checked that the care plans, reviews and monitoring visits were up to date. Each placement worker also had a caseload tracker to show when reviews, monitoring visits and health and safety checks were required.

Regular team meetings were held for the placement workers where they were able to discuss their caseload, developments in the service and raise any questions they may have. Placement workers told us they felt well supported by the registered manager, who was approachable and open to ideas and suggestions.

The service sought feedback from providers and citizens to look at ways for further improvements to be made. Annual provider (November 2018) and citizen (April 2018) surveys were completed. The results were collated and reported back to the providers and citizens, including what actions would be taken to address any comments made. The surveys for 2018 were overwhelmingly positive. Providers felt well supported and said that there was good communication from the shared lives team. Comments from the provider survey included, "Keep us well informed, always there for us, very organised and helpful" and "The team at shared lives look after all its providers and citizens to the highest level, it's an excellent service."

A provider focus group had been established in June 2018 to consult and gain feedback from providers about the service and the implementation of any new documents / forms. Feedback from the group had been used before finalising the new placement monitoring forms being introduced in December 2018. Quarterly newsletters were issued to keep citizens and providers up to date with what was happening within the service. A monthly email was also used to inform providers about training opportunities and developments within the service.

Manchester Shared Lives was part of the national Shared Lives Plus organisation and participated in regional meetings to keep up to date with developments and good practice within the Shared Lives field. As part of this, peer reviews with another local shared lives scheme had been completed in January 2018. This looked at the six shared lives quality standards. The service scored well and any areas for further development had been highlighted.

Manchester Shared Lives were the winner of the Manchester City Council 'inclusive Manchester award' in 2018.