

Bournemouth, Christchurch & Poole Council
(BCP)

Poole and Bournemouth 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

Poole and Bournemouth Shared Lives recruits people to become paid carers to support people aged 16 and over with a range of support needs. People stay in the carer's home and receive their support within a family environment. Some shared lives carers had been approved to care for more than one person. Shared Lives support can vary from a day a week, a day a month, overnight stays or living with someone for a short while or permanently. Staff employed by the shared lives service provide support to people and their carers.

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 the time of the inspection the service was supporting 60 people on a long term or short term basis.

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

There were systems and processes in place to identify and manage risks to people's care. Organisational governance processes monitored the quality of the service.

There were comprehensive recruitment processes in place to ensure people were matched with suitable shared lives carers to support people effectively in their own homes.

Shared lives carers completed a range of training to help them support people appropriately. Shared lives carers had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

People received their medicines from shared lives carers who had been trained to safely administer medicines.

Shared lives carers had received training on infection prevention and control. Information and guidance on infection control measures were available for shared lives carers and people.

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.

We expect health and social care providers to guarantee people with autism and or a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The values and behaviours of the registered manager and staff led to shared lives carers feeling supported. Communication was "very good."

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

Rating at last inspection

This service was registered with us on 06/06/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Poole and Bournemouth 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

The inspection was carried out by one inspector. Two assistant inspectors and an Expert by Experience made calls to people and their carers. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Poole and Bournemouth Shared Lives is a shared lives service. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for people 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.

Inspection activity started on 6 May 2021 and ended on 7 May 2021. We visited the office location on 6 May 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 13 shared lives carers and three people who used the service on the telephone about their experience providing care. We spoke with the registered manager. We reviewed a range of records. This included six people's care records. We looked at four shared lives carer's recruitment and assessment files. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

After the inspection, we reviewed further evidence sent to us by the registered manager.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed and people were supported to access advice and treatment from healthcare professionals when required.
- There were systems and processes in place to ensure shared lives carers supported people to receive their medicines safely.
- Shared lives carers were appropriately trained to administer medicines safely to people.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. Shared lives carers and staff completed training on safeguarding.
- Records showed safeguarding was discussed with shared lives carers during monitoring visits, this gave them an opportunity to highlight any concerns. One carer said, "If I had any concerns at all about safeguarding or otherwise – I would contact [officer] in the first instance. We have seen over the years, the more you are open and share with the officer, the better the relationship it is."
- The provider had a safeguarding policy in place. Safeguarding issues were identified and reported in line with the provider's legal responsibility.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed. Measures were in place to mitigate the risks and ensure people's needs were met.
- People who had specific medical conditions were supported by trained carers. One carer told us, "I have done epilepsy training and [officer] has managed to arrange training where our clients' needs have required it."
- Records showed a range of checks were in place to monitor the safety of the home environment. These included gas and electrical safety test, fire evacuation plans and health and safety in the home. The provider ensured checks were reviewed.

Staffing and recruitment

- The provider had a comprehensive recruitment process in place. Carer profiles were used to match people with potential shared lives carers to make sure people's placements were suitable. The matching process included initial introductory meetings between people and a shared lives carer, followed by a transitional period before the placement becomes permanent.
- The assessment process showed a number of background checks had been completed including a Disclosure and Barring Service check (DBS). DBS checks help employers to identify if staff have any criminal

convictions that may affect their suitability to work with the people they care for. Further assessments included virtual visits in their homes and evaluating their knowledge, experience and attitudes.

Preventing and controlling infection

- There were systems in place to prevent and control infection. Shared lives carers completed infection control training. The provider sent information and guidance to shared lives carers and to people in a format that suited them. This ensured everyone was kept up to date.
- The registered manager told us the shared lives carers were responsible for ensuring they had suitable equipment to prevent and control infections, such as Personal Protective Equipment (PPE). One carer said they were, "Mindful of cleaning and PPE."

Learning lessons when things go wrong

- The provider had systems in place for recording and responding to incidents and accidents and then learning from these.
- Records showed shared lives carers responded to incidents appropriately.

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 was the first inspection for 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

- Records showed the provider assessed people's needs. Different areas of the persons daily life were assessed, such as their personal care needs, communication, mobility, medical and nutritional needs. Assessments included activities and interests and religious and cultural needs. People and the shared lives carers were involved during the assessment process, and the information was used to develop care plans and risk assessments.
- One person's care plan included guidance on how to support them in the community. The guidance showed what may trigger the behaviour and the approaches to be used by shared lives carers to support the person to de-escalate the situation and reduce distress.
- Processes were in place to ensure carers and their homes would be compatible and suitable.

Staff support: induction, training, skills and experience

- Carers had received regular training. Comments regarding training included, "We have done basics safeguarding, all mandatory mental health, confidentiality - all the mandatory basic training really." Another carer said, "Training is accessible and enjoyable. We have kept up to date with things such as MCA [Mental Capacity Act 2005], safeguarding and Equality and Diversity." A third carer described their training as being, "Appropriate and thorough. Always ongoing and I have future dates."
- Shared lives carers completed a range of training to ensure they could meet the needs of people they support. Carers told us they received, "Three stages of autism" and "Epilepsy training."
- The registered manager monitored shared lives carers and staff learning and development to ensure they completed or refreshed their training when required.

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

- People's nutritional needs were detailed in their care plan.
- Likes and dislikes were clearly detailed in care plans alongside dietary requirements.

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

- Records showed shared lives carers ensured people attended their medical appointments, this included yearly reviews with the GP, dentist and optician.
- Shared lives carers had accessed health care services and liaised with adult social care professionals when people found it difficult during the lockdown and COVID-19 restrictions, which limited social activities. One carer said they had, "Got a psychiatrist and CPN [Community Psychiatric Nurse] involved."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people's capacity needed to be considered assessments were completed. The registered manager told us the shared lives carers and the person's allocated adult social care professional were responsible. When people lacked the mental capacity to agree to their care arrangements, and where it may amount to a deprivation of their liberty, records showed these were in place. We saw evidence the provider had checked a copy of the legal authorisation when a person's deprivation of liberty had been authorised.
- Shared lives carers had completed training on the MCA and were familiar with people's authorised deprivations of liberty. They explained how they supported people in their best interests. For example, accompanying a person whenever they went out in the community to make sure they were safe.

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 was 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

- Some people had been living with the same shared lives carers for a number of years. This meant people had stability and continuity of living with the same shared lives carers in the same home environment, additionally the shared lives carers knew people's needs very well.
- The registered manager explained how they assessed potential shared lives carers' attitudes to working inclusively during recruitment. Shared lives carers had completed training in promoting equality and diversity.

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

- Shared lives carers helped people to make day to day decisions about their care. For example, one shared lives carer told us, " [Name of person] has got more assertive over the years and we make decisions and plan through conversations, and he feels like a part of the family."

Respecting and promoting people's privacy, dignity and independence

- People's support plans demonstrated how shared lives carers encouraged them to be independent. A shared lives carer described how they had supported a person to learn to gain life skills and live semi independently. This meant, despite needing prompts and support, where possible privacy and independence was encouraged.

Is the service responsive?

Our findings

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

This was 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

- Records showed care plans were personalised to meet people's individual needs. People's psychological, social and physical needs were considered when care plans were developed.
- Some people had been supported by shared lives carers for several years, this meant the relationships built between the person and the shared lives carers family understood their needs and preferences.

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.

- Records showed the provider had assessed people's communication needs. People's care plans clearly set out what their preferred communication methods were, and the level of support needed and any equipment, for example hearing aids.
- One person's care plan described how they had limited verbal communication and were learning to use the Pragmatic Organisation Dramatic Display (PODD) to help them communicate. PODD is a way of organising whole word and symbol vocabulary in a communication book or speech-generating device to provide immersion and modelling for learning .

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

- Shared lives carers supported people to develop and maintain relationships that mattered to them. Care plans had a section 'About me' which included contact with family and friends that matter to the person. For example, one person's care plan documented how the shared lives carers supported the person to have visits with their family.
- Records showed the COVID-19 restrictions and lockdowns had impacted on people, affecting their wellbeing. Isolation and shielding requirements had led to an escalation in expressions of emotional distress for some people. Where possible, shared lives carers had arranged for phone calls to take place with the person's friends which had a positive effect.
- Community activities had been limited due to COVID-19 restrictions including day provisions people usually attended. Shared lives carers had supported people to engage in activities, these included shopping, walking, car rides, crafts and baking. One person was particularly happy to return to their day provision.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record complaints when they were received, and action taken. There was a policy and procedure in place for handling complaints.

End of life care and support

- No one was receiving end of life care at the time of our inspection.

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 was 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Officers carried out regular monitoring visits to shared lives carers to provide support and guidance. These visits monitored progress and adherence to policies, procedures and best practice. Shared lives carers told us these visits were supportive and they had positive relationships with staff.
- The provider's quality assurance systems included regular monitoring visits to shared lives carers homes to evaluate their care and support. Due to the COVID-19 pandemic the provider needed to adapt their approach and this contact had taken place over the phone.
- Records showed there were a range of audits in place to monitor the quality of the service people received.
- The provider had systems and processes in place to provide oversight of the service.

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; Continuous learning and improving care

- The registered manager and staff were proud of the work they did and the positive impact their support had on the lives of people and the shared lives carers.
- The registered manager and nominated individual were open and understood their responsibility to meet the duty of candour.
- Shared lives carers were clear about their responsibilities and who they needed to report to. The registered manager and staff understood their different roles and responsibilities.
- The provider had a system in place to monitor and record complaints, accidents and incidents. Records showed details of events that had occurred, and the action taken. The provider also had a lesson learnt system which demonstrated outcomes and actions to prevent reoccurrence.
- The provider understood their responsibilities to act in an open and honest way if something went wrong. They were aware of their responsibilities to keep CQC informed of significant events at the service. We received statutory notifications showing how different events had been managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the carers knew who their allocated officer was and said they had regular contact with them to make sure they were happy with the service. One carer said, "We have had reviews on [Social media], it has worked quite well."

- The service sent out regular newsletters to people, shared lives carers and officers to inform them of changes and updates about the service.

Working in partnership with others

- The service worked in partnership with external agencies to ensure people received timely care. Records showed adult social care professionals felt the service had been proactive in providing and sharing information and joint working had led to a positive experience for people.