Leeds City Council

Leeds 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 between 27 June 2017 and 21 July 2017 and was announced. This was the first inspection of the service at this location.

Leeds Shared Lives provides personal care and support to adults and older people. Most people who use the service have a learning disability or are living with dementia. There are two aspects of the service. The outreach team provides a service which supports people in their own home or out in the community. The short breaks service provides a break for people in another family setting. The aim of the service is to support people to lead independent lives and provide respite for relatives and carers. The service currently provides support to 303 people. Only a small proportion of these people required support with personal care.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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. The registered manager has been referred to as 'manager' throughout the report.

Although a new manager had recently started at the service, there had been a number of changes in management over the last year. The manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided, although these required review to make sure they were sufficiently robust.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. Medicines were managed safely and in line with procedures.

Risks to people had been assessed and plans put in place to keep risks to a minimum. An 'out of hours' service was in place so that people could contact a member of staff in an emergency.

There were enough staff in the team to make sure people's needs were met. The provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Care staff were supported through training, supervisions and meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA).

People told us that staff were caring and that their privacy and dignity were respected. Care plans were

person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and to access health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were administered in line with up to date guidance.

Staff were confident of using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that care staff were of suitable character and background.

Is the service effective?

Good

The service was effective.

People were supported by care staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and were supported to access relevant services such as a GP or other professionals as needed.

Is the service caring?

Good

The service was caring.

People told us that it was a caring service.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care. Support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in lace at the service.

Staff told us that management was supportive.

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided.

The manager had plans to make improvements to the service.

Leeds 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 inspection took place on 27 June 2017 and 21 July 2017, when we visited the main office. The first inspection day was carried out by one adult social care inspector and a specialist advisor. The second office visit was attended by one inspector. Two experts-by-experience made phone calls to people who used the service on 4 July 2017. The experts by experience for this inspection had experience of supporting people with a learning disability.

Before the inspection, we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from Leeds County Council social services, Leeds Clinical Commissioning Group and Healthwatch, prior to the inspection.

During the inspection we looked at records which related to people's individual care. We looked at eight people's care planning documentation and other records associated with running a care service. These included recruitment records, notifications and records of meetings.

Over the course of the inspection, we spoke with two people who received a service and seven relatives. We met with the registered manager, service delivery manager and five members of staff. The service delivery manager was a senior manager who had oversight of several services in Leeds County Council.

Good

Is the service safe?

Our findings

Relatives we spoke with told us the service was safe and they could speak with care staff if they had any concerns. Comments included, "I have no qualms about the current carer and feel my son is in safe hands. My son also feels safe", "Safe, very safe. The carer is an ex midwife, ex nurse. Very capable with the right experience" and "Safe? Yes, I feel quite happy".

Care staff had received safeguarding training to promote their understanding of abuse and the action they should take if they had any concerns about people's well-being. Safeguarding concerns had been properly investigated. Any accidents or incidents were recorded and these showed that appropriate action was taken in response. For example, when one person had slipped from their chair, the incident had been discussed with their family and a referral made to an occupational therapist. The care staff involved had also received additional training. Any incidents were discussed at annual reviews, which provided an opportunity to look at whether there were any trends.

People's safety was considered throughout the referral and assessment process. Risks at people's homes were identified and action was taken to reduce the risk, if possible. A fire safety review was also carried out at the home of each short breaks carer. Support plans specified any personal safety issues, such as road crossing, family problems or health issues.

Risk assessments were up to date and reviewed to make sure they remained current. We noted that information about risk was more detailed in the records of people who used the short breaks service. Outreach records were briefer and provided less information. The manager explained that this was partly because short breaks involved going to someone else's home. However, they added that office staff were aware of the difference and were looking at making improvements.

We looked at the procedures in place for the management of medicines. Each person's placement agreement included details of the medicines they needed, together with guidance about administration and the reason it was needed. The manager told us that medicine records were checked at annual reviews, but before each shared lives visit, a coordinator checked that there were no changes. The service was not responsible for ordering medicines. The majority of people who used the outreach service managed medicines themselves or with the support of relatives. We were unable to look at administration records as these were kept at people's homes.

We asked the manager how they would identify if there had been any medicines errors and take prompt action outside of an annual review. They acknowledged there was no formal process for doing this and they relied on issues being raised through the usual contact methods. They added that they were aware this was an area that needed to be more robust.

The service used the Leeds multi-agency medicines policy, together with Shared Lives Plus guidance. A Domiciliary Care Medication Protocol, reviewed in April 2017, covered the procedure for training, supply and storage, records management, incident reporting, and disposal. Some people took medicines which were to

be taken 'as required', such as painkillers. The manager told us that care staff were aware of the protocol for this type of medicine, but acknowledged the written guidance needed to be clearer. They added that some activity sessions had been arranged with care staff, to discuss any recent updates in guidance.

People told us they thought medicines were managed safely. One relative said, "[Name] takes her own. She has a 'dossett' box. Never had a problem with medicines". Another relative commented, "There are no problems with their medicines at all. I know they [staff] document it". We saw records which showed all care staff had been trained in medicines before being allowed to administer.

Recruitment records showed that all the necessary background checks were carried out before all new care staff were able to start work. These included a criminal background check, references and proof of identification. Outreach care staff had a formal interview, where their skills and suitability was assessed prior to recruitment.

Short breaks carers were classed as self-employed but went through a robust recruitment and assessment process. The assessments we viewed were very detailed. Areas covered included the applicant's background, employment history, accommodation, strengths and community links. The assessment also looked at skills and knowledge, including understanding and challenging discrimination, communication and forming positive relationships. Once completed, conclusions and recommendations were made about the applicant and this was reviewed and approved by a senior manager. This process made sure that short break carers had the skills and experience required.

We identified no issues with the numbers of staff at the service. The main office was staffed by five social workers and two social work assistants, who carried out assessments, reviews and visits. The manager was also based here, along with administrative support. The registered manager told us that outreach care staff were generally placed with the same people to support, so that there was consistency. We received no concerns about lateness or missed visits.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by competent and effective care staff. Comments from relatives included, "The carers have enough knowledge and skills", "Because of the carer's background, she has enough experience to do the job in a good way", "The carer understands my husband's needs very well" and "My wife loves to talk. The carer does too. They have a bit of a crack together." One person who used the service said, "My carer has a good understanding of my needs".

The manager told us about the induction and training provided to new care staff. Outreach care staff were given one day preparatory training and went on the Leeds County Council adult social care induction. Short breaks carers received three days preparatory training. The manager explained this was because of the different roles, but also that shared lives carers were self-employed and were not able to attend adult social care induction.

Preparatory training covered a wide range of topics including communication, loss, dementia, values and beliefs. Care staff also received essential training in key areas such as first aid, food hygiene and medicines. The manager told us other specialist training was available if needed, for example, de-escalation training for anger management or specific moving and handling techniques. During induction, care staff were provided with a 'learning diary' which they were encouraged to use for reflection, to aid learning.

Care staff were given the information they needed to support them in their roles. All care staff were provided with a handbook which gave information about the service, background, values and support available. The roles of different staff were explained, together with a guide to how the service operated. Contact details were provided for when support was needed outside of normal working hours.

Care staff were provided with appropriate supervision and support. Short breaks carers were contacted, prior to each placement, by a scheme social worker and were also involved in yearly progress reviews. Formal supervisions were not provided because they only provided care and support occasionally. Outreach care staff were provided with regular supervision and appraisal with an allocated social worker.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The manager told us that there were currently no issues with regard to people's capacity to consent. We noted there were signed agreements to the care provided in people's support plans. Some people had limited capacity, but were able to understand the nature of the service and consent to the care and support provided.

The manager explained that no best interest meetings had been held as it had not been necessary. Best interest meetings were held where important decisions had to be made about care and welfare. A best interest meeting is attended by those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person.

The manager was aware of the requirements of the MCA and records showed that the office staff had received training in this area. The manager explained that specific training would be provided to care staff if needed, but added that capacity and consent was discussed in preparatory training.

Where required, there was information in people's support plans about their needs in relation to eating and drinking. For example, where people needed a special diet or had particular preferences. The manager told us that there were only a few people who required assistance with eating their food, either with cooking or cutting it up. Relatives told us that care staff were patient and offered encouragement when they assisted people with meals. One relative told us, "Sometimes the sitter will give mum her yoghurt. She will give her a spoonful of yoghurt and ask her if she wants any more. She paces everything".

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. There was guidance about particular syndromes relevant to each individual so that care staff had a better understanding of their needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist or community nurse where needed. People living with dementia received support through specialist teams and had access to a social worker.

Good

Is the service caring?

Our findings

People who used the service told us they thought it was caring. One person who used the short breaks service said, "I've been with them nine years and I'm very happy with everything". Comments from relatives included, "[Name] absolutely loves going" and "They all come back happy and raring to go next time!"

Regarding the outreach service, relatives told us that care staff were kind and caring. Comments included, "It has been a really good match. It has definitely changed my life", "The carer jokes with my husband which is very nice" and "The best thing is it gives my wife a better outlook and it gives me time to myself. I am really happy with our service."

Relatives gave us examples of how the service was caring. One relative told us, "The carer thinks about my son on his birthday and she brings a card. She does this at Christmas too. She will drop by if she is not working on the day. She has sometimes taken him out for a meal." Another relative explained, "If my wife feels down, the carer will ask her if she wants to go for a walk or takes her to have her hair done."

People who used the service and their relatives confirmed they were treated with dignity and respect. One relative told us, "If mum is not well, the carer makes sure she is comfortable and positioned correctly. When mum is sat, she can fiddle with her skirt and it rides up her knee. The carer will always pull it down. When she makes mum a cup of tea, she asks mum first. She never forces her." Another relative said, "If my husband goes up to the toilet, she doesn't go up with him, but checks that he goes up the stairs okay, and is there if needed."

We spoke with the manager about how the service promoted equality and diversity. They told us cultural needs were considered at the referral and matching stage. For example, one person wanted to be able to go to church, so they were matched with a carer who lived close to one. They added that some carers were trained in Makaton, a type of sign language often used by people with a learning disability. The manager was aware there was a gap in recruiting a suitably diverse range of carers. One member of staff had recently taken on a role as Asian Development Worker with the aim of improving support for people with an Asian background.

We noted that equality and diversity issues formed an integral part of the referral and assessment process. The service was thorough in considering people's needs in order to match them with the most appropriate carer.

A focus of the service provided was to encourage independence and promote involvement in the way care was provided. One relative told us, "I reckon Shared Lives try to match people up. My husband and his carer have got to know each other very well." They went on to explain how their spouse was supported to be independent, and said, "When they go for a walk, the carer will encourage my husband to get his shoes and coat. She asks him to take them off himself when they get back." Another relative spoke positively about how the service supported people to make their own decisions, and said, "They listen to [Name].

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs.

The referral and assessment process was different for the short breaks and outreach parts of the service. For short breaks, referrals were made by a social worker. Following the referral, an assessment and support plan was written up with the involvement of the person and their relatives. A matching process took place which identified a suitable carer who had the right skills, attributes and personality. Introductory meetings and visits were then arranged and a support plan meeting was held with all relevant parties. This was confirmed by one relative who said, "At the start we had an assessment, then afternoon tea and then a weekend visit to see how they got on".

Once it was clear that the visits were going well and people were happy to continue, a detailed placement agreement was written. This included comprehensive information about the person's needs, preferences, likes, dislikes and interests. Areas covered included daily routines, personal care, mobility, health and lifestyle.

For outreach support, the process was similar, with a placement agreement set up between relevant parties. People had up to date support plans which detailed the support they needed. However, the information was less detailed than it was for the short breaks service. The manager acknowledged this and stated that this was something they would like to improve.

Support plans were clearly written and included people's preferences for how they wanted care and support to be provided. There was information about people's physical and emotional needs as well as how best to communicate.

People and their relatives were included in yearly reviews and the service took appropriate action where changes in needs were identified. For example, one person had been feeling 'low' prior to their review, so a referral to a counselling service had been made. Staff at the office told us that in addition to yearly reviews, they contacted people and their relatives prior to any visits to check if there had been any changes. This was confirmed in the feedback we received, which included, "They will always ring to check if anything has changed" and "We have reviews every six months to a year. A couple of things have changed with [Name]'s needs. As my wife's main carer I feel they are on the ball really well. They always ask if there have been any changes and the co-ordinator might meet us at home to sort out the best way of doing it". One person told us, "I've got a folder. They update it every six months. They're good listeners".

A positive aspect of the service was that it was tailored to each person's own interests and could be flexible about meeting people's needs. One relative commented, "The best thing is the consistency. Knowing they are there to help if we need an extra visit or the day needs changing. They do their best to accommodate us". Another relative told us, "They are very flexible".

People were supported to take part in activities and hobbies of their choosing. People were asked about

their interests during assessments and reviews, and this information was included in the support plan. Some people were supported to access the community to go shopping or attend events, such as a concert. Other people were supported to maintain their interests at home. A relative talked about how a member of care staff supported a parent and said, "Mum can't communicate. Mum does lots by gestures and facial expressions. Even though she can't talk, the sitter still talks to her and engages with her. Mum watches TV and the sitter will talk about what's on TV. Mum is happy and laughs a lot."

People were able to make complaints and suggestions regarding the quality of service provided. The service kept a record of complaints and compliments received. There had been no recorded complaints over the last year. The people we spoke with told us they had no complaints, but if they were unhappy they would talk to a member of staff or a manager.

People were given information about how to complain. This was included in the service user guide and included details of the Care Quality Commission should people need to contact us. Complaints information was available in different reading formats, if required.

In addition to the complaints procedure, people and carers were asked if there were any problems or issues before and after short breaks placements.

Good

Is the service well-led?

Our findings

The current manager had only recently started in post and was registered with the Care Quality Commission. They spoke knowledgeably about the service and had a clear understanding of regulatory requirements. They were aware of areas of practice that could be improved.

People who used the service and their relatives were happy with the service provided. One person felt that they did not think that Leeds Shared Lives could do anything better and said, "I will rate them as eight out of ten." Other comments included, "It's an excellent service. I'm quite satisfied" and, "I am really happy with our service."

On the first day of the inspection, the manager explained the service was currently under consultation. There was a proposal to decommission the outreach service and grow the short breaks service, to include rehabilitation and hospital discharges. They added that there were consultation events planned throughout Leeds to discuss the proposals. On the second day of inspection, the manager told us about a consultation event which had happened the day before. As a result of feedback they were going to produce a 'frequently asked questions' document to aid the consultation.

The manager told us that there had been a number of management changes in the service over the last year and this had had an impact on the support and direction given to staff at the office. They said the consultation was also leaving some staff feeling uncertain about the future. To support with this, the manager had produced an action plan for staff development and told us a trainer had been arranged to discuss managing change with staff. A team away day had also been planned.

There were systems in place to monitor and improve the quality and safety of the service. The manager completed a monthly quality assurance report which formed part of the next supervision with their line manager. The service was also visited annually, by their internal Quality and Performance Management Team who produced a report of their findings. The manager recognised there were areas for improvement, such as the monitoring of medicine administration. They felt that the lack of direction over the last year meant that some systems were not as robust as they should be. Although we identified no issues had occurred as a result of this, the manager agreed to review quality assurance systems to make sure they were sufficiently robust.

We looked at the notifications which had been sent to CQC as required in the regulations. We found that there was one incident which had not been reported to CQC. This happened prior to the current manager being in post. We noted the service had acted appropriately with regard to the incident. The manager informed us on our second day of inspection that they had updated notifications guidance to make sure all office staff were aware of the requirements.

The manager said they wanted to provide stability to the team. They described the service provided by Leeds Shared Lives as, "Bespoke and flexible". They showed us a service action plan for the future, which considered areas such as managing change, personalisation, IT systems and partnership working. They told

us they would particularly like to focus on services for people with autism, as they felt there was a gap in current provision. They added, "I would like to improve that and have carers who are specifically experienced with autism".

The manager explained they were part of Shared Lives Plus, which is a national network for family-based and small-scale ways of supporting adults. They were able to make use this network for resources, information, updates and the sharing of good practice. The manager told us they felt supported by the registered provider and took part in quarterly senior management meetings. They added that they also had supervision with the service delivery manager. We spoke with the service delivery manager, who was positive about the work of the service. They told us, "The team are passionate and have excellent relationships. They are well respected".

The manager told us the values of the organisation were promoted through training, supervision and the information provided to all care staff. For example, the carer's handbook contained a clear statement of organisational beliefs, which included, "We believe in valuing all people as individuals…" and "We believe that positive choices should be accessible to everyone".

The provider sought feedback from care staff and people who used the service. A relative confirmed this and said, "We get an appraisal form to fill in about the carer on a yearly basis. They come out once a year or ring up to ask us what we think of the service." The manager told us questionnaires were sent out prior to annual reviews, so that any issues could be addressed at the meeting. They explained that satisfaction questionnaires were sent to all stakeholders annually and collated. The feedback was then used to form part of the annual service plan.