

Cambridgeshire County Council

# Huntingdon Shared Lives Scheme

## Inspection report

Scott House  
5 George Street  
Huntingdon  
Cambridgeshire  
PE29 3AD

Tel: 01480372383

Date of inspection visit:  
05 May 2016

Date of publication:  
10 June 2016

## 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

Huntingdon Shared Lives Scheme is registered to provide the regulated activity of personal care. The service recruits and supports approved carers to support people living with a learning disability in a family placement and in their own homes. At the time of our inspection one person who was living with their approved carer as part of their family received personal care. Personal care was also provided to four people living in their own homes.

This inspection was announced and took place on 5 May 2016. There was a registered manager in place at the time of this inspection. 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 approved carers and scheme coordinators knew what action to take to ensure that people were protected if they suspected they were at risk of harm. There were sufficient numbers of approved carers to provide care and support to meet people's needs.

Recruitment procedures ensured that only suitable people were employed to work with people using the service. Risks to people's health, wellbeing and safety had been assessed and actions had been taken to reduce any identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The provider was acting in accordance with the requirements of the MCA and they demonstrated how they supported people to make decisions about their care. The registered manager liaised with the commissioners to enable them to make applications to the Court of Protections for formal arrangements to be put in place when needed. Approved carers and coordinators had received training on the MCA and the Deprivation of Liberty Safeguards (DoLS).

People were supported by approved carers with their nutritional needs when required. Approved carers were trained to provide effective and safe care which met people's individual needs and wishes. Approved carers were supported by the registered manager and scheme coordinators to maintain and develop their skills and knowledge through ongoing support and regular training.

The registered manager and the coordinators were in contact with a range of care professionals to ensure that care and support to people was well coordinated and appropriate.

People's privacy and dignity were respected and their care and support was provided in a caring and patient way.

People received support and care that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care plans were amended when required. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the registered manager and coordinators at any time.

The provider had effective quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

## 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.

Approved carers were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures showed that only approved carers suitable for the role were employed. There were sufficient numbers of approved carers to provide care to people.

Risks to people's safety were assessed and managed by the registered manager and the scheme's coordinators. People's independence was promoted by the approved carers.

### Is the service effective?

Good ●

The service was effective.

An ongoing training and supervision programme was in place to ensure that approved carers had the support, knowledge and skills to care for people who used the service.

The scheme was acting in accordance with the Mental Capacity Act 2005. This meant that people were not at risk of unlawful restrictions being placed on them.

People's health and nutritional needs were being met. □

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us that their care was provided in a kind and respectful way.

People's rights to privacy, dignity and independence were valued by approved carers.

People were involved in reviewing their care needs and were able to express their views and make changes to their care,

### **Is the service responsive?**

The service was responsive.

Reviews were carried out on a regular basis to ensure people's care and support needs were being met.

People were supported to pursue activities and interests that were important to them.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Procedures were in place to monitor and review the safety and quality of care and support being provided.

Approved carers were supported and felt able to raise concerns and issues with the registered manager.

People using the service were involved in the development of the service. Arrangements in place to listen to what people using the service had to say.

**Good** ●

# Huntingdon Shared Lives Scheme

## **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 was an announced inspection and took place on 5 May 2016 and was undertaken by one inspector. We gave the provider 48 hours' notice of this inspection. This is because the registered manager may be out of the office supporting approved carers and we needed to be sure that they would be available to facilitate our inspection.

Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we visited the scheme's office and spoke with the registered manager and two care coordinators. We also spoke with two people, four approved carers and a relative on the phone.

We looked at three people's care records and records in relation to the management of the service. We also looked at the management of coordinator such as recruitment, supervision, and training records. We spoke with healthcare professionals who had contact with the service. These included two adult support coordinators from the local authority

## Is the service safe?

### Our findings

People we spoke with felt safe and were positive about the care and support they received. One person said, "The carers [approved carers] look after me safely and I feel very safe when they are here." Another person said, "Yes I feel safe here as part of a family." People also said that they were able to talk to with the coordinator and have a laugh and joke together. A relative told us that, "I feel that [family member] receives safe care and the carers [approved carers] are careful when providing the care." They also said, "The care and support is very good and my [family member] is very happy with the care and feels safe." One person receiving personal care had been living happily with a family for a number of years told us that they felt, "a real part of the family."

The provider had ensured that there were detailed safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures.

Approved carers we spoke with told us that they were aware of their roles and responsibilities in relation to the provider's policy in protecting people from harm. They had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the registered manager and or the local authority's safeguarding team.

Contact details for reporting safeguarding incidents to the local authority were available to coordinators and approved carers. One carer said, "If I saw any poor care I would feel confident in reporting it to my [registered] manager without hesitation." This showed us that there were processes and procedures that helped keep people as safe as practicable.

We saw copies of daily notes which were completed by care coordinator detailing the care and support that they had provided during the visit. This was to demonstrate that people had been cared for according to their care plan needs and to record any other significant events such as medical appointments or visits from healthcare professionals.

Risk assessments were in place. These included assessments for moving and handling, assistance with medication and any environmental risks. Approved carers were aware of their roles and responsibilities in keeping people safe when they were providing care in line with the care plan and risk assessments.

At the time of this inspection only one of the people was supported to take their medicines. We saw copies of accurately completed medicine administration records which showed that the person had received their prescribed medicines

People that we spoke with confirmed that approved carers were on time and had never missed any of their care calls. One person said, "The approved carers come within 15 minutes of their time and if they are going to be late then they phone me." The registered manager said that people only received support once an appropriate carer had been allocated. This was to ensure that the person's care and support needs could be safely met. People using the service had details of who to contact in the event of an emergency or for support out of office hours when required.

Shared lives arrangements were formed using a matching process which took into account the person's assessed needs and the experience and skills of the carer. All approved carers were considered by a panel to assess their application and suitability to provide the required care and support. We found that appropriate checks, which included a satisfactory criminal records check and receipt of references from previous employment, had been carried out prior to a carer starting work. Any gaps or queries in employment history were pursued with prospective approved carers during their interview. This showed us that the provider only employed approved carers who were deemed suitable to safely work with people using the service.



## Is the service effective?

### Our findings

People spoke positively about the approved carers and felt that they met their care and support needs. One person told us, "The [care coordinator] are very good and help me with what I need." Another person told us, "They [approved carers] make sure everything has been done before they leave and they are very considerate." A relative we spoke with said they all felt that the care and support provided met their family member's needs. They went on to say that, "My [family member] has a number of complex needs and the carers [approved carers] understand and take time to help them in an effective way."

The registered manager confirmed there was a programme to make sure that the scheme's coordinator and approved carers training was kept up to date. The training record showed the courses that approved carers had undertaken and dates for when they were required to refresh them. Examples of training included; safeguarding, MCA, DoLS, nutrition, dignity in care, nutrition, safe moving and handling and food hygiene.

Coordinators based at the office that we spoke with also confirmed that they received regular ongoing training sessions throughout the year and that they were advised of dates for the training. We saw that a record of training was kept and monitored by one of the scheme's coordinators to ensure that approved carers were booked on refresher training throughout the year. This showed that coordinators were supported to have ongoing training to refresh and improve their knowledge and skills and enabled them to effectively deliver care to people.

Approved carers told us that they received regular training updates and could request specific training when required. One carer told us that they had identified that a 'time management' course would be helpful and one of the scheme's coordinators confirmed that an appropriate course was being sourced.

Coordinators at the scheme and approved carers told us they had received regular formal supervision and an annual appraisal. Approved carers and scheme coordinators told us that they could also speak to the registered manager at any time to discuss issues or concerns. This meant there was an effective system to support and monitor coordinators and approved carers so that they were delivering effective care for people. Approved carers' personnel files showed that they had received an induction and training when they started work to ensure that they followed safe working practices.

Assessments of people's dietary needs and preferences had been made and that these were recorded in their care and support plan. One approved carer said, "[Person living with the family] is very much part of our family life and chooses what they would like to eat as part of daily living."

The 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. We checked whether the scheme was working within the principles of the

MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's rights were being protected from unlawful restriction and decision making processes. The provider had procedures in place, with training for coordinators and approved carers during their induction and on an ongoing basis regarding the MCA and DoLS. Coordinators we spoke with confirmed that they had received MCA and DoLS training and were aware of the how this may impact on people. .

The registered manager and coordinator were knowledgeable about the situations where an assessment of people's mental capacity could be required. The registered manager told us that there was no one currently receiving personal care from the scheme that required a DoLS application. However, if this position changed the registered manager was aware of the relevant contact details and local authority procedures to follow should the needs arise.

Care professionals we spoke with told us that they had received good quality information from the registered manager. They also told us that the coordinators always acted on any advice or issues discussed during placement reviews. An adult support coordinator from the local authority told us that the scheme was flexible to people's changing health and support needs and that they had been particularly supportive to a person whilst they were in hospital.

## Is the service caring?

### Our findings

People and their relatives told us that the approved carers were very kind and caring. For example, one person said, "One person said, "I am really happy with the approved carers who come to help me and they are kind and caring and they know how I like things to be done. They always check that I am comfortable and ask if anything else is needed before they leave. They [approved carers] help me with a shower and I look forward to seeing them." Another person in a family placement said, "I like living with the family and it's good and I am very involved and happy here." A relative said, "The approved carers are respectful and always make sure my [family member] is well supported in a kind and helpful way"

People we spoke with told us that their privacy and dignity at all times. One person said, "The approved carers take time to chat with me whilst they are providing care." Another person said, "The care coordinator are polite and respectful whilst in my flat and they always treat me well and respect my privacy." A relative that we spoke with confirmed that they had seen coordinator treating their family member in a respectful and caring manner. One relative said, "The approved carers who assist my [family member] deliver respectful care to my [family member]."

In care plans that we looked at we saw that people were encouraged to maintain their independence as much as possible. An example included a detailed breakdown of how a person wished their personal care to be given which had been compiled with input from the person and a member of their family.

People told us that they usually had the same approved carers providing care to them and they were matched with approved carers they preferred. People said that they knew which of the approved carers would be visiting and providing their care and this provide continuity and a consistent approach. This showed that the service took time to ensure people were respected and consulted about their care and support needs to ensure they remained up to date.

The approved carers we spoke with showed a great deal of warmth and enthusiasm about their work and the people that they were providing care to. One approved carer said, "I enjoy my job and providing the best care to people each day."

Records showed that approved carers received training about how to promote and maintain respect and dignity for people and respect their needs and preferences. Care and support plans reflected people's wishes and preferences and how approved carers should support them. The registered manager told us that they ensured that they were able to meet people's preferences. This showed us that people's equality and diversity was considered and acted upon.

The registered manager told us that people were provided with information as required so that they could access advocacy services whenever they wished. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People who used the service were asked for their input into planning their care to ensure their needs and

preferences were understood and were being met. Where possible, people had signed their care plan to give their consent and to demonstrate they were happy with the care to be provided.

## Is the service responsive?

### Our findings

All of the people we spoke with and their relatives told us they were provided with information about the care and support provided and also if any changes were to be made. For example, one relative said, "My family member's care is regularly reviewed and any changes to calls are made as necessary." The registered manager and coordinators we spoke with stated that care plans were also updated where people's needs had changed for example following a hospital admission. We saw that there had been six monthly reviews completed regarding the care and support that was being provided. We saw samples of reviews completed by the scheme's coordinators to ensure the support met individual's needs.

People said they were able to choose the time of their care and how they wanted their care to be delivered. The registered manager told us that new approved carers were introduced to people prior to them providing care and support. This was confirmed by approved carers, scheme coordinators and people we spoke with. One person said, "New carers [approved carers] are introduced to me so that I can get to know them before they give me care – I usually have the same group of carers which is helpful as they know my needs well."

The registered manager told us that they provided care only where approved carers could do this reliably and effectively to ensure people's needs were met. This was also confirmed by care professionals who we spoke with. Daily notes completed by approved carers detailing the care and support that they had assisted people with. People and their relatives told us that the approved carers had been responsive and flexible to individual needs such as visiting them earlier or later when the person had planned to go out or had an appointment to attend.

Detailed assessments had been undertaken prior to the commencement of care packages to ensure that people's needs could be safely met. We saw that the registered manager and scheme coordinators had regularly reviewed people's care plans with the person using the service, approved carers and their relatives where necessary.

One person's relative said that, "They know [family member] really well and I am satisfied with the care they give." People and their relatives confirmed that they had been regularly consulted and were involved in reviews of the care provided. People's care plans had been produced in a pictorial format to assist the person's understanding of how their care would be delivered. Approved carers told us that they had been involved in reviewing people's care and confirmed that they were made aware of any changes to people's care and support needs by the registered manager.

There was care plan guidance in place about the care and support that was to be provided during each visit. Information was recorded and written in a person centred style regarding the person's background, family contacts and personal preferences as to how care and support should be delivered. Examples of care and support that people received included assistance with personal care, assistance with medication and social interaction.

A carer providing care to people, as part of a family placement told us that, "[Person living in the home] is

involved in everything such as going on holiday, going out to day services and joining in daily living tasks." The person living with the family told us that they were, "very happy and joined in with everything."

People and their relatives were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I ever have any concerns the coordinators are very good at sorting it out for me." Another person said, "I feel confident that if I wished to raise any concerns or a problem it would be dealt with properly." A relative told us that, "The registered] manager and coordinators are very good and deal with any issues or concerns quickly and efficiently." Another relative said. "The [registered] manager and coordinators sort out any concerns that my [family member] may have. Communication is very good."

People told us that their concerns and any complaints were always dealt with in a timely and professional manner. People said they felt confident in raising and discussing their concerns with coordinators and the registered manager at any time. The complaints log showed complaints had been dealt with and satisfactorily resolved.

A copy of the complaints procedure was included in people's information packs which contained guidelines for people on how to make a complaint. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible.

## Is the service well-led?

### Our findings

People we spoke with and their relatives told us that they had regular contact with the registered manager and the coordinators. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One relative said, "I am more than happy with the service and the management - they are very good." Another relative said that, "The care and support is well managed and organised and the coordinators are very efficient and I can always discuss any issues with them when I need."

Regular 'courtesy' calls were undertaken and recorded. These were made to people by the registered manager and coordinators to monitor people's satisfaction with the care being provided. One person said that, "I often have a telephone call with a coordinator and they always ask me if I am happy with care that I am receiving."

Coordinators and approved carers told us that they felt the scheme was well managed and that the registered manager was 'available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time. They told us their views and opinions were respected, listened to, valued and acted upon. Approved carers confirmed that they received supervision sessions with a coordinator and these meetings helped to ensure that information and developments were discussed and recorded in a consistent way.

There was an open culture within the service. Approved carers told us they enjoyed their work and working for the scheme. One approved carer said, "I really love my job and this is a really good service to work for." Approved carers we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another carer said, "If I saw or knew about any poor care or bad practice I would report it to my [Registered] manager and I would be confident that it would be acted upon without any hesitation or delay."

Notifications had been submitted to the Care Quality Commission as required. This showed us that the registered manager was aware of their legal responsibilities.

The registered manager undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits included the monitoring of people's care plans and risk assessments, discussions with people who used the service and approved carers, recruitment and, health and safety. Competency checks regarding approved carer's working practice were carried out by the scheme's coordinators. This showed that key elements of the scheme were checked and any shortfalls were highlighted and actioned. Records we saw confirmed that the scheme's coordinators had carried out competency/spot checks with approved carers to monitor their practice.

The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was carried out by speaking with people, their relatives, coordinators and health care professionals. Their views were gathered and the registered manager responded to any changes to the services provided as required. We saw samples of recently completed surveys between 2015 and 2016 and

the responses were positive about the support being provided.

The registered manager and coordinator worked in partnership with other organisations and this was confirmed by care professionals we spoke with. Comments we received were positive and indicated that communication with the service regarding any issues and queries were responded to professionally and promptly. The registered manager had contact with the eastern region Shared Lives Forum and national groups to share knowledge and information throughout the year. The registered manager also told us that service user forum was being reinstated to provide people using the service an opportunity to meet and discuss ideas and issues they may have.