Southampton City Council

Southampton City Council Shared Lives Scheme

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

The inspection took place on 16 and 18 August 2016 and was announced. We gave the provider 24 hours notice because we wanted to ensure there would be staff in the office.

Southampton City Council Shared Lives Scheme is registered to provide personal care for adults who may have learning disabilities, mental health problems or physical disabilities, and for older people. It supports 62 people who live and receive care and support in carers' own homes.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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 managed a clearly defined structure. Shared lives carers and supporting carers were supported by four office based shared lives workers, including one employed in a senior role.

People felt safe living at home with their carers who had completed a thorough recruitment process. The recruitment process for carers lasted around three months as new carers met current carers, undertook training, had their skills assessed by staff, attended a "mock" panel and sought approval from a panel. There were procedures in place to follow in the event of an emergency, whereby a person may need to move temporarily at short notice. Staff and carers had completed training with regard to safeguarding adults. Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing. There was enough staff to meet people's needs and the needs of the carers. People received their medicines as prescribed.

People were supported by carers and staff who had completed relevant training. New carers had completed the Care Certificate before they were approved and employed. Staff and carers accessed a range of relevant training to help them support people's needs. People enjoyed their meals and were supported to access healthcare services when necessary.

People and their carers lived as a family and we observed there were caring interactions between people and their carers. People made decisions about how they spent their time and what support they needed. Staff accessed an advocacy service to support people with making decisions if necessary. People's privacy and dignity was respected by carers.

People received personalised care and support in a family environment that was responsive to their needs. People's needs were assessed by talking with them and gaining information from professionals who supported them. The information was used to create a care plan which detailed their individual preferences and needs. The provider had a complaints procedure in place which detailed how people could complain and what they could expect to happen in response to their complaint.

People benefitted by living with carers who felt well supported by the service which was open, honest and transparent. Staff spoke highly of the registered manager and the way the service was managed. The provider sought the views of people using the service, their relatives and carers. People were sent a questionnaire before their annual review where possible so any issues could be discussed at the review. Results of surveys were analysed and action taken when necessary. The registered manager had a system to monitor the quality of the service provided which included recording accidents, auditing the completion of records and following up issues.

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.

The registered manager, staff and carers had received training in safeguarding adults and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff and carers had been recruited following satisfactory pre-employment checks. There were enough staff to meet carer's and people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by carers and staff who had completed relevant training.

Staff and carers had training in and understood the requirements of the Mental Capacity Act 2005.

People enjoyed their food and were supported to access healthcare services when necessary.

Is the service caring?

Good

The service was caring.

People and their carers lived as a family.

People made decisions about how they spent their time and what support they needed.

People's privacy and dignity was respected by carers.

Is the service responsive?

Good

The service was effective.

People received personalised care and support in a family environment that was responsive to their needs.

The provider had a complaints procedure in place which detailed how people could complain and what they could expect to happen in response to their complaint.

Is the service well-led?

Good

The service was well led.

People benefitted by living with carers who felt well supported by the service which was open, honest and transparent.

The provider sought the views of people using the service, their relatives and carers.

The registered manager had systems to monitor the quality of the service provided.

Southampton City Council 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 took place on 16 and 18 August 2016 and was announced. We gave the provider 24 hours notice because we wanted to ensure there would be staff in the office. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law, our previous inspection report and completed surveys we received from one person using the service, one relative, five staff/carers and three community professionals. The registered manager completed a Provider Information Return (PIR). This 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.

During this inspection we spoke with four people using the service, three carers, three staff and the registered manager. We looked at a range of records including two care plans, staff and carer recruitment files and training records.

We last inspected Southampton City Council Shared Lives Scheme in January 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People felt safe living at home with their carers (known as shared lives carers) who had completed a thorough recruitment process. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing shared lives carers, supporting carers (such as a spouse or other relative) and staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The recruitment process for carers lasted around three months as new carers met current carers, undertook training, had their skills assessed by staff, attended a 'mock' panel and sought approval from a panel. The panel was comprised of one or two people using the service, a carer, a staff member and the registered manager and was chaired by a representative of the local authority. Potential carers were asked to answer scenario based questions and their interaction and communication with people was observed. Carers needed to complete all of these stages successfully before they could offer a home to someone.

There were procedures in place to follow in the event of an emergency, whereby a person may need to move temporarily at short notice. The service tried to employ the usual respite carer in the first instance, if this was not possible there were other options and support to ensure minimal disruption to the person. Carers also had plans in place should they need to be out of their home in an emergency and they had named support carers who could be asked to assist.

Staff and carers had completed training with regard to safeguarding adults and they gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures appropriately.

People undertook every day activities such as walking to the local shops or taking a bus to meet with a relative, independently, where this was safe to do so. Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing. As part of the assessment process for new carers, an initial home visit was undertaken by staff to look at the health and safety of potential carer's homes. This gave potential carers time to make any changes to their home if staff suggested any. Carers were aware of the individual risks to the safety of people living with them, such as needing to use a walking stick or needing more support to get out of the bath. One carer told us how they had supported a young person to learn to travel by bus on their own safely which increased their independence.

There were enough staff to meet people's needs and the needs of the carers. Comments from carers included, "The support is great, really good, they are always available if you need them", "The scheme is there, I only have to pick up the phone" and "It is nice to know the support is there." The registered manager was aware of national guidance which suggested how many carers a staff member could support and said staff roles were organised so staff supported fewer carers than the guidance suggested. A new staff member had recently been employed in a senior role which meant staff responsibilities were developed more clearly, with the senior focussing on assessments and the other staff supporting carers and potential carers throughout the assessment process.

People received their medicines as prescribed. Some people managed their own medicines and some were supported by their carers. Carers recognised when people started to need more support and one gave us an example. The carer said they did not want to impinge on the person's independence so bought them a daily dosette box and supported them to put the tablets into the correct space in the box. The carer said they had taken this action so the person still had control over their medicines. Where carers actively supported people with their medicines, they maintained records to show what medicines people had taken and when. Carers received training in administering medicines and were aware of what support they could offer within the remit of the training they had completed.

Good

Is the service effective?

Our findings

People were supported by carers and staff who had completed relevant training. New carers had completed the Care Certificate before they were approved and employed. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

Other training for carers and staff included first aid, health and safety, the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards in a shared lives setting, a medication administration workshop and a five day dementia awareness course if needed. The registered manager also commissioned a training session on the Care Quality Commission's new inspection methodology for all the carers. Staff also completed a range of training courses relevant to their work. One carer said the training offered was "Excellent" and a staff member said the provider was "very good at giving training before [new legislation] comes in."

Staff told us how their induction had prepared them for the work they did. They spent time with the registered manager who gave them an overview of the service; they were then paired with another staff member and went to meet people and their carers. They were also given manuals about the policies and procedures. Staff were thereafter supported through regular supervision and annual appraisals. The appraisal was conducted by seeking the views of other professionals, such as carers, care managers, social workers and advocates which involved 360 degree feedback. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Carers were also supported through supervisions, visits and annual reviews.

Staff and carers had training in and understood the requirements of the Mental Capacity Act 2005. One carer told us "[The person] has to be given every opportunity to continue their independence." They went on to say the person who lived with them had capacity to make their own decisions and explained how they supported the person to avoid repeating poor choices. Another carer said "I don't make decisions on their behalf: if necessary, I would get an advocate." They gave us an example of how they had supported one person to make an important decision for themselves. Where necessary, best interests meetings with the relevant legal parties had been held to agree care plans where people needed to be under constant control and supervision. However, the best interest decision ensured the care plan was the least restrictive option.

People lived with their carers in a family environment and people told us what they ate for breakfast and what food they liked at other meal times. Carers supported people according to their needs and preferences. The carers we spoke with prepared meals for people and the decision on what to eat was made in different ways, depending on how the family ate their meals. One carer explained how they agreed the meal in discussion with the people who lived with them and ensured they served the meal for one person without any of the different foods touching each other, as this was their preference.

People were supported to access healthcare services when necessary. One person said their carer "comes to the doctor with me" and said they saw an optician. One carer told us how they had noticed several health

issues for one person which had led to the doctor diagnosing an illness, which they were able to receive treatment for. Another carer confirmed a person living with them had been to the dentist and was also undergoing some blood tests to monitor their health. We saw that another carer had an adaptation made to their home so the person could shower more easily.

Good

Is the service caring?

Our findings

People and their carers lived as a family and we observed there were caring interactions between people and their carers. One person said their carer "helps me a lot with my sums and writing" and another said "I go to the gym with [carer]." Carers spoke in a caring way about the people who lived with them. One carer related an incident whereby the person had footwear which they "loved" for sentimental reasons, but had caused them to fall. The carer was sensitive to the person's attachment but took the time to explain how they needed new footwear to ensure they did not fall again. Another carer told us they were aware that the person who lived with them would "see things differently when [they were] in a different mood" which meant the carer could choose the right time to broach certain subjects.

Staff were aware of the importance of employing carers who "have a caring nature and aptitude and we look at their motivation." The staff member went on to say "Carers want to do the best thing, they are responsible. Service users are part of the family. We ask for feedback from [relatives], we say, 'do you feel the person is cared for?' We make unannounced visits and we see how people are spoken to and included in family life."

People made decisions about how they spent their time and what support they needed. One person told us "I spend a lot of time in my bedroom, listening to the radio, watching the TV." They also told us they went shopping to choose their own clothes and that they were about to get a new mattress. Another person confirmed they chose their clothes as they like fashion, as well as their hairstyle. Staff told us about one of the carers who had three people living with them and each had their own bedroom which was decorated to their individual taste.

Staff accessed an advocacy service for people when needed. The registered manager told us about a situation where a person was saying they were not happy where they were living so an advocate was found to support the person in deciding whether or not to move. Staff worked with the person and their advocate to ensure the person lived where they wanted to.

People's privacy and dignity was respected by carers. One person told us "I bath myself and dress myself" and another said "[Carer's name] supports me and watches me shave." Carers spoke about knocking on people's bedroom doors and waiting to be invited in. One carer said "[Person's name] is a very private person, he was finding it harder to get out of the bath so we now have an arrangement where he shuts the door and I don't go in but can get in if I need to." External community professionals who completed a survey all agreed staff treated people with respect.

The provider had a Dignity Champion in place. This was a named staff member whose role included attending meetings on the subject every three months run by the local authority. Dignity was discussed at monthly team meetings and information updates were passed on to carers. Staff ensured carers were aware of respecting privacy and dignity during the recruitment and induction period.

Good

Is the service responsive?

Our findings

People received personalised care and support in a family environment that was responsive to their needs. People told us about their positive experience of living with their carers and about daily aspects of their lives, such as what activities they engaged in. People went out to places which interested them, as individuals, and their carers supported them in the way they needed them to. Carers spent time with people. One person and their carer told us that they went to the gym together and the carer told us how they were monitoring the person's progress with regard to their physical ability.

People's needs were assessed by talking with them and gaining information from professionals who supported them. The information was used to create a care plan which detailed their individual preferences and needs. Staff identified available carers and people decided where they lived through a matching process. A carer told us how this had worked in their situation. They said "[Person's name] came for respite, [person] and I got on very well, I was asked to have [person] permanently. I said 'yes, if [person] is happy.' [Person] fitted in very well, it was like [person] had always been with me within a week." The carer went on to say that another person had moved in with them, who had previously stayed with them for respite. The person had said they would like to be with the specific carer. The carer said "I knew [person's] needs, [the people] are opposite ends of the age range, which is a good mix."

The provider used a computer programme to aid the process of matching. Certain details, such as whether carers had a shower or bath, or whether they had pets, were recorded which meant staff could search for vacancies more easily. If a person was assessed as needing to use a shower rather than a bath, or had pet allergies, for example, the system would not show these carers as being a suitable match. This meant staff could focus on other matching considerations which would not be evident from the computer.

The provider had a complaints procedure in place which detailed how people could complain and what they could expect to happen in response to their complaint. People said they would feel able to talk to their carers if they were unhappy about an aspect of living with them. Carers said they could raise complaints with the staff at the service. People were given a copy of the procedure and staff spoke to them when they saw them to remind them of how to complain. Carers were given the procedure as part of the information they received when they were new to the work.

Good

Is the service well-led?

Our findings

People benefitted by living with carers who felt well supported by the service which was open, honest and transparent. One carer said the "scheme is excellent and that's the end of it!" Another carer said "I feel comfortable to discuss things, I don't feel scared or need to hide anything. It is a very open, upfront, approachable team, I feel lucky and privileged to have such a team I can rely on. It is well managed, professional boundaries are adhered to, I feel able to talk to anyone about anything and I have done. I feel very confident, happy and supported. I feel privileged to be part of it."

Staff spoke highly of the registered manager and the way the service was managed. One staff member told us "We have regular team meetings and a ten minute debrief three times a week to discuss issues. [The registered manager] believes in communication and guides us." They also said the registered manager was "supportive, humanistic, holistic, has an open door, if you're stressed, you talk about it. [The registered manager] is not frightened to challenge and not frightened of sharing knowledge."

The provider sought the views of people using the service, their relatives and carers. People were sent a questionnaire before their annual review where possible so any issues could be discussed at the review. Staff told us "We ask the same questions to family that we ask in the carer's review to check the answers correlate. Any discrepancies are followed up in supervision". Feedback was also sought from external care managers before the annual review.

Results of surveys were analysed and action taken when necessary. The registered manager was currently working on changing a policy in response to a comment on a questionnaire. Other examples of the registered manager responding to suggestions were changing the length of a training sessions so there was less of an impact on people because their carers would be out for a whole day, and engaging a carer to update and improve an important form which they had raised concerns about.

The registered manager had systems to monitor the quality of the service provided which included recording accidents, auditing the completion of records and following up issues. The registered manager had enabled the service to join an online group which meant staff and carers could receive regular information about good practice in Shared Lives schemes and ask questions to gain advice. The registered manager told us this had been "an invaluable source of knowledge" and had led to the introduction of a new "Support Carer's Agreement form" and a process to conduct an exit interview when carers stopped working for the service. The registered manager also attended a regional meeting every three months, which was attended by representatives from seven different shared lives schemes. Any information gathered was exchanged within the Shared Lives team. The registered manager was supported in their role through monthly supervision with their line manager.