

Somerset County Council (LD Services)

Somerset Adult Placement

Inspection report

Six Acres
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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 was announced and took place on 6, 7 & 8 June 2016. The scheme was given 48 hours' notice of the inspection because we wanted to make sure we would be able to speak with staff and people who used the service.

The last inspection of the service was in December 2013. No concerns were raised at that inspection

Somerset Adult Placement Scheme provides a shared lives service. The shared lives scheme enables people to receive care and support in a family type situation. Shared lives providers share their family and community life with someone who needs support to live independently. The scheme's four staff were employed by the service but shared lives providers were self-employed. In addition to being part of a family environment the scheme also facilitates people to live in supported landlord accommodation where people can live independently with a level of support in accordance with their needs.

The scheme's staff were responsible for approving and carrying out safety checks on shared lives providers and matching people who required support to shared lives providers. The scheme was able to match people to shared lives providers for long and short term stays.

The scheme provided a service to people who have a learning disability. At the time of the inspection the scheme was providing support to approximately 100 people across 100 placements.

There is a registered manager in post. 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 was passionate about providing a service which was personalised and flexible. The scheme's staff felt well supported and were committed to providing very individualised support to people. People's feedback was continually sought to ensure that changes were made in accordance with people's wishes.

There were systems in place to minimise the risks to people who used the service. Shared lives providers were fully checked by the scheme's staff and were not able to care for people in their own homes until they had been approved by an independent panel. Shared lives providers said the process was robust; it protected people and made sure they were fully aware of their role.

The scheme employed adequate numbers of staff to monitor and review people's placements. People were able to spend time alone with their allocated member of staff from the scheme which enabled them to share any worries or concerns. The scheme's staff were available for advice and support and shared lives providers told us they all felt well supported and were always able to get hold of a member of staff if they needed

advice.

The scheme matched people to shared lives providers who shared their interests and values. The matching process worked at each individual's pace and people were fully involved in any decisions about their care and support. One relative told us how their relative had been matched to a family who had the same sporting interests as them which had enabled them to continue to watch their favourite football team play. One person told us "I like dogs. We have two dogs where I live and I like to walk them."

The monitoring process carried out by the scheme's staff enabled them to respond to changes in people's needs and wishes. Where people had specialist health care needs the scheme's staff ensured shared lives providers were competent to effectively support them.

People lived as part of a family and were involved in family activities and took advantage of community facilities. People had built strong relationships with the shared lives providers they lived or stayed with and spoke affectionately about them. One person told us "I love my carers and they love me." People had also built friendships with other people who used the service and often mixed socially together. Some shared lives providers supported someone on a long term basis but were also able to accommodate people for short breaks. One person described this as 'Having a friend to stay.'

People were encouraged to keep in touch with family and friends and some people said they spent time between their 'two families.' Relatives said they continued to feel fully involved in all aspects of their relative's lives.

The registered manager and the scheme's staff team were committed to continual improvement and had systems in place to seek people's views and act on suggestions made.

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.

There were systems and checks in place to minimise the risks of abuse to people.

People were able to take part in activities which promoted their independence because positive risk assessments were carried out and acted upon.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were well trained and competent in their roles.

Shared lives providers supported people to have their healthcare needs met.

Is the service caring?

Good ●

The service was caring.

People had built strong relationships with their shared lives providers and were supported to keep in touch with friends and family.

People and/or their representatives were involved in all decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

The shared lives scheme was very personalised and took account of people's needs and wishes.

The service was flexible which enabled it to respond to people's changing needs and aspirations.

Is the service well-led?

Good ●

The service was well led.

People were part of a scheme which was well led and constantly looked at ways to improve the service people received.

The open and responsive culture within the scheme enabled people to make suggestions and share concerns.

Somerset Adult Placement

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 6, 7 and 8 June 2016 and was announced. It was carried out by an adult social care inspector.

Before the inspection, the provider 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we met with seven people who used the service and four shared lives providers. We also met with two members of staff and the registered manager. We were able to attend the team allocation meeting during the inspection.

Following the inspection we spoke with three relatives, one person who used the service and five shared lives providers on the phone. We also spoke with one independent member of the Somerset County Council – Shared Lives Panel. This panel is responsible for the approval of all new shared lives providers.

During the inspection we saw a sample of records relating to the running of the service. These included three staff files, information relating to one application for approval by a shared lives provider and records of monitoring visits to two providers which included reviews of people's individual care.

Is the service safe?

Our findings

There were systems in place to keep people who used the scheme safe. All shared lives providers went through a robust approval procedure which was carried out by the scheme's staff and then presented to an independent panel. Shared lives providers were self-employed and the support they provided was monitored by the scheme's staff. Shared lives providers told us they thought the approval process was robust and carried out at their pace. One said "It was quite lengthy but made sure we were the right people for the job." People we met with their shared lives providers were very comfortable and relaxed together. One person said "No worries here. Very happy."

A member of the independent panel told us they felt staff working for the scheme put in a lot of work to make sure anyone applying to be approved as a shared lives provider had the right values and attitude. Staff at the scheme also carried out checks of the providers' home to make sure they provided a safe environment for people to stay or live in. One relative said knowing all providers had been thoroughly checked took away any worries they may have had about their relative receiving respite care.

Risks of abuse to people were minimised because the approval process for new shared lives providers and the recruitment of scheme staff included carrying out checks to make sure they were suitable to support people using the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment records seen showed all checks had been carried out before anyone began work.

The scheme's staff had a clear understanding of what may constitute abuse and how to report it. The scheme's staff gave examples of where they had raised concerns and the action that had been taken to minimise risks. Shared lives providers said that if they had any concerns about a person they would be comfortable to raise them with their allocated worker or a member of the team. All were confident that any concerns raised would be listened to and action would be taken to make sure people were protected. One person said "I see my worker on my own. I could talk to her if I was worried."

There were sufficient numbers of staff employed by the scheme to enable them to approve new providers to the scheme and monitor the support provided. When there had been staff shortages the scheme had suspended the approval of new providers to enable them to concentrate on monitoring placements to ensure people's safety. Shared lives providers said they were always able to contact someone at the scheme if they needed advice or support. One member of the scheme's staff acted as a duty worker each day to make sure there was always someone available in the office.

People using the scheme were enabled to take part in a wide range of activities at their placement and in the community. Risk assessments were completed which promoted people's independence with minimum risk to themselves and others. We heard from providers and people how they were enabled to use public transport by positive risk assessments. Control measures in place included 'bus buddies' who were people who initially travelled on a bus with the person until they had the confidence to undertake the journey

alone. One person had been able to undertake a long train journey because the shared lives provider had worked with family members and the train company to minimise the risks to the person.

Some people who used the scheme self-administered any medicines and some people received medicines from their shared lives provider. One person told us they took care of their own tablets and the shared lives provider checked they had taken them at the right time. Scheme staff ensured providers were safe to handle medicines and this formed part of the regular checking process. Where people had specific medication needs, such as diabetes or epilepsy, the scheme ensured safe practices were in place. One shared lives provider told us they had attended training at the local surgery before a person came to stay with them who had a specific medical condition.

Is the service effective?

Our findings

People received effective support which enabled them to live as independently as they were able to or wanted to. We received many positive comments from people who used the service and their relatives. One relative told us "They have flourished in the placement. We were all supported really well through the process by the scheme's staff." A person said "There's nothing I would change. Everything about it is brilliant."

The scheme's staff had the skills and knowledge to competently carry out their role. The scheme's staff told us they had received a good induction when they began work and had opportunities for ongoing training. One member of the scheme's staff told us when they had begun work, as well as their induction to the team, they had been able to spend time in local day service provision. This had enabled them to get to know some people who used the service in a neutral setting.

People benefitted from scheme staff who felt well supported and enjoyed their jobs. The scheme's staff told us, and records seen confirmed, they received regular supervision with the registered manager. This enabled them to discuss their workloads and training needs. One member of the scheme's staff said their supervision was useful and respectful of their skills and knowledge. They said "We discuss things and look for solutions to things together. It very solution based which is great."

Shared lives providers felt well supported by the scheme's staff. One shared lives provider said "The support now is fantastic but it hasn't always been that way. Now I feel I can open up to the workers or manager and I feel listened to." Another said "The support has been fantastic. I have been surprised by the quality of the workers and the support I have received. They do everything to help you make a success of the placements for people."

The registered manager monitored the needs of the people who used the service and ensured training was provided for the scheme's staff in accordance with people's needs. For example some people using the service had been diagnosed with dementia so the scheme's staff had received specific training on this. This would enable them to effectively support the person and the shared lives provider who was caring for them.

The scheme had an expectation that shared lives providers would keep their training up to date to make sure they had the skills and knowledge to effectively support people. Shared lives providers had some opportunities to undertake training through the scheme and the scheme's staff had been creative in how this training was delivered. The scheme's staff had delivered individual training and arranged for coffee mornings for small groups. Recent coffee mornings had taken place around the county which had included informative talks about autism. One shared lives provider commented how good this training had been. The scheme's staff told us they checked shared lives providers competence in all areas when they provided training or monitoring visits. This made sure they had the skills and knowledge required to competently carry out their role.

The scheme was able to support a number of people with complex needs within a family situation because

shared lives providers and the scheme's staff had access to support and guidance to meet people's complex mental and physical health needs. Where people had specific needs the scheme's staff made sure that shared lives providers accessed training specific to their individual needs. For example one provider told us they had had to undergo training in diabetes care before providing support to someone. Another told us they had received training regarding dealing with specific behaviours. One member of the scheme's staff told us they had received training in mental health issues which they felt had helped them to effectively support a shared lives provider and person using the scheme.

People were supported to attend medical appointments if needed by their shared lives providers. One person told us "My carer took me to the dentist." Another person said their shared lives provider was taking them to a routine medical appointment. One shared lives provider described to us how they had supported a person on hospital visits. They said "We have been together a long time and they trust me so of course I wanted to help and reassure them."

Where people required a specialist diet this was catered for. Records of a monitoring visit to one person showed they were in need of a specific diet and this was being provided. Some people told us they helped to cook meals and shop for food. Everyone said they shared meals with the family they lived with and many said they often went out to eat. One shared lives provider explained to us how they monitored a person's food to promote their well-being. Shared lives providers told us they aimed to educate people to eat a healthy balanced diet but ultimately people were able to choose what they ate.

People using the service had 'Hospital passports.' This was a document that gave clear information about the person and their needs and could be passed on to health care staff if the person was admitted to hospital. The information would make sure that other professionals would know how to support and communicate effectively with the person and ensure they received consistent care and support.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. The scheme's staff had a good knowledge about the law and how to support people to make decisions. The scheme's staff used a variety of mediums to assist people to make decisions. For example the scheme's staff made short films of shared lives providers and their homes to enable people decide if they wanted to visit with a view to staying there. Where people were unable to make a decision the scheme's staff met with other professionals and family members to ensure any decisions made were in the person's best interests.

Is the service caring?

Our findings

People who used the scheme were supported by shared lives providers and the scheme's staff who were kind and caring. People were supported as part of a family unit and were involved in all family occasions and events. People told us about the activities they took part in including being involved with family parties and holidays. One person said "It's like having another family. I'm lucky I have two families and two homes." Another person said "I'm very happy with my new family. I wouldn't want to move again."

The scheme's staff had a good knowledge of the people who used the service. The scheme's staff spent time getting to know each person who was referred to them to enable them to find out about their likes and dislikes and the type of place they would like to live. Except in emergency situations, placements were only considered for a person when the scheme's staff felt they knew people well. The scheme's staff and people interacted with each other in a friendly way and shared jokes and laughter.

The matching process was carried out at each person's pace to help them to build relationships. People were able to talk with the scheme's staff about the type of placement they would like. For example if they wanted to live in the town or a more rural location, whether they wanted to live with children and animals or if they would like to be the only person supported by the shared lives provider. One relative said "They couldn't have picked better. From our first visit we all just sort of clicked."

People had opportunities to meet with prospective providers and spend time in the shared lives environment before making a decision to use the service. People were able to visit as many times as they wanted to before making a decision. Some people we spoke with told us they had visited a number of times for tea and overnight stays before moving in. One person said they had only been for one tea visit but knew from that they would get on well with the shared lives providers.

People had built strong relationships with the shared lives providers they lived or stayed with. People spoke very affectionately about the providers and their families. One person told us "I love my carers and they love me." Another person said "They're just my family. We do argue but we always make up."

People were encouraged to keep in touch with family and friends and some people said they spent time between their 'two families.' Relatives said they continued to feel fully involved in all aspects of their relative's lives. One relative said "The scheme has always listened to us and supported us as well."

People had also built friendships with other people who used the service and often mixed socially together. Some shared lives providers supported someone on a long term basis but were also able to accommodate people for short breaks. One person described this as 'Having a friend to stay.'

Shared lives providers were able to provide support to up to three people and everyone had their own bedroom which they were able to personalise. People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person told us "I keep my things in my bedroom. It's private." Another person said "I like where I live because it's peaceful and happy and they treat you with

respect."

There were ways for people to express their views about their support. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the support they received and share any concerns. Reviews were carried out flexibly to make sure people were comfortable to speak with the scheme's staff. One person had made a film on an iPad of their review so they did not have information about them written down. Running records for another person showed the review had been carried out during a walk away from the person's home. Observations of the person were also recorded to describe their well-being and mood.

If appropriate to do so shared lives providers were able to provide care to people at the end of their lives. One shared lives carer told us the person had been part of their family for many years and therefore they felt this was the right thing to do. They said "The shared lives scheme were fully involved in the decision and supported me in every way. [Registered manager's name] rang me every other day to make sure I was alright."

In recognition for the end of life care given by one of the shared lives providers they had been nominated and reached the finals of Care Focus (South West) Awards for the outstanding care they provided.

Is the service responsive?

Our findings

The shared lives scheme provided a very personalised service which was tailored to people's individual needs. The scheme's staff spent time with people getting to know their needs and wishes before matching them to a placement. The matching process considered all areas of a person's life as well as their physical needs.

We attended an allocation meeting which gave examples of how people were matched to placements taking account of people's wishes and needs. For example one person was looking for a respite placement but had specified they wanted to continue with their job during their holiday placement. Another person required a placement where the shared lives providers would be able to support them to manage their complex physical health conditions. We heard how one person wanted a respite stay which would enable them to take part in holiday type activities and a possible suggestion was a shared lives provider who lived in a seaside town.

The registered manager wrote on their Provider Information Return (PIR) that the placements encouraged people to be part of their wider community as well as being involved in all aspects of the shared lives provider's family life. One relative told us how their relative had been matched to a family who had the same sporting interests as them which had enabled them to continue to watch their favourite football team play. One person told us "I like dogs. We have two dogs where I live and I like to walk them."

People were very much involved in the matching process and ultimately decided if they would use the placement or not. Once possible matches had been established by the scheme's staff people were introduced in a way that was appropriate to them. People were supported by the scheme's staff and family members to go to visit the shared lives provider's house for a tea visit. This enabled them to meet the providers and see if the environment suited them. The scheme's staff arranged for one person to meet their prospective shared lives provider in a coffee shop as they were nervous about going to the house. The scheme's staff used pictures and short films to help people decide where and who they wanted to visit.

The scheme's staff worked at people's individual pace to make sure they were able to make decisions. At the allocation meeting the scheme's staff fed back about how visits had gone and if people wanted to pursue any placement. We heard how one person had visited two shared lives providers and wanted to go for a second visit to one of them. One relative told us "Throughout everything they have worked at [relative's name] speed and everything has been their decision. They have just been brilliant and so patient."

People benefitted from staff at the scheme who were flexible in their approach and took account of people's changing needs and skills. The scheme's staff said they tried to match people to placements that met their needs and wishes at the time but appreciated that these may change. For example the scheme's staff discussed one person whose aspiration was to live independently. The scheme's staff were considering how different placements, which offered different levels of support may be used to help this person reach their goal.

The scheme's staff worked with other professionals to make sure people's needs were met. This sometimes included making emergency placements. In these situations the scheme's staff tried to match the person to the best possible placement available. In some cases the scheme's staff had been pro-active in identifying placements that could be used for people in an emergency situation. This meant that if their current support arrangements broke down there would be an alternative that met their needs. One shared lives provider told us they had been asked to take someone in an emergency situation. They told us they had been very well supported by the scheme. They said "They knew it wasn't a perfect match because of time constraints but they really helped to make it work while it was needed."

A shared lives provider told us how one person they supported had become physically frail and required a higher level of physical care than they were able to provide. The shared lives provider told us how well the scheme had responded to the changes in need and in arranging alternative care for the person.

People were able to create care plans which set out their needs and goals with their shared lives providers. The amount of information included in care plans depended on the person's abilities and wishes. One person we met told us they did not need a care plan because they liked to be independent. They said "I live my own life why do I need a care plan?" (The shared lives provider held emergency information and a hospital passport to make sure there was sufficient information about the person.) Another person said "I have a care plan and review in my room."

The scheme had recently introduced a new care plan format for people who wished to use it. It was set out in the seven keys to citizenship which are; Freedom, direction, money, home, help, life and love. Where providers and people needed assistance to complete this the scheme's staff were supporting them during their monitoring visits. One completed care plan showed the person had been fully involved in the process and had signed to state they understood what was written.

Staff at the scheme listened to people's views and experiences. When shared lives providers applied to be approved part of the process was a visit from a person who used the service. The person was able share their views with the scheme's staff which was later presented to panel members as part of the approval process.

Everyone had opportunities to see a member of the scheme's staff without their shared lives provider being present which enabled them to raise concerns or make a complaint. One person said "[Staff member's name] drives me home sometimes. I could tell her things. She listens." Another person said "[Staff member's name] did a review just with me. She makes sure you're alright."

People who used the service said they would like more opportunities to talk with the scheme's staff away from their home environment. In response to this the scheme had introduced 'Customer surgeries' to listen to people's views. These were open sessions with an allocated member of the scheme's staff set in different day services provision around the county. Dates for these surgeries were advertised in the schemes newsletter which went to everyone who used the service and shared lives providers.

Is the service well-led?

Our findings

The scheme was well led by a registered manager who was passionate about the service and shared their passion with the scheme's staff team. They aimed to provide a very personalised and flexible service which responded to people's needs and constantly sought ways to improve.

People were supported by a staff team who felt well supported and morale was good. As the scheme covered the whole county of Somerset the scheme's staff were often away from the office but one day a week they all met together to look at referrals, share ideas and offer support to each other. This helped to promote good team work and problem solve. One member of the scheme's staff said "We're a practical team. We look at how we can make things work for people."

The registered manager shared their ideas with the scheme's staff team and made changes in response to suggestions from people. For example when people had said they would like to see more of the scheme's staff outside their home environment, customer surgeries had been set up.

There had also been changes to paperwork in response to feedback from shared lives providers and the scheme's staff. One member of the scheme's staff said the paperwork had been streamlined and unnecessary form filling had been reduced. This gave the scheme's staff more time to spend supporting people and providers.

One shared lives provider told us they felt the scheme had improved greatly under the registered manager's guidance and they were now "Proud to be part of the scheme." The scheme's staff said they found the registered manager approachable and said they worked as part of the team to put new ideas and initiatives into practice. The scheme's staff and shared lives providers felt that improvements had made it easier to discuss issues. One shared lives provider said "There's now a culture of transparency and partnership. It feels OK to make a mistake now. Everyone would look at how to improve things in the future rather than blame."

To make sure shared lives providers and the scheme's staff had the basic skills to effectively care for people a new induction pack had been introduced. This enabled competence in a number of areas to be monitored and assessed. It also provided handy contact details and sources of further reading. As this was a new pack, a feedback form had been put in place to make sure it met people's needs and enabled the content to be changed in accordance with feedback given. This demonstrated the registered manager not only put in place new initiatives but also welcomed feedback to make sure they were effective.

The registered manager had looked at creative ways to make sure shared lives providers had the necessary skills to effectively support people. Previously training had been held in large groups in a central location. Training was now being carried out on an individual and small group basis in locations around the county to make it easier and more comfortable for providers to attend. Coffee mornings were being facilitated which were open to all providers and people who used the service. This enabled people to listen to talks on various subjects, share ideas and make friends.

The scheme's staff team had introduced the use of iPads to support people using the service. Short films had been made of shared lives providers and their homes to help people make choices about placements. One person had also used the iPad for their review as they preferred this to a written document. A member of the scheme's staff told us one person had said they did not like the current review format and we heard discussions between scheme's staff and the registered manager about how care plans and reviews could be personalised in line with people's wishes and needs. This showed how they constantly took account of people's feedback.

The scheme's staff team hoped to develop the scheme further and with this in mind one member of staff had taken a lead role in seeking feedback from shared lives providers. Surveys had been sent to providers asking them what developments they would be interested in supporting or saw a need for in the future. This would enable the service to move forward in accordance with needs and preferences. The scheme was currently working with NHS colleagues to hopefully support people who were leaving hospital but needed additional support to regain their independence.

To monitor the quality of the service and ensure improvements and changes were put in place in a timely fashion there was a service development plan. This was a live document which was discussed at every team meeting. After each meeting the document was up dated with the progress made towards each action point and who was responsible for any further action needed.

People were supported by the scheme's staff who had access to up to date policies, procedures and practice guidelines available through the Local Authorities intranet. There was also up to date training available for the scheme's staff. One member of staff told us when they had felt they had needed specific training to enable them to better understand and support people using the service this had been arranged.

The registered manager had informed the CQC of all notifiable incidents in accordance with their legal duties.