

Halton Borough Council

Halton Adult Placement Service-Adults and Community complex needs division

Inspection report

Halton Adult Placement Service
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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 the 12 and 13th June 2017.

Halton Adult Placement Service was previously inspected in January 2016 during which we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to good governance, staffing and fit and proper persons employed. At this inspection we found that the registered provider had taken action to address the breaches identified at the last inspection.

Halton Adult Placement Service is part of Halton Borough Council (The Provider). The service is coordinated from an office located within the grounds of Runcorn Town Hall.

The service currently provides personal care and support for 52 adults with a diverse range of needs. This includes older people (some of whom are living with dementia) and people with learning and / or physical disabilities who live within the Halton district. 32 people were receiving the regulated activity of 'personal care'. 24 people were in receipt of day care and eight people received respite care.

At the time of the inspection there was a registered manager. 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.

A divisional manager and the registered manager were present during the two days of the inspection. They engaged positively in the inspection process together with adult placement staff and carers.

The needs of people using the service had been assessed, planned for and kept under review. Risk assessments had been completed alongside each care plan where appropriate, to help staff to identify and control potential and actual risks. Care and support plans viewed were person centred and included key information on what was important to people and how best to support them.

Staff were supported through regular on-going training and supervision to develop the necessary skills and competence for their roles. People spoken with were complimentary of the adult placement service and how well they were supported by the staff. People confirmed they were treated with respect and dignity and told us that the staff understood their specific needs.

People received care and support from staff that had been through robust recruitment procedures to ensure they were of suitable character to work in an adult placement setting. This helped to make sure staff did not pose a risk to people using the service.

Systems had been established to ensure that the management team and staff knew how to respond promptly to suspicion or evidence of abuse and to complaints or concerns. This helped to safeguard the

rights and wellbeing of people using the service and confirmed the service was responsive to information of concern.

Where people were not able to indicate what they wanted, staff knew them well enough to anticipate their needs. The requirements of the Mental Capacity Act 2005 were met and staff helped people to express themselves and to seek consent. People told us that they were given choices, allowed to take responsible risks and staff included them in decision making processes. A social worker had been assigned to the adult placement team to undertake mental capacity and best interest assessments subject to the needs of the people using the service. At the time of our inspection no applications had been made to the Court of Protection for a DoLS.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Food safety, nutrition and hydration guidance had been developed for staff to reference. Procedures were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

The registered provider had established a quality assurance system which was based upon seeking the views of people who used the service. The results of the last survey had been analysed and a summary report and action plan produced to ensure continuous improvement in service delivery. The overall feedback was positive.

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.

Staff had received training in regard to safeguarding adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training and had access to policies and procedures in respect of these provisions.

Staff had access to a range of training that was relevant to individual roles and responsibilities.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GPs and to involve other health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

Staff interactions were warm and relaxed and people using the service were treated with dignity and respect and their privacy

was safeguarded.

Is the service responsive?

Good ●

The service was responsive.

Care records showed people using the service had their needs assessed, planned for and reviewed when required.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

People received care and support which was personalised and responsive to their needs.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in place to provide leadership and direction.

Systems to assess, monitor and improve the quality of service provided had been developed. This involved seeking feedback from people using the service and / or their representatives about their opinions of the service.

Halton Adult Placement Service-Adults and Community complex needs division

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 checked whether the provider was 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.

The inspection took place on 12 and 13 June 2017 and was announced. We also undertook a visit to an adult placement carer's home. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting a 'shared lives' service.

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in this inspection had experience of older people who are living with dementia and people who have a learning disability.

Prior to the inspection, we looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the registered provider had to notify us about. We invited the local authority to provide us with any information they held about Halton Adult Placement Service. We took any information provided to us into account.

During the site visit we spoke with: the registered manager; the divisional manager; performance manager; two adult placement workers and a social worker assigned to the adult placement team.

We also contacted 12 people using the service, 17 relatives and four adult placement carers by telephone. We were also invited to undertake a home visit to speak with an additional three people who were using the service and an adult placement carer.

An adult placement worker is employed by Halton Borough Council to assist in the coordination of the adult placement service. Conversely, an adult placement carer is self-employed and provides personal care to people using the service in the carer's own home.

We looked at a range of records including five care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas and / or visit schedules; staff training and audit documentation.

Is the service safe?

Our findings

We asked people who used the Halton Adult Placement Service or their relatives if they found the service provided by to be safe. People told us that they had no concerns about the reliability and safety of the service or the support they received.

For example, comments received from people using the service included: "I am very well. They [the staff] look after me good."

Likewise feedback received from relatives included: "I wouldn't let him come if he wasn't safe"; "They ring me as soon as anything is wrong, no trouble there" and "I am satisfied that they [the adult placement carers] would look after him [a service user] well".

At the last inspection in January 2016, we found a breach of the regulations relating to 'fit and proper persons employed'. This was because the registered person was not able to provide evidence that the necessary checks and records had been obtained for all persons employed for the purposes of the carrying on of the regulated activity.

At this inspection we found that action had been taken to address the breach. For example, we saw evidence that DBS checks had been obtained for all staff. This helped to provide assurance that people using the service were protected against the risks of unsuitable staff gaining access to work with vulnerable adults.

The registered provider had developed a recruitment and selection procedure to provide guidance for management and staff responsible for recruiting new employees.

We reviewed the process that Halton Adult Placement Service had developed in relation to the recruitment and matching process for adult placement carer. We noted that the process involved: advertisement of posts; shortlisting suitable applicants; (pre-application visits to explain how the service works and to answer queries); submission of an application form; completion of carer assessment reports; production of a summary report by the adult placement worker; initial decision; verification and finally approval by panel.

We were informed that no new carers had commenced work since our last inspection so we sampled two existing adult placement carer files. We also reviewed recruitment records for a new member of the adult placement team and an agency social worker also assigned to the adult placement service.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; references; medical fitness statements; proofs of identity and disclosure and barring service (DBS) checks. In the case of the agency social worker we also saw evidence of up-to-date registration with the health and care professions council to confirm valid registration as a social worker.

We looked at the care files of five people who were using the Halton Adult Placement Service and found that information about the needs of people accessing the adult placement service had been recorded. There was assessment documentation and care and support plans that had been developed. These were person centred and outlined what support staff needed to know in order to keep people safe. Risk assessments had also been completed to ensure that staff were aware of any risks to people using the service and the action they should take to minimise and control potential risks to people's health and wellbeing.

Staff spoken with demonstrated a good understanding of the needs, support requirements and current risks associated with the people they cared for. A copy of each care plan record and supporting documents had been provided to and signed by each adult placement carer to confirm they had understood the information recorded.

A business continuity plan had also been developed by the provider to ensure the service could continue to operate in the event of an untoward incident. Likewise, an urgent and emergency shared lives arrangements procedure had been developed to ensure an appropriate response in the event of an emergency.

The details of any accidents and incidents that occurred within the adult placement service had been recorded on an on-going basis. This enabled the management team to maintain an overview of incidents; identify any trends and record outcomes. Separate systems were also in place to track and monitor statutory notifications that are required to be sent to CQC.

The adult placement workers routinely reviewed health and safety issues within the homes of adult placement carers during support visits. This included completion of a health and safety checklist as part of their support visit records. This contained questions regarding: the servicing of gas appliances; water temperature; electrical safety; smoke and carbon monoxide detectors; safe storage of chemicals; tripping hazards and other safety issues.

The registered provider had developed an inter-agency policy, procedure and good practice guidelines for staff to reference on safeguarding adults in Halton. An easy read version and a whistle blowing policy was also in place. Safeguarding procedures had also been included within the adult placement carer's handbook.

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection in January 2016. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

The registered manager and staff spoken with confirmed they had completed safeguarding training to help them understand the different types of abuse and their duty of care to protect the welfare of people using the service. Training records indicated that all staff had completed safeguarding training at the time of our inspection. Staff spoken with demonstrated a good awareness of their duty of care and the action they should take in response to suspicion or evidence of abuse.

We viewed the safeguarding records for the Halton Adult Placement service. Records confirmed that any safeguarding concerns had been referred to the local authority's safeguarding unit and included a description of the incident, action taken and outcomes.

A corporate medication policy had been developed by the provider which included supplementary guidance which had been written specifically for staff responsible for the administration of medication in an adult placement service.

Discussion with adult placement carers and examination of training records confirmed all staff had completed medication training since our last inspection.

The registered manager informed us that the majority of people using the service did not require support with medication. Self-administration of medication assessments had been completed to confirm whether people were safe to administer their medication independently. Likewise, systems had been established to ensure adult placement carers stored and administered medication safely to people who required assistance with the management of their medication.

We saw that adult placement carers completed Medication Administration Records (MAR) to record any medication they were required to administer. MAR records were routinely checked and monitored by adult placement workers so that any issues could be identified and acted upon.

We noted that adult placement carers were writing the medication administration details on the medication administration records however a system was not in place to verify that the information recorded had been checked and was correct. We raised this issue with the registered manager who assured us that she would review this issue to ensure best practice and minimise the risk of recording errors.

The provider had developed policies and procedures on infection control to provide guidance for adult placement carers to follow. Staff spoken with confirmed they had access to personal protective equipment and had also completed infection control training to help them understand how to minimise the spread of infections.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Halton Adult Placement Service to be effective. People spoken with told us that their wishes and views were respected; they were offered choice and consulted in decisions about their care. People also said that they had confidence in their adult placement carers and felt they were competent.

For example, comments received from people using the service included: "I get my cooking done and it's good"; "If I need a doctor they get one for me" and "I trust them [the adult placement carers] yes. They do their best."

Likewise feedback received from relatives included: "We want more days he [a service user] likes it that much"; "They're [the adult placement carers] very good. They know him [a service user] very well"; "I never have to worry about her [a service user] when she is away from me" and "She [a service user] has come on in leaps and bounds since using the service".

At the last inspection in January 2016, we found a breach of the regulations relating to 'staffing'. This was because the registered person had not ensured that all carers had completed the necessary induction, core and specialised training relevant to their roles.

At this inspection we found that action had been taken to address the breach. For example, we noted that staff had received training and / or refresher training in mandatory training subjects. Furthermore, systems had been established to ensure new and existing staff completed nationally recognised induction standards.

The Halton Adult Placement Service had 19 active adult placement carers in post who were supported by three adult placement workers at the time of our visit. Staff spoken with reported that since our last inspection they had completed a range of training and refresher training that was relevant to their roles and responsibilities.

Examination of training records confirmed adult placement carers and workers had accessed a range of training such as: first aid; medication; moving and handling; infection control; food hygiene; safeguarding; mental capacity act and deprivation of liberty safeguards. Additional training in subjects such as dementia; epilepsy; eating and drinking and equality, diversity and dignity had also been completed. This training helped staff to understand their duty of care and how to safeguard the health and wellbeing of people using the service.

Systems had been established to identify any training gaps and when refresher training was required. The registered manager informed us that no new staff had commenced employment since our last inspection and that the service had therefore concentrated on bringing all adult placement carers and workers' training up-to-date along with key specialist training.

We noted that the next phase of training was to support existing staff to complete the Skills for Care 'care certificate' and health and safety training to include fire awareness. The registered manager also shared a copy of a 'new carer assessment process' template with us which confirmed that new adult placement carers would routinely complete the care certificate as part of their assessment and induction process. Skills for Care helps create a better-led, skilled and valued adult social care workforce and provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.

Adult placement carers spoken with confirmed they felt supported in their roles and that they had attended monthly service meetings and received support visits throughout the year. Adult placement carers also reported that adult placement workers were readily available for support during office hours should the need arise. Furthermore, out of hours support was available via the emergency duty team. Likewise, adult placement workers spoken with reported that they received formal supervision at regular intervals and attended monthly team meetings with senior management and colleagues.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We noted that the provider had developed corporate policies and procedures to provide guidance for staff on the MCA and Deprivation of Liberty Safeguards (DoLS) and that staff working with the adult placement service had completed training in this subject and understood their duty of care in respect of this protective legislation.

We noted that a social worker had been assigned to the adult placement team to undertake mental capacity and best interest assessments subject to the needs of the people using the service. At the time of our inspection no applications had been made to the Court of Protection for a DoLS. The Court of Protection makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Staff had completed training to help them understand how to care for people who required assistance with eating and drinking and key information on the dietary needs of people had been included in care plans for staff to reference. Guidelines produced by speech and language therapists were also in place (where applicable) to safeguard the health and wellbeing of people at risk of dysphagia. Dysphagia is the medical term for swallowing difficulties.

Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided by Halton Adult Placement Service to be caring.

People spoken with were all very complimentary about the adult placement service and how well they were supported by the adult placement carers. People confirmed they were treated with respect and dignity and told us that the staff understood their specific needs.

For example, comments received from people using the service included: "The staff are kind to me"; "They [the adult placement carers] are really nice" and "I can talk to my carer and she listens to me."

Likewise, feedback received from relatives included: She [a service user] is always very happy to see her carer and sits with her coat on waiting to go"; "They [the adult placement carers] know her well. It's been a life saver for me" and "He [a service user] loves the service and is always talking about it".

Staff working within the adult placement service demonstrated an on-going commitment to the value base of social care and ensuring that people received a service that was person centred, caring and responsive to their needs. Adult placement carers spoken with also demonstrated a good understanding of the needs of the people they cared for, their preferred routines and preferences and likes and dislikes.

The recruitment, assessment and matching process of adult placement carers with people using the service continued to work effectively as people spoken with told us that they looked forward to spending time with their carers and had made close friendships with other people using the service. People spoken with confirmed they were happy and content with their placements and the support provided by the management team and adult placement workers.

We were invited to visit three people using the service and an adult placement carer during our inspection. We observed that people were accepted and empowered to follow their own routines and that the adult placement carer took time to facilitate communication and interact with people in a caring, respectful and dignified manner. We observed people painting plant pots and preparing them with soil and plants to take home. We also saw people participating in board and table games whilst engaging in banter with each other and the adult placement carer. It was clear that people using the service had developed a good relationship with their adult placement carer who presented as being genuinely warm, attentive and responsive.

Information about people using the service was stored securely in the adult placement office and information held on computers was backed up and password protected. Likewise, adult placement carers spoken with understood the need to store records relating to the people they cared for safely in their homes to ensure confidentiality and to return the records to the adult placement office at regular intervals.

We saw that there were signed agreements in place which detailed the roles and responsibilities of the service and of the adult placement carers which had been signed by all parties. Information on adult

placement and the aims and objectives of the service had also been included within the 'Statement of Purpose' and the adult placement handbook for people to reference.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Halton Adult Placement Service to be responsive to their needs. People spoken with told us that staff met their needs and responded well to any changes.

For example, comments received from people using the service included: "If I'm not happy about anything I can talk to my carer, but honestly it's great"; "I love visiting the caravan, it's in Wales" and "I do lots of activities such playing cards, knitting and drawing".

Likewise feedback received from relatives included: "If I need to say anything I can"; "I feel comfortable speaking up" and "Nothing can be improved. It's brilliant."

The provider had established a process for people wishing to access the service from initial referral to the complex care team to the commencement of the adult placement service. The process involved a referral to the service who in turn undertook assessments and compatibility checks. Following the successful completion of these stages, a referral was then made to the approvals panel for a decision and funding approval. Subject to the outcome of this decision introductory visits were then completed prior to the commencement of the service.

A service user plan had been developed for each person which outlined key areas such as: vulnerability in certain situations; medication; mobility; communication and understanding; eating and drinking plans; dietary needs and preferences; personal care needs; physical and health needs; lifestyles and interests; risks and additional relevant information. Plans had been kept under review and signed by adult placement staff and people using the service (where practicable) to confirm their participation and agreement with the information recorded.

Supporting documentation such as: personal details; initial referral forms, assessments; support plans; one page profiles; risk assessments; medical emergency information; mental capacity assessments; best interest decisions; health passports; correspondence and daily records were also in place which confirmed people's care needs were appropriately monitored. Records confirmed that the needs of people using the service had been assessed, planned for and kept under review.

Adult placement carers spoken with told us that they had received a copy of this key information which had helped raise their awareness of people's individual needs, their support requirements and how to help safeguard people's health and wellbeing.

The majority of people using the adult placement service continued to use the provision for day care and were supported to engage in a range of social, leisure and recreational opportunities both within the adult placement carer's homes and their local communities. Examples of activities provided included: art and craft sessions; board games; local walks; accessing local leisure, recreational and shopping facilities, meals out and for some people short breaks in a carer's caravan.

The registered provider had developed a corporate policy and procedure for handling complaints including an easy read version. Information on the complaints procedure had also been included in the adult placement carer's handbook.

We viewed the complaints log for the Halton Adult Placement Service. We noted that five complaints had been received by the service in the last 12 months. Records confirmed that each complaint had been investigated and responded to by the adult placement service in a timely manner.

Adult Placement Carers, people using the service and / or their relatives spoken with told us that they were confident that should they need to raise a complaint the management would listen to any issues and act upon them quickly.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by Halton Adult Placement Service to be well led. People spoken with told us that the service was good and that the registered manager and adult placement workers were approachable and supportive.

The Halton Adult Placement Service had a manager in place that was registered with the Care Quality Commission (CQC). The registered manager was present throughout our inspection and was helpful and responsive to requests for information from the inspection team. The registered manager was supported by three adult placement support workers, an administrator, performance manager and a temporary social worker who had been assigned to the team.

The divisional manager also arranged to attend the inspection in order to support the registered manager and adult placement team members and to participate in the inspection process. The management team were passionate about the improvements they had made since our last inspection and demonstrated an on-going commitment to the continuous development of the adult placement service. There continued to be a strong belief amongst management and staff in the many benefits of the shared lives model of service provision and the staff team remained keen to promote the service with the inspection team.

At the last inspection in January 2016, we found a breach of the regulations relating to 'good governance'. This was because the registered person had not established or operated effective systems or processes to assess, monitor and improve the quality and safety of the service provided (including the quality of the experience of service users receiving the service).

At this inspection we found that action had been taken to address the breach. For example, we noted that improvements had been made to quality assurance systems and processes to ensure effective monitoring of the service. Feedback had also been sought from people using the service to ensure their views and opinions were obtained.

We noted that the registered provider's quality assurance team had undertaken a monitoring visit of the service during September 2016. This is a monitoring process which is undertaken annually to ensure the service meets its contractual obligations. Following the visit a 13 point action plan was produced. We received confirmation during our inspection that action had been taken to address all areas identified within the action plan in a timely manner.

The service had also established a quality assurance system which was based upon seeking the views of people who use the service or their representatives. 65 'Service User Satisfaction Surveys' and 29 'Adult Placement Carer Questionnaires' were last distributed to people during February 2016. 'Easy read' satisfaction surveys had also been distributed to a further 12 service users to help people to understand the questions more easily using pictures, signs and symbols.

24 'Service User Satisfaction Surveys', 16 'Adult Placement Carer Questionnaires' and 12 'Easy read' surveys

were returned. The results had been analysed and a summary report and action plan had been produced for each survey type. Overall, the feedback received was positive and we could see that actions had been taken where necessary. For example, six people indicated that they did not know how to make a complaint about the service. In response, the complaints and compliments procedure was reissued to all service users.

The registered manager reported that the provider's customer intelligence unit was in the process of developing new questionnaires for people using the service. Given that the new style questionnaires had not yet been developed, we received assurance from the registered manager that she would recirculate the current questionnaires by end of July 2017.

We noted that the divisional manager coordinated monthly management review meetings with the registered manager to maintain an overview of the operation of the adult placement service. This included an analysis of any safeguarding incidents, care concerns and statutory notifications.

Since our last inspection, the registered manager had developed an electronic matrix and other systems to enable her to track and keep under review key aspects of the service. Records viewed confirmed that the management team had also been involved in annual quality assurance visits to the homes of adult placement carers, together with the link adult placement worker.

Support visits to the homes of adult placement carers continued to be undertaken at quarterly intervals throughout the year by the adult placement workers in addition to telephone support and periodic service reviews. A range of areas were reviewed as part of this visit which included: service user issues and comments; carer issues; training; safeguarding; health and safety; paperwork; medication and associated records; activities; nutrition and hydration needs; policies and procedures and any identified actions.

The registered manager is required to notify the CQC of certain significant events that may occur within the adult placement service. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.