

PSS (UK)

# PSS Shared Lives Staffordshire and Wolverhampton

## 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

### About the Service:

PSS (Person Shaped Support) Shared Lives Staffordshire and Wolverhampton is a 'shared lives' service providing personal care to adults who are living with learning, physical or sensory disabilities and/or people with mental health conditions. The service provides long term placements, short term placements and respite care by 'matching' people to shared lives 'carers' who can offer accommodation and support. At the time of the inspection 21 people were receiving support from PSS Shared Lives Staffordshire and Wolverhampton.

The support that is offered is an alternative to residential care; it provides people with the opportunity to live as independently as possible. Shared lives carers provide care and support in their own homes to people they are 'matched' with.

Shared lives carers are self-employed; however, PSS Shared Lives Staffordshire and Wolverhampton ensure all carers are safely recruited and supported in the provision of delivering care and support that people require.

### People's experience of using this service:

People's support plans and risk assessments were established from the outset.

Safe measures were put in place to ensure people received the required level of support needed. Risk assessments were reviewed on an annual basis or when any changes to support needs were identified.

Shared lives carers were safely recruited; people were 'matched' with shared lives carer who had undergone the appropriate recruitment checks and were deemed suitable to support vulnerable adults.

People were protected from the risk of avoidable harm and abuse. There was an up to date safeguarding and whistleblowing policy in place and all shared lives carers were provided with safeguarding training. The registered manager maintained a good level of oversight in relation to all safeguarding incidents that occurred.

Safe medication practices were in place. People received support with their medication from shared lives carers who had completed the appropriate medication training and regularly had their competency levels checked.

Principles of the Mental Capacity Act (2005) were complied with. Where possible, people provided their consent to receive care and support and encouraged to make decisions around the level of care they required.

People's hydration and nutrition support needs were effectively managed; care records contained

information in relation to any dietary requirements and the level of support people needed.

Relatives confirmed that their loved ones received kind, sincere and compassionate care and shared lives carers were familiar with the tailored level of support that was required.

We received positive feedback about the quality and safety of care people received. Relatives and shared lives carers confirmed that people received high-quality, person-centred care.

High-quality, person-centred approach to care was evident. Care records contained detailed information about people's likes, preferences and wishes.

People were encouraged and supported to participate in different activities; hobbies and interest were established from outset and shared lives carers helped people to engage in social activities they enjoyed.

The registered provider had a complaints process in place. Complaints were responded to and managed in line with organisational policy.

The registered manager ensured that the quality and safety of the care was continuously monitored and reviewed. People received safe, effective, compassionate and high-quality care.

Rating at last inspection: At the last inspection service was rated 'Good' (report published September 2016).

Why we inspected: This was a planned, announced inspection to confirm that the service remained 'good'.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-led findings below.

# PSS Shared Lives Staffordshire and Wolverhampton

## **Detailed findings**

## Background to this inspection

### The 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 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.

### Inspection team:

The inspection was completed by one adult social care inspector 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.

### Service and service type:

PSS Shared Lives Staffordshire and Wolverhampton is a 'shared lives' service providing personal care to adults who are living with learning, physical or sensory disabilities and/or people with mental health conditions.

The service had a manager registered with The Care Quality Commission (CQC). This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This is because it is a small service and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in the

office when we visited.

#### What we did:

Before our inspection we looked at information we held about the service. The registered provider had completed a Provider Information Return (PIR) form. A PIR is a form we ask registered providers to submit annually, detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as statutory notifications that the registered manager is required, by law, to submit to us as and when incidents had occurred. We used all this information to formulate a planning tool; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, one team manager and four members of staff. We also spoke to the local authority and commissioning team to gain feedback about the service. We contacted two relatives and three shared lives carers who agreed to provide feedback about the quality and safety of care being provided.

We also checked four care records of people in receipt of support, recruitment records of four members of staff and other records relating to the overall management and quality monitoring of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered provider, registered manager and PSS Shared Lives Staffordshire and Wolverhampton staff maintained a good level of oversight in relation to safeguarding concerns and alerts.
- A PSS Shared Lives Staffordshire and Wolverhampton development worker told us, "We have built very good relationships with shared lives carers, they will talk to us and ask for guidance if they need it. Everyone knows the processes very well."
- Safeguarding and whistleblowing procedures were safely in place. Incident reports were completed and investigations were completed accordingly.
- Shared lives carers received safeguarding training and there was an up to date safeguarding and whistleblowing policy. One shared lives carer told us how they would respond and report any safeguarding concerns that presented.
- Safeguarding incidents were regularly reviewed to establish if any trends were emerging and if risk management needed to be further reviewed.
- Quarterly and annual safeguarding reports were generated; such reports helped with the overall governance and management of such incidents.

Assessing risk, safety monitoring and management

- The registered provider had an up to date 'risk assessment' and 'risk management policy' in place. This contained relevant guidance that needed to be followed as a measure of maintaining people's safety and managing risk.
- Robust assessments were carried out as part of the 'matching process'; this ensured that people receiving support from a shared lives carer were appropriately 'matched' and safe and supportive relationships could develop. One member of staff told us, "The matching process is essential, you have to get the right match."
- People's level of risk was determined before they began living with a shared lives carer; support plans and risk assessments were devised and measures were put in place to keep people safe.
- Risk assessments were regularly reviewed and contained up to date, consistent and relevant information. One shared lives carer told us, "Individual risk assessments are done on all [people]; they all have individual care plans, which we are all involved in completing."
- Each risk assessment we checked was individually tailored around the needs of the person and provided shared lives carers with the correct guidance and information to follow.
- Environmental risk assessments were carried out; this assessed any internal or external risks and each person had a personal emergency evacuation plan (PEEP) in place in the event of an emergency situation.

Using medicines safely

- Safe medication procedures were in place.
- Shared lives carers received the appropriate medication administration training and regularly had their

competency levels assessed.

- There was an up to date medication policy in place; this contained guidance and information in relation to supply and storage of medicines, administration, consent, errors/incidents and record keeping.
- Medication administration records (MARs) were appropriately completed and regular medication audits were carried out to ensure medication compliance was maintained.

#### Staffing and recruitment

- Recruitment procedures were safely in place. All shared lives carers were regarded as self-employed, however PSS Shared Lives Staffordshire and Wolverhampton ensured the appropriate pre-employment checks were carried out.
- The registered provider ensured that all potential shared lives carers had a Disclosure and Barring System (DBS) check to ensure that they were suitable to work with vulnerable people; previous employment references were also obtained.

#### Learning lessons when things go wrong

- There were clear and robust processes in place to ensure events and incident were reported, recorded and investigated. Shared lives carers were familiar with the accident/incident reporting procedure.
- The registered manager ensured that such accidents/incidents were reviewed as a measure of monitoring and managing risk.
- A 'quality and compliance' report was completed on a quarterly basis; this identified all accidents/incidents, level of risk and how these were managed.

#### Preventing and controlling infection

- The registered provider had an up to date health and safety policy in place; this contained relevant information and guidance in relation to infection prevention control measures that needed to be complied with.
- Shared lives carers were provided with the appropriate personal protective equipment (PPE) as and when needed.
- The topic of 'health and safety' was regularly discussed at team meetings and annually reviewed as part of the different quality assurance measures that were in place.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support.

- People's support needs and choices were established from the outset.
- Care records contained information about people's health and well-being, communication abilities, mobility support needs, medication support and nutrition and hydrations support.
- PSS Shared Lives Staffordshire and Wolverhampton ensured that all the appropriate support needs were in place before shared lives carers began providing support.
- People received a holistic level of care which supported people's overall health and well-being.
- Relevant guidance and best practice was incorporated within people's care records.

Staff support: induction, training, skills and experience

- Shared lives carers were thoroughly inducted before they started supporting people in their own homes; they were allocated a dedicated 'Development Worker' who provided guidance and support that was required. Shared lives carers were also supported to complete 'The Care Certificate'
- One shared lives carer told us, "I have received lots of training while I have worked for PSS and the training is ongoing on the internet." One relative told us, "I think the training they [carers] do have is quite comprehensive as I have discovered during conversations with them."
- Shared lives carers received regular supervision and support. Shared lives carers told us, "I am supported well with lots of training, I have six weekly contact meetings with my manager" and "I couldn't be better supported (we have) six weekly supervision but if I have problems I can always call my supervisor and they will help."
- PSS Shared Lives Staffordshire and Wolverhampton staff members were also supported with training, learning and development opportunities. Staff members were supported with regular supervision, mid-year reviews, annual appraisals and 'catch up' sessions were also arranged.
- One staff member said, "Yes I am definitely supported, the training is fantastic, managers are really supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- Care records we checked indicated that people received an effective level of support in relation to their nutrition and hydration support needs.
- Care records contained the required amount of information that shared lives carers needed to follow, these were updated as and when needed.
- Care records contained guidance and information such as, 'It is important that [person] doesn't eat too much fat or fibre', 'I must be prompted to drink' and 'It is very important that [person] has cereal with milk and no sugar.'

Staff working with other agencies to provide consistent, effective, timely care

- People received continuity of care from shared lives carers who were familiar with their support needs.
- The level of care people received was tailored around their support needs and provided by shared lives carers and other healthcare professionals, where appropriate.
- Care records we checked indicated the level of support that was provided by other healthcare professionals and the guidance that needed to be followed.

Adaptations service, design, decoration to meet people's needs.

- Shared lives carers provided care and support for people in their own accommodation.
- Accommodation was 'risk assessed' and the 'matching process' identified if accommodation was suitable and safe enough for people to live in.
- People received support on a short term, long term and respite basis; people were encouraged to view the homes they lived in as 'their homes'.

Ensuring consent to care and treatment in line with law and guidance

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 make 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 with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider was complying with the principles of the MCA, 2005.
- People were appropriately assessed, they were not unlawfully restricted and 'best interest' meetings/decisions were in place as a measure of keeping people safe.
- Shared lives carers received MCA training and were familiar with the principles that needed to be followed and complied with.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support in a kind, compassionate and dignified manner.
- People received support that was tailored around their equality and diversity needs and the appropriate support measures were put in place.
- Care records highlighted any equality and diversity needs that required extra support. For instance, one care record stated, '[Person] practices (their) religion by attending church on Sundays.'
- Shared lives carers told us, "I look after [person] and I treat them like one of the family" and "When I have people staying with me I like them to look on their stay as a holiday because I like their stay to be special and we do whatever they want."
- People accessed short term, long term and respite care. Once people were appropriately matched, continuity of care was provided. For instance, one shared lives carer had provided respite care for five years. They told us, "I really like working for PSS; I have had one respite visitor for about five years, I really love my job as I feel it makes a real difference to people's lives."
- Shared lives carers were passionate about the care they provided; positive relationships had developed and people received the tailored level of support they needed. One relative told us, "[Persons] needs are met on a daily basis; [person] is well looked after and appears to be reasonably happy."
- One member of staff told us, "It's a family environment that people live in, people are fully integrated into a family home, they feel part of a family. The best thing is seeing a person in their home environment."

Supporting people to express their views and be involved in making decisions about their care

- People were assisted, supported and encouraged to make decisions about their care and remain as independent as much as possible.
- Care records indicated the level of involvement people had in their own care plans/risk assessments and their level of independence.
- Care plans we checked contained information such as, '[Person] is able to communicate wishes, it is important to provide [person] with choice and allow [person] to make decisions' and '[person] will ask for breakfast and is able to prepare it when given instructions.'
- The service had a variety of different methods to engage and involve shared lives carers and people in the care being provided. For instance, satisfaction surveys were circulated, carers and 'service user' groups and meetings were facilitated and drop in sessions and coffee mornings were regularly scheduled.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected; shared lives carers provided care in a dignified and compassionate way.
- Feedback we reviewed from the most recent satisfaction survey results in relation to the 'care' people

received was positive.

- Shared lives carers supported people to remain as independent as possible. People were supported to access the local community and engage in activities and hobbies they enjoyed.
- Confidential information was securely stored at the registered address and protected in line with General Data Protection Regulations (GDPR). This meant that people's sensitive and private information was not unnecessarily shared with others.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received high-quality, person-centred care that was tailored around their individual needs.
- The matching process was a robust process; shared lives carers and people were matched in areas such as personality, age and gender, skills and hobbies.
- Shared lives carers told us, "PSS match them up [people] with a carer very closely" and "Before I have [people] stay for the first time, PSS will always visit and we can decide together if our pairing will work."
- Introductory visits were facilitated between the person and shared lives carers before people began receiving short term, long term or respite support. This helped to develop relationships and ensure a 'match' had taken place.
- Care records contained person-centred information that enabled shared lives carers to develop a good knowledge and understanding of the people they were supporting.
- Care records contained information such as, 'About me', 'How you can support me', 'Important things to me', 'How I like to spend my day', 'Goals I have set' and 'How I express how I am feeling.'
- Shared lives carers were committed to providing care and support that enabled people to remain as independent as possible. Activities were arranged and people were encouraged to actively participate in hobbies and interests that they enjoyed.
- We saw evidence of annual events that were arranged for shared lives carers and people receiving support, their relatives and the local community. This helped to develop positive relationships and to establish positive local connections. At the time of the inspection the registered provider was planning to celebrate its centenary (100 years of providing support).
- The Accessible Information Standards (AIS) was being met. These standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in 'easy read' and different formats upon request.

Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints policy in place.
- People, relatives and shared lives carers received a copy of the complaints process from the outset. One relative told us, "I am very happy with the service but I wouldn't hesitate to complain if I needed to."
- The registered manager maintained a good level of oversight in relation to any complaints that were submitted.
- Complaints were responded to and managed according to organisational policy.
- At the time of the inspection, no complaints had been submitted.

End of life care and support

- At the time of the inspection, nobody was receiving 'End of Life' Care. However, the registered manager confirmed that all staff and shared lives carers had access to 'End of Life Care' training should they need it.

- PSS Shared Lives Staffordshire and Wolverhampton had the necessary documentation in place if a person required support with 'end of life' care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received high-quality, person-centred care; risk was effectively and safely managed and people's overall health and well-being was supported and promoted. Relatives told us, "I am very happy with how [person] is treated" and "I am very happy with the service."
- Management and staff helped shared lives carers to deliver care and support that was tailored around each person's need. One member of staff told us, "We are responsible for their [peoples] well-being, enhancing their skills, it's all about them and what they want."
- Positive relationships had developed between PSS Shared Lives Staffordshire and Wolverhampton staff, shared lives carers, people receiving care and their relatives.
- Quality questionnaires confirmed that 100 per cent of people were happy with the overall quality of person-centred care they received.

Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements.

- The service was well-run. Managers and staff understood the importance of delivering high-quality, person-centred care. One member of staff told us, "[Manager] is a true leader, very thorough and very professional."
- Regular audits, compliance checks, reviews and 'spot checks' enabled the provision of care to be continuously monitored.
- Annual quality reports and reviews helped to identify and determine the quality and safety of care people were receiving. Action plans were created and areas of improvement were responded to in a timely manner.
- Regular staff meetings and shared lives carers meetings were taking place. Such meetings enabled staff and carers to feel involved, included and listened to.
- The registered provider maintained a good level of oversight by ensuring that meetings were regularly held between the Board of Trustees, audit and governance committee, quality department, leadership teams and senior management teams.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008.
- The registered provider had a variety of different policies and procedures in place.

Continuous learning and improving care

- The quality and safety of care was continuously monitored and assessed.
- Accidents, incident and safeguarding reporting procedures were in place; this helped the registered manager to identify any 'lessons learnt' and any emerging risks that needed to be managed.

- Quality reviews and compliance checks were regularly carried out. These helped to identify areas of development that needed to be focused on.
- We saw evidence of annual reports that focused on organisational developments. 'The Big Plan' identified areas of improvement and developments that the registered provider was committed to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and registered provider were committed to involving others in the provision of care being delivered. One member of staff told us, "[Manager] includes the whole team, she takes on board everyone's suggestions, she listens and gets involved."
- Shared lives carers told us they were thoroughly involved in the quality and safety of care people received from the outset. One shared lives carer told us, "I get plenty of support from PSS, I have monitoring meetings every six weeks but if I need any extra support there is always someone at the end of the phone."
- Quarterly newsletters were circulated; this helped shared lives carers, people receiving support, relatives and staff remain involved in the provision of care being provided.
- Coffee mornings, drop-in sessions and networking groups were regularly scheduled as a measure of involving others and gauging feedback.
- Satisfaction surveys were circulated to people receiving care and support. These helped to capture the thoughts, views and opinions about the quality and safety of care being delivered.
- A 'you said, we did' process was in place; the registered manager gathered feedback and ensured that people and shared lives carers were informed of any changes and/or developments that had taken place.

Working in partnership with others

- PSS Shared Lives Staffordshire and Wolverhampton worked in partnership with shared lives carers, people, relatives and health-care professionals to seek positive outcomes for people receiving support.
- We saw evidence that people were receiving a holistic level of care and support that they required.
- The registered manager actively worked with other PSS Shared Lives registered managers as well as other registered providers who were providing a similar level of care and support; this helped the registered manager to share best practice, develop new ideas and initiatives and ensure the correct level of care was being provided.
- The registered manager had developed positive professional relationships with the Local Authority and local commissioning teams.