

Sefton New Directions Limited

Shared Lives and Supported Living

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

This was an announced inspection which took place over three days on, 29, 30 and 31 October 2018.

This was the first inspection of the service following its new registration in December 2017.

Shared Lives and Supported Living is a service which provides care and support to people living in their own homes including 'supported living' settings. 'The Shared Lives Service enables people with learning disabilities to live in the carers' own home to maximise their independence, health and wellbeing. People live as part of the family and this model of support for vulnerable people was previously called Adult Placement.

The supported living scheme enables vulnerable people, including those with a learning disability to live in supported accommodation which maximises their independence. People have their own tenancies, with the properties being owned by different housing associations. People are supported by support workers. The majority of people have 24-hour support, with either a support worker completing a waking night or a sleep-in at the property. The housing association is the landlord and they are responsible for the maintenance and up keep of the individual properties. They are responsible for the health and safety checks of the accommodation, including, gas, electric and water.

The service provision offers a personalised service to vulnerable adults, aged over 18 years who have learning disabilities and/or autistic disorder. This report focuses on the experiences of people who received personal care as part of their support package. CQC does not regulate premises used for these services.

A manager was in post and they were awaiting confirmation of their registration with the Care Quality Commission (CQC) for the position of 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.

We spoke and met with people who received the Shared Lives Service and their carers; we also met and spoke with people in their own home who received the Supported Living Service, along with their support workers who supported them. The feedback we received evidenced people were receiving good standards of individualised care and support. External professionals involved directly or in commissioning people's care also gave positive feedback regarding the service provision.

People and their relatives felt that the service they received was safe. Support workers and carers were clear about the action they would take to report any actual or potential harm. Policies and procedures were in place in relation to safeguarding people from abuse and exploitation.

Systems were in place for the recording and monitoring of accidents and incidents to identify any trends or patterns that may occur.

People's care planning documents considered risks regarding people's health and wellbeing and plans were in place to minimise these risks whilst encouraging people to be independent. Environmental risks were also considered within the person's home and, for example, going out into the community and travelling in a car to ensure their safety.

Recruitment practices were robust so that only people suitable to work with vulnerable people were employed by the service.

Medicines were managed safely and people received medicines from support workers and carers who were trained and deemed competent. People were encouraged to look after their own medicines to support their independence.

There were sufficient numbers of support workers to provide support to people in their own home. We saw good examples of how having the same support workers and carers had helped improve people's health, wellbeing and independence.

Support workers and carers had a good understanding of people's needs, wishes and preferences which enabled support to be focused on people's individual needs and choices.

People's rights to privacy and dignity were respected and people were fully involved in making decisions. Support workers and carers obtained people's consent; the service was working in line with the principles of the Mental Capacity Act 2005. This meant that people's rights and liberties were being upheld.

Support workers and carers received training and support to ensure they had the skills and knowledge to care for people safely and effectively. Formal qualifications in care were offered to support workers, as part of their learning and development.

Communication between relatives, people being supported, support workers and carers was seen to be good. There was regular contact from the supported living team and shared lives team to support people in their own home.

Information relating to how people liked to communicate was recorded in good detail and documentation was available in easy-read or pictorial format to support people's individual needs.

Support workers and carers had a good knowledge of people's needs, how they wished to be supported. People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the care and support they needed.

People and relatives had access to the service's complaints procedure. They told us they would feel confident in speaking up if they had a concern. At the time of the inspection no complaints had been received.

Policies and procedures were in place to offer guidance and direction in best practice to staff delivering the service.

Systems and processes were in place to monitor the quality of the service being provided. These were

effective and appropriate action had been taken to address any identified issues. Lessons learnt had been shared with all involved with the service to improve practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicines were administered safely by support workers and carers who were trained and deemed competent.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure they were safe.

Support workers and carers understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough support workers employed to help ensure people were cared for flexibly and in a safe manner.

Support workers and carers had been checked when they were recruited to ensure they were suitable to work with vulnerable adults

Good 

Is the service effective?

The service was effective.

The service worked in accordance with the Mental Capacity Act 2005.

Support plans contained good detail about people's decisions around key issues that related to their health and wellbeing.

People's health needs were monitored and they had access to health professionals for advice and treatment at the appropriate time.

Support workers and carers were supported through the organisation's induction, training, supervision and appraisal programme.

Good 

Is the service caring?

The service was caring.

Good 

People being supported and their relatives spoke highly regarding the support workers and carers approach to the care and support delivered.

Support workers and carers treated people with respect and had a good understanding of how people wished to be supported and their individual needs and preferences.

People we spoke with and relatives told us the support workers and carers ensured good communication around their family member's needs and changes to their support plan.

Is the service responsive?

Good ●

The service was responsive.

People had a plan of care which personalised and reflected their needs, wishes and preferences.

A process for managing complaints was in place and people we spoke with and relatives told us they felt confident in raising any issue with the manager and that this would be addressed in a professional manner.

Support workers and carers were supportive of how people communicated and 'easy read' versions of required documentation were available to support their understanding.

There were systems in place to gather feedback from people so that the service was developed with respect to their needs.

Is the service well-led?

Good ●

The service was well led.

There was a manager in post and they had applied to us for the position of registered manager. Their application had been successful and they were awaiting confirmation of their registration for this position.

The manager provided an effective lead in the service and was supported by senior managers and a committed staff team.

We found an open and person-centred culture and people, support workers and carers were fully supported by the management of the service.

Quality assurance systems and processes were in place to monitor standards and drive forward improvements.

Shared Lives and Supported Living

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 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 was an announced inspection which took place over three days on 29, 30 and 31 October 2018. We announced the inspection to ensure we could get consent to speak with, and visit, people in their own homes. The inspection was carried out by two inspectors over two days and one inspector and an Expert by Experience for one day. 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 contacted relatives by phone to seek their views.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this before the inspection. The PIR 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 also reviewed other information we held about the service.

During the inspection we attended the service's office to conduct the inspection. We met with the manager, with two senior managers, including the Head of Operations and Head of Quality and Compliance (nominated individual for the organisation), two assistant service managers for the Shared Lives and Supported Living service, four shared lives officers, an administrator and maintenance person. We visited two people in their own home who received the Supported Living service and met with two of their support workers. On the second day of the inspection we met with nine people who received the Shared Lives service and 11 carers at a coffee morning held at the service's office. We spoke with two health and social care professionals who gave us feedback about the service which was wholly positive.

We looked at the care records for six of the people supported, including medication records, five personnel recruitment files and other records relevant to the quality monitoring of the service such as, safety audits and quality audits.

Is the service safe?

Our findings

People who received the Supported Living and Shared Lives service gave us examples of how support workers (staff who provided support for people in supported living) and carers (carers care for people in their own home) made them feel safe. For example, support with shopping, social events, volunteering and personal care. One person said, "I love living here, it's great. I do feel safe." Relatives used the terms, 'absolutely', 'very safe', 'definitely' and '100% safe' when describing the service received by their family member.

Shared lives carers told us, "The main aspect of being a carer is to keep [person] safe", "The safety of [person] is our priority" and "We have to ensure that all health and safety checks are maintained. Gas and electric inspections are regularly carried out. Health records, doctors, dentists and other health appointments are acted upon when needed. Our shared lives officer, monitors and checks that all aspects of health and safety are appropriately managed."

The service's office was observed to be accessible and kept secure, with security key pads. We looked at the health and safety inspection checks, including, gas, electric, Portable appliance (PAT), fire safety equipment, emergency lights and fire alarm checks. The inspection certificates and records were up to date and satisfactorily managed to ensure the safety of the premises. During the inspection a satisfactory fire alarm check was carried out as part of the fire prevention procedures.

Risks to people's safety were assessed and plans were put in place to minimise risk of harm and provide safe support. This included risks associated with people's health, such as their mobility, diet, self-harm and verbal aggression; risks associated with going out into the community and travelling safely in a car were also assessed. The risk assessments clearly identified the potential risk to the person and gave clear guidance to staff about the measures needed to reduce the risk. These risks had been continually monitored, with assessments being updated as needed. This showed that people's medical conditions and care needs had been appropriately assessed to minimise risks to their safety.

Accidents and incidents affecting people's safety were recorded and monitored closely to identify trends or patterns. We were shown examples of changes made to people's support plans to reduce the risk of re-occurrence. For example, where specific risks had been identified for people who were accessing the community on their own.

Safeguarding policies and procedures, along with the local authority's statutory safeguarding protocols were in place to help keep people safe. An 'easy read' guide on safeguarding was issued to people using the service and relevant others. Support workers and carers demonstrated a good understanding of potential abuse that vulnerable people may encounter and the required actions to be taken to keep people safe. Support workers and carers were clear about the need to report through any concerns they had and understood the concept of whistle blowing. Their comments included, "People's safety is paramount" and "I would not hesitate on speaking up."

The manager had notified us of potential or actual safeguarded incidents and actions taken. We saw partnership working with the local authority and the police in respect of safeguarded incidents. Further policies, procedures and training were in place to support workers and carers, in relation to keeping people safe from exploitation. People using the service who regularly accessed the internet also attended a training session delivered by Merseyside Police satellite TITAN. A police officer attended this session to discuss and answer any questions." For example, sexual exploitation and the safe use of the internet.

The PIR provided details of the robust recruitment process. Shared lives recruitment of carers was a fairly long process and the manager explained this was to ensure the correct vetting and matching occurred between the prospective carers and the person who would be living with them. This matching service formed an integral part of the service so that people felt comfortable in their surroundings and with other people they lived with. The process included, meeting family members, going out for initial meals, overnight stays, as well as interviews, meetings, assessments and recruitment checks. A carer said, "It all helps to ensure that people are familiar with us and feel safe." It was evident that the 'matching' was successful as people told us how happy they were in their home supported by their carers and support workers.

Support workers and carers had been recruited safely to ensure they were suitable to work with vulnerable people. This included photographic identification, references from past employers and a Disclosure and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people. A review of these records showed all checks were completed before prospective employees commenced working at the service.

There were sufficient numbers of staff to support people who received the Supported Living service. Support workers told us, "We do have enough staff, we are a good team and everybody is willing to help out if needed, "Most of the staff have worked in the scheme for a long time. I believe the people we support are safe and are very comfortable with the staff team."

Medicines were managed safely and administered by support workers and carers who had completed medicines training and who were deemed competent. The medication policy and procedure was up to date and gave clear guidance for support workers and carers to help ensure that correct procedures are followed. We checked medication procedures at both the supported living tenancies we visited. We found the storage, administration and medication administration records (MARS) to be accurate. Medication was securely stored and stocks of medication was adequate for people's prescribed needs.

Medication reviews took place with health professionals and people were encouraged with staff support, to administer their own medicines, where appropriate. People had a plan of care for their medicines. We saw where needed specific details were recorded, for example, if a medicine should be swallowed whole and not chewed or to be given before a meal. People also had a support plan for 'as required' (PRN) medicines. The information recorded details about these medicines, when the medicines should be given and in what circumstances. This supported the safe administration of medicines.

Support workers and carers were provided with appropriate personal protective equipment such as, gloves and aprons and understood their responsibilities in relation to infection control. Infection control training was provided to promote good standards of hygiene.

Is the service effective?

Our findings

The people we spoke with and relatives felt the support workers and carers had the skills and right approach to providing good care that was based on people's individual needs. They told us communication was good with the manager and supported living team and shared lives team.

Care needs assessments were obtained from health professionals and/or completed by the supported living team or shared lives team before any person received a service. This process ensured people's needs were fully explored and could be met by the teams. The assessment also included accessing the right equipment to ensure people's safety and to promote their independence.

People's health needs were detailed in their support plans and when required information was available as to who needed to be contacted if people needed treatment or advice. We saw people had access to a wide range of health and social care professionals to support their health needs. This included, a learning disability team, sensory teams, social workers, district nurses, dieticians and GPs. People had health actions plans and these were updated to reflect any change or health appointments. We saw where there had been a decline in a person's health how professional support had been accessed at the appropriate time.

A health care professional who had regular contact with the service, told us the support workers were prompt in seeking advice and this was always followed through. When discussing the support relatives told us, "Yes absolutely, [person] is spot on. Couldn't ask for a better person to look after [family member]" and "A couple of years ago, my [family member] was poorly due the seizures, not well managed so medications had to change. [person] persevered with the medications, now [family member's] condition is stable."

We looked at how staff offered nutritional support to people. For one person there was detailed information recorded about their diet and fluids which needed to be adhered to; this was an important part of their treatment for their medical condition. We saw this was being monitored effectively by everyone involved with the care package. Support workers and carers offered support with food shopping and offered advice on healthy eating. A person told us how their diet had improved with the support of their carer and how much better they now felt.

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.

The people we spoke with on the inspection varied in their capacity to make their own decisions regarding their care and treatment, however we saw they were consulted using documentation in an appropriate format to help their understanding. Care files evidenced where people had signed to say they consented to their care and support. Where people needed support to make decisions, this had been provided by relatives (where legally empowered to do so) and external health professionals. This helped to ensure all

decisions made were in people's best interest. We saw assessments and support plans around specific decisions, this included areas such as, daily living skills, protection around personal finances and medical treatments.

Support works and carers had received training on the principles of the (MCA) and the manager understood that the legal process involving decisions to do with people's mental capacity were managed through the Court of Protection, when required. In community based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. The manager discussed with us where the Court of Protection process had been applied and where relatives had been granted lasting power of attorney to manage their family member's affairs in their best interest.

The PIR informed us that support workers and carers received a good standard of training. We saw those involved with the Supported Living and Shared Lives service received training and support. This provided them with the skills and knowledge to provide safe care and support. The training included courses such as, safeguarding, manual handling, person centred support, communication, fire safety and first aid. More specialised training was also offered to support people with specific conditions for dementia, epilepsy, diabetes, autism and behaviours that may challenge. The service's comprehensive training programme was well received by support workers and carers. A carer described the training as, "First rate."

Supervision, performance reviews/appraisals and support workers and carers' meetings were held to support all those involved with the service. Supervision sessions between staff and their manager gave the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. The manager told us all new employees completed an induction and the Care Certificate. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as, a National Vocational Qualification (NVQ). The Care Certificate standards were mapped across to the service's own training programme and formed part of the learning and development plan for those delivering care and support.

Support works and carers told us they received good support from the manager and the supported living team and shared lives team. When talking about support a carer said, "This shared lives agency is very good. They have had a consistent and established number of officers (staff)" and "Excellent support, could not ask for more, brilliant", "The coffee mornings are a great way in getting to know each other (carers)" and "They are more than coffee mornings. We have had speakers on things like, dementia and welfare rights. They were very good."

Formal qualifications were offered and completed by support workers, shared lives carers, shared lives officers, administrative employees and managers. Support workers and carers were encouraged to work towards diploma qualifications in Health and Social Care. Apprenticeships and National Vocational Qualification (NVQs)/ Diploma in Health and Social Care qualifications were encouraged to promote learning and development.

Is the service caring?

Our findings

People told us they were treated with kindness and liked living with the support workers and carers. One person gave us a smile and put two thumbs up to confirm they were happy with their support. Support workers and carers informed us that the manager and supported living team and shared lives team were very caring, supportive and 'always at the end of the phone'.

It was evident through discussions with support staff, carers and through our observations that people were treated with respect and dignity; all showed genuine concern and interest for the people they supported. During our visit to two houses, support workers were patient, calm and continually explained to people what was happening in a respectful manner and so as to not raise any anxiety. There was a good atmosphere in each house. People were relaxed and calm and they approached their support workers in a trusting and confident manner.

Our observations during the coffee morning and visits to people's homes demonstrated mutual respect, understanding and true friendship between people and all those involved with the supported living and shared lives service. Support workers and carers spoke warmly and positively about the people they supported and were very knowledgeable when discussing people's individual needs, wishes and expectations. Support workers and carers told us they treated people with the same respect and care they would for their own family. When talking with them we were provided with examples of how people's wishes were respected in terms of daily life. For example, "Always knock on a bedroom door and ask if it's ok to enter, I would not dream of going in", "I do provide personal care and always try to keep a person covered as much as possible", "Try and encourage a person to be as independent as possible. It can't be nice, having people doing things for you" and "To be there and be supportive, to understand and to respect the decisions people make". The teams of support workers and carers were well established and therefore this constant support resulted in positive relationships and good communication channels. We saw an example of how the support workers caring and patient approach helped support a person to have their flu injection which they had been anxious about.

The PIR informed us that support workers and carers received training in 'Choice'. The manager informed us that the values of the service were not to instruct but to advise what is best and let people make informed choice. Talking with people, their support workers and carers, it was evident to see how people were offered choices, for example, how to spend their day thus empowering them to make decisions and to maintain their independence. We saw people were fully involved in making day-to-day decisions and were involved with a wide range of social activities which were of their choice. Support workers and carers were knowledgeable regarding people's needs and told us that when offering choice this needed to be considered carefully as too much choice for some people was overwhelming. Their comments included, "We know how to make suggestions that are right for [person]" and "You understand how best to offer support and choice and to respect [person's] decisions. We are there to guide." We saw how with support one person was now managing their diet and drinks independently in the community. For another person who was visually impaired, support from an external organisation had been sought and the person now had the equipment they needed to support them in different environments and maximise their independence.

People's communication methods were clearly recorded in their support plans. We saw where people were not able to communicate verbally, staff were skilled in interpreting body language and behaviours. The level of detail recorded in people's care records enabled staff to fully support each person in a way that was meaningful to them and for people to make their needs understood and be known by everyone. This ensured everyone was supportive of people's needs and wishes and truly understood how they wish to be treated.

We saw the office was always 'open' for people, support workers, carers and relatives to call in for a chat or to attend more formal gatherings. This helped to reduce feelings of isolation. It was evident during the coffee morning that the manager and supported living team and shared lives team were well known by everyone who attended, thus promoting a very positive, relaxed and happy feel to the event. People and carers attending the coffee morning told us how much they enjoyed the social gatherings and how supportive this network was.

There was information posted about local events and support groups such as local advocacy contacts. Some of the information was in different formats such as, 'easy read' formats to make the information more easily accessible.

Is the service responsive?

Our findings

People and relatives, we spoke with, informed us that all those involved in both services provided a responsive level of care and support. Carers said of the support, "It's an excellent scheme. When one of the service users had a health problem, they (staff) were first rate, I needed them to intervene and they did it really well. I can't praise them enough" and "I am kept informed of all that is going on. Just like this coffee morning, it's so good to be able to meet other carers and share information and get advice." Relatives told us people were encouraged to make their own decisions. One relative reported, "They do let [person] make [their] own decisions. For instance, having a vegetable plot. It was [person's] decision. Another relative told us how well [person] had progressed since receiving support from the service.

People, relatives, support workers and carers were aware of how to raise a complaint and were confident their concerns would be listened to and addressed. The service had a complaints' policy and procedure which was included in the information about the service. This was available in people's home and in an 'easy read' format to support people's understanding. No complaints had been received at the time of the inspection. Carers said, "I have no complaints, it's nice to be in that position" and "Never had to complain, only have praise for the Shared Lives scheme."

People had a plan of care which focused on their individual needs and wishes, this included key areas such as, 'what was important', 'things people like and admire about me', 'what people could do', 'what they wished to achieve', 'aspirations', 'goals' and 'how this support was to be given'. This information was recorded in an essential life style plan, health plans and behavioural plans; where needed there were more specialised plans to promote effective communication for people who were non-verbal. The support plans were very detailed, giving guidance and information to everyone involved in the care, to help ensure that the best support was provided. For instance, for a person who liked their room to be kept tidy and their possessions in a certain way we saw their support plans recorded this in detail. For another person their support plans detailed tasks the person found difficult and 'things they could not do in a way they wanted them done'. This support was broken down into achievable steps to support them to achieve their goal.

People told us they had been involved with drawing up the support plans with the support from others such as, relatives, support workers and carers. The manager told us that getting to know people often took time and therefore support plans were developed over a few weeks to ensure they were fully centred on people's individual needs and requirements. Care documents were regularly discussed with people and their relatives and updated to reflect any change in support. Other supporting documents including daily notes (communication records). They contained up to date and relevant information regarding people's daily support.

The registered provider ensured that people were protected from discrimination. Everyone was treated regardless of age, gender, disability, religion/belief or race with care documents exploring these different protected characteristics. Staff received equality, diversity and inclusion training to support their practices thus ensuring people were treated equally and fairly. The manager told us that the organisation's approach was very much centred on respecting people's individual needs and wishes and training was delivered to all

those involved with the both services to emphasis people's rights as individuals.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard is to ensure that 'people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need'. The ethos of the service for communication was, 'good relationships start with good communication. Hearing what is not said'. Language programmes such as Makaton, were used to provide a means of effective communication and information relating to how people liked to communicate was recorded in good detail. Documentation was readily available in 'easy read' or pictorial format to support people's individual needs. Examples of these included pictorial voting cards, election symbols, road safety symbols, support cards for bereavement and personal care, happy and sad faces to indicate emotions. When recording communication, we saw detailed support plans regarding how people wished to communicate, 'I can text, speak, email, phone, need time to process information, break communication down into small parts, you may need to repeat what you said'. For one person we saw pictures were used to indicate when they were working as this helped orientate the person to the time of day. Likewise, pictures were used to remind a person to use equipment to lessen the risks of falls. Support workers and carers told us it was important to understand the way in which a person may express themselves and that listening was a key element of good communication.

The manager told us no one was currently receiving end of life care. They described the processes they would put in place to ensure people's preferences and decisions about end of life care were known, how support would be accessed within the community and how people's advance directives would be followed.

People were fully supported to pursue interests and hobbies both at home and in the community to support the development of friendships and independence. People were living very active lives and they told us how much they enjoyed their social arrangements. This included arts, crafts, discos, drama, keep fit, pool, karaoke, shopping, health awareness and educational courses. People spoke enthusiastically regarding their holidays. A relative said, "Oh yes, they [person and carer] go away on holiday together. It's a nice relationship. They [person and carer] go to parties and [carer] does involve [person] in family get together which is nice." We saw people were involved with voluntary work placements at allotments, shops, a library and cinema to name but a few. A Christmas party was planned for all those involved with the service which everyone was looking forward to.

Feedback about the service was collated at meetings, forums and by completion of satisfaction surveys. In November 2017 people using the service were provided with pictorial surveys and their responses were positive.

Everyone involved with the service understood their responsibilities in keeping information secure in people's homes. All information was safely secured and protected in line with General Data Protection Regulation (GDPR) and the importance of not sharing information outside of the work environment thus maintaining confidentiality was reinforced in staff training and meetings.

Is the service well-led?

Our findings

There was a manager in post and they had applied to us for the position of registered manager. Their application had been successful and they were awaiting confirmation of their registration for this position.

There was a clear management structure. The manager was supported by officers for the Shared Lives service and a support team for the Supported Living service. It was evident that the teams worked closely and ongoing support was provided by a senior management team who had a 'hands on' approach and met with the manager on a regular basis.

Support workers and carers were complimentary about the management of the service. Their comments included, "The manager is approachable and always ready to listen", "I do feel really supported by the management team", "This is an excellent scheme, very well managed. All the staff are superb", "I am very positive about the service. Think they are excellent" and "I think shared lives is a great model for vulnerable people. It's like fostering an adult." A carer described the manager as "Brilliant" and "So supportive." A relative told us, "I am absolutely a very satisfied customer."

The PIR informed us, 'we have recently reviewed the company purpose and core values. The main changes we have made have focused on not only how we treat our service users but the way we behave towards each other. The company core values have been introduced to all new staff during induction and existing staff'.

When looking at the values of the service we saw good systems were in place which enabled people receiving a service, support workers and carers to be supported and feel valued. We found the service supported an open and positive culture. Carers' comments included, "I often get reminders from the staff that support is there for me, if I want it", "The staff are really supportive. Always somebody available", "Even at short notice, I can get support" and "The carers are definitely made to feel part of the scheme. It is not us and them (staff). It is very inclusive." "I am very happy with the support I receive from the staff here" and "We have different events, where we get together(carers). Always well attended. They (shared lives team) have organised a Christmas party for us all." Support workers and carers told us the manager had an 'open' door policy and they were comfortable seeking advice or referring a concern to them should this be needed."

Support workers and carers attended meetings. We saw minutes of meetings held and these were well attended. Agenda items included training, safeguarding, quality assurance and health and safety. Meetings were held at local level and with the senior management team. People were also invited to take part in meetings and invites were sent out in pictorial format. We saw the last group meeting was held in February 2017 and a meeting was planned for December 2018. We discussed the frequency of these and the manager agreed that more dates would be set over the forthcoming months. Following the inspection the manager informed us of a forum which was being held for people to become involved in the recruitment process for support workers and carers and for people to share their views as to what skills carers needed to support people well. An agenda item for the next meeting was also people's involvement in updating the service's pictorial information. A New Directions website was now available for everyone involved in the service to

support information sharing and the face book page was being extended to those receiving the Shared Lives service. People's inclusion regarding the development of the service was evident.

Many of the principles and the approach of the Shared Lives service encapsulated the core elements of current good practice guidance including 'Registering the Right Support'. This guidance sets out the core principles and standards applicable to any service providing support for people with learning disabilities in terms of individualisation of care. The service was involved with different forums and groups to support the Supported living and Shared Lives service provision; this included membership of the National Care Forum and other organisations to support best practice for people with learning disabilities.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager had a good understanding of the quality process and we saw evidence of the service's quality assurance framework over a 12-month period. This included a series of quality assurance processes by the manager and senior management/quality team. For example, audits and reviews of, medicines, infection control, fire and safeguarding procedures. We discussed a recent safeguarded incident and how this had been managed. There was a clear pathway for dealing with events such as this; this included support from outside agencies, discussions at a staff meeting, actions and feedback if there were lessons to be learnt. Support workers and carers received visits by the supported living team and shared lives team to monitor key areas of support and to ensure people were happy with the service they received.

Monitoring arrangements included contingency plans should an emergency arise where by a person needed to be placed in alternative accommodation. These were well defined and documentation was in place to support the required actions. A recent initiative included an 'older carer group' and also respite arrangements should a carer be taken ill. In respect of improvements in practice, the manager discussed with us changes to financial procedures in partnership with the local authority to ensure people were fully protected from financial abuse. Changes had also been made in the way accidents and incidents were reported so that any emerging trends and patterns were picked up and escalated quicker at a local level and senior management level. This demonstrated good communication and a willingness to learn from the events.

Support workers and carers had access to a range of policies and procedures. These were subject to review to ensure they were in accordance with best practice and current legislation.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitored key elements of the service.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. The manager was aware that the rating would need to be displayed once awarded.