

Shared Approach Limited

Shared Approach Limited

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Shared Approach Limited provides a supported living service to people with learning difficulties within their own homes so they can live as independently as possible. At the time of the inspection the service was providing personal care to 29 people who were living in their own homes.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

The service people received was flexible and supported people with limited communication to lead unique and valued lives that incorporated their preferences, cultural heritage and met their needs. Staff knew people well and could tell us how they managed risk and behaviours that challenge that respected the person and supported their dignity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us they had appropriate training, knowledge and support to keep people safe. Observations showed people were comfortable in the company of staff. People and their relatives we spoke with felt confident in the management. They told us there was a caring culture within the service and staffing levels were appropriate.

It was clear staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and life choices. The registered manager told us the low staff turnover allowed positive relationships to be built with people receiving support and strong teamwork to develop. Staff felt well supported and expressed they were happy in their role.

People and their relatives had been involved in the development of their care plans. These were regularly reviewed to reflect people's current needs. The management of risk was included within the care plan to minimise the likelihood of preventable harm occurring. Staff files we looked at showed the registered manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they were supported to gain vocational qualifications in health and social care.

There was a complaints procedure which was made available to people and their family. People we spoke with told us they were happy with the support they received. Relatives we spoke with told they were happy with the care and support delivered. The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well led.

We noted activities were provided as part of the care people received. Staff told us they supported people to activities that enhanced their physical and mental wellbeing. The service engaged with outside agencies to ensure people received timely healthcare support. Staff received training to ensure people's clinical health needs were met daily within their home environment. The management team engaged with other agencies to gain updates on legislation, best practice and learn from other providers experiences.

Rating at last inspection:

At the last inspection the service was rated good (published 07 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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 was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Shared Approach Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector, one assistant inspector and an Expert by Experience carried out this inspection. 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:

Shared Approach Limited provides care and support to people living in 12 supported living settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the 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 three days' notice of the inspection site visit because we needed to be sure that they would be in.

What we did:

Before our inspection, we checked the information we held about Shared Approach Limited. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning and contracts departments at Lancashire County Council and

Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. This helped us to gain a balanced overview of what people experienced when they received support at Shared Approach Limited.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing our planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we visited three homes, we met 11 people who received support and were able to interview four of them. We spoke with the registered manager, eight relatives, three members of the management team, four house managers and 12 support workers. During our visit training was taking place. We joined the training event and reviewed the information being delivered. We attended a coffee morning held at the office and met people and observed their interactions with staff and management. We looked at the care records of nine people, recruitment and training records of four staff members, and records relating to the administration of medicines and the management of the service. We looked at what quality audit tools and data management systems the registered manager had.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Shared Approach Limited.

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 provider's systems protected people from the risk of abuse. Staff were trained in safeguarding procedures and could describe what was abuse and how they reported their concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- The registered manager had contacted local shopkeepers to gain their participation in a safety in town initiative. This provided people who went out independently a place of safety should they require it when out alone. The participating shopkeepers identified themselves through stickers placed in their shop windows.

Assessing risk, safety monitoring and management

- There were protocols for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans which ensured in case of a fire staff had appropriate guidance on how to support people out of the building. Staff were knowledgeable on what actions to take should emergency medicines need to be administered.
- People were supported to gain knowledge on the risks involved with their personal lifestyle choices. The registered manager encouraged positive risk taking. Staff completed risk assessments to promote people's personal development and minimise risk and protect them from avoidable harm.
- Staff understood where people required support to reduce the risk of harm. Care plans we looked at contained risk plans that had triggers and guidelines for staff to follow to keep people safe and reduce risk of avoidable harm occurring.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. Records we looked at showed that Disclosure and Barring Service checks were completed and references obtained from previous employers before staff worked alone supporting people.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service. For example, staff completed two shifts alongside experienced staff to ensure they were suited to the role before being employed by Shared Approach Limited.
- We found the service had appropriate staffing levels and deployment strategies to keep people safe. For example, staff worked mainly in one house offering continuity of support to people. People's support needs were assessed and staffing levels reflected the level of help required to keep people safe.

Using medicines safely

- The service had systems to protect people from unsafe storage and administration of medicines. Staff administering medicines were trained and had their competencies checked.

- We found the medicines we checked corresponded with the records kept.
- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance.

Preventing and controlling infection

- The registered manager ensured infection control procedures were maintained with effective staff training. Staff told us they had access to gloves and aprons as required. This helped prevent the spread of infections.
- Staff we spoke with told us they supported people to keep their homes clean and tidy. We observed all the homes we visited were well maintained and clean.
- There was a member of management who communicated with housing associations and ensured any environmental hazards were managed in a timely and safe manner.

Learning lessons when things go wrong

- There were regular staff meetings and meetings with people who used the service. Any incidents were discussed, and the registered manager ensured lessons were learned.
- The registered manager received electronic safety alerts from Public Health England. This allowed the service to be aware of incidents that had occurred in other services.
- The management team managed accidents and incidents well. Staff understood the importance of reporting and documenting incidents and accidents. When accidents happened, they were reviewed and shared at staff meetings.

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

- Staff applied learning effectively in line with best practice. This led to good care for people who were supported by Shared Approach Limited and a good quality of life.
- Staff reviewed care records regularly and updated them when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.
- Staff could explain how people who were non-verbal communicated using facial expressions, tonal changes in their voice and by leading staff to specific areas of their home.
- People had been supported for many years by Shared Approach Limited and their support needs were well known to their staff teams. One person told us their staff supported them to meet all their needs. They commented, "They [staff] treat me good. They are fun."

Staff support: induction, training, skills and experience

- The registered manager had access to a wide-ranging training programme to enhance and develop staff skills and support them in their roles. For example, training was available for staff who supported people who needed help with their nutritional intake or to manage life threatening illnesses.
- On the day of our inspection we saw staff received training at the office base. Staff told us the training was informative and well delivered. One staff member commented, "I have learnt more here in a week than in all my previous jobs."
- New staff must shadow experienced staff before they can work independently. A staff member said, "They [management] don't let you do anything until you feel comfortable. I feel really supported and happy."
- The management team strengthened staff experience and support through supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Meetings were provided regularly and covered, for example, professional and personal progress, and training needs. Staff we spoke with confirmed they had regular formal supervision sessions. One staff member commented, "They [supervision] are good. It's where you can discuss things."

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

- People regardless of their disability were supported to visit local shops and purchase their own weekly food shopping.
- Staff were aware of any specific dietary requirements and their likes and dislikes. One relative commented, "[Family member's] dietary needs are given full consideration at all times." Care plans included information about people's dietary need. This included any information about specific eating regimes people had to be supported to follow to keep them healthy.
- Staff monitored people's health and weight regularly as part of people's routine health checks. If required, staff documented what people ate and drank each day to ensure they were adequately hydrated and

received effective nutritional intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff told us they supported people to health appointments. Documentation we read confirmed this.
- Each person supported by Shared Approach Limited had a health action plan and hospital passport. These guided staff and external agencies on what medical support had taken place, what ongoing support was required and how to assess the person to see if they were displaying any out of the ordinary behaviours that could indicate they were unwell.
- Staff minimised hospital visits and supported people to live healthier lives. They received effective clinical training from community health professionals to ensure people received timely care in their own homes. For example, staff were not allowed to work in people's homes if they had not received training to administer 'rescue medicines' when it was needed. Rescue medicine is a fast-acting medicine, administered to provide immediate medical assistance when a person's health is impaired and to prevent a long term or fatal outcome.

Adapting service, design, decoration to meet people's needs

- Where appropriate, rooms were furnished to allow the use of hoists. Bathrooms were adapted to allow effective, dignified support to take place.
- One person had an en suite wet room built to promote their privacy and dignity.
- Where appropriate, rooms had clocks in view to allow staff to monitor the time should people have a seizure.
- We noted people had personalised their homes. This promoted their independence and fostered a sense of ownership of their home.

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 take 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. Where people are deprived of their liberty in their own home's applications must be made directly 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.

- We found the registered manager had a suitable understanding of the procedure. When people lacked capacity to make decisions we saw they had taken action to consult with appropriate people to support in the decision-making process. For example, we noted meetings had occurred related to people's accommodation. Family members, advocates and significant individuals in people's lives had been invited to review and assess information and make decisions in the person's best interests.

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 were treated equally and their diverse needs and wishes were respected by staff. All staff received equality and diversity training as part of their personal development during the induction process.
- People knew their staff and management team well and were comfortable in their company. Having consistent staff support allowed positive staff relationships to develop.
- We saw people were not treated less favourably because of their protected characteristics. For example, people accessed public transport, used community facilities and were supported to make lifestyle choices appropriate to their age with all subsequent risks managed appropriately. One relative told us, "The main thing is [family member] is happy, he has the capacity to tell me every time we see him, and he seems really happy."

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

- The registered manager ensured everyone who could not communicate verbally had information to guide staff on how to understand them. The documentation included signs people displayed when they were happy, angry or upset.
- Staff remained discreetly in the background when we spoke with people during our inspection. They allowed people to be the centre of the conversations offered prompts and worked in partnership to ensure their views and experiences were acknowledged and celebrated. For example, one person was encouraged to share their achievement of performing at a Shared Approach Limited anniversary party. They took great pleasure in sharing and reliving their experience.
- People were supported to be part of the Lancashire partnership board. This gave people the opportunity to express their views on the care they received and suggest improvements in how care is delivered.
- The registered manager was aware of local advocacy services and how to access them. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. One person had been supported to use an advocate to make decisions around their accommodation.

Respecting and promoting people's privacy, dignity and independence

- People had been supported to boost their self-worth and develop their independence. For example, people had been supported to gain paid and voluntary jobs within their local community.
- We observed staff demonstrated kindness, patience and respect and people were given time to express themselves fully. We noted frequent, appropriate physical contact between staff and people, which evidenced positive relationships had developed.
- People shared communal areas in their home but also had private bedrooms. Their rooms were decorated in such a way to remind people which was their room.

- We observed staff knocked on people's doors and identified themselves before entering.
- Every person we met during the inspection projected a positive impression of themselves. People wore age appropriate clothing that was well fitting, reflected their culture and was relevant to the individual.
- People's personal information was securely stored within their home. This meant the service was protecting people's private and confidential information and only sharing documents about people when necessary.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider's pre-assessment processes were thorough to ensure the service was right for the person and the service could meet the person's needs. They considered the needs and preferences of people who were already supported by Shared Approach Limited. Compatibility between the person moving in and people already being supported was reviewed as part of the pre-assessment process.
- People supported by Shared Approach Limited were encouraged to participate in the recruitment of new staff. Applicants had an interview with management followed when appropriate by an interview with people who would be supported by the successful applicant. The service used a staff matching tool to learn more about the applicant and seek out shared interests. A member of management told us, "It is important to find staff people would enjoy having in their home. It is important to see a good rapport and good working relationship."
- The service was focused on delivering person-centred results to people, many of whom had profound physical and learning disabilities. Care plans we read guided staff on suitable ways to interact to foster positive relationships. We saw each person had a communication passport. This was a document that had signs people displayed when they were angry, upset, happy or sad. Passports provided clear information to staff as to how to interact with clients. There were additional documents that guided staff on how people with limited communication displayed pain. This additional knowledge enhanced staff observational skills and safeguarded people's wellbeing. Staff were able to tell us about the people they supported and their needs, preferences, likes and dislikes.
- The registered manager provided people with a consistent staff team who knew people exceptionally well. This made sure people had a familiar and trusted support network that fostered positive relationships. Staff had comprehensive knowledge of people's likes, dislikes and preferences. One relative commented, "[Relative] loves it when we pull up on her drive [after being out]. She perks up, looking what's going on and then makes her way to her favourite spot on the couch."
- One person had failing health and required an operation to stabilise the condition. It meant they would require daily treatment. Staff received comprehensive clinical training to meet their needs in their own home and to ensure the treatment did not impact on their daily living. Staff had to follow daily infection prevention techniques to prevent infection and promote positive health. Their relative told us, "We were told from day one without the operation, [family member] would deteriorate and have no quality of life. Now she has a very good quality of life. She is out more than she is in." A second relative commented, "[Family member] is well looked after, she is smashing now."
- The registered manager had completed baseline assessments of people's essential living skills. This was for people who were at risk of dementia. The registered manager explained this was completed on the advice of community health professionals. It was a proactive approach that provided information to measure any loss of ability and deliver responsive support, should people's physical or mental health

deteriorate.

- Staff rotas were flexible to meet people's needs. We looked at rotas and saw they were written to ensure staff who had relevant skills and medical training were available on each shift. One relative told us, "They [staff] all seem to know what [relative] wants and what she needs." One staff member told us, "The service is all individualised around people."
- The registered manager sought alternative financial support to allow a number of people to have real choice and control over their life. The management team had liaised with a charitable organisation to ensure funding was available to provide a number of people with their own accommodation and supported them in leading a more independent life. One person told us, "I can't believe it is happening. I am so looking forward to it." We overheard them tell a member of staff, "Thank you so much for all your help." This meant the person was given the opportunity to live their life with the same choices, rights and responsibilities as other people.
- The service recognised valued activities can promote positive physical and mental health. The provider ensured people engaged in activities they enjoyed regardless of any physical or learning disabilities. We saw photographs of one person attending a family wedding abroad. A second person went camping at a music festival and a third person, a football fan, presented man of the match at a league football match. One person told us they were looking forward to going to watch motorcycle racing in the Isle of Man, had enjoyed hot air ballooning and were looking forward to experiencing the fastest zip wire in the world. He commented, "People say I am brave." We noted staff had sought activities to accommodate people's needs. For example, horse and carriage riding that was wheelchair accessible. This showed people were supported to have the freedom to do extraordinary things regardless of their disability.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was made available to people they supported and their families. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.
- People we spoke with knew how to make complaints. They felt confident these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person commented, "I don't need to complain, my staff are nice." One relative told us, "In all the years, I have never needed to make a complaint." A second relative said they could request time to speak to the registered manager if needed, if any concerns were to arise.
- People knew how to provide feedback about their experiences of care. This included regular reviews of their care and arranged meetings for people who were supported by the service and their relatives.

End of life care and support

- The provider had systems to support people with end of life care. End of life care was included within people's plans of care, when appropriate. Although none of the people supported were end of life, we were informed the service would work alongside other health professionals to coordinate end of life and palliative care.
- The registered manager told us they had provided end of life support in the past and had documented people's preferred priorities when it came to their end of life care
- The registered manager told us they supported people after they had died and ensured people had a funeral and service that reflected their culture and personality. For example, one person had no family. The registered manager told us, "I felt it was important that someone stood up and spoke about [person], so I gave a eulogy. We also had photographs and a video at the crematorium. Afterwards we had a wake at their favourite restaurant." The celebrant who performed the service gave feedback to the registered manager. It included, 'It truly was a privilege to be part of [person]'s celebration. It was encouraging to me to see how all staff and carers genuinely cared and loved [person] beyond any job description.'

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

- Feedback we received was complimentary about the registered manager and management team. People said they were approachable and available always and operated an organised service.
- The management team provided a consistent visible presence throughout the service. They completed direct care roles when required, offering guidance and support to people and staff.
- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who received support and outside agencies who were involved in Shared Approach Limited. There was an inclusive culture within the service that involved people regardless of their disability. One staff member commented, "We get good feedback. If we do something wrong, we get good advice. It's not patronising."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager shared information about incidents and accidents with relevant people.

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

- The registered manager followed all current and relevant legislation along with best practice guidelines. A member of the management team worked with the local authority in developing local safeguarding procedures. This was to ensure the diverse needs of everyone were met.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of people's needs and backgrounds.
- The registered manager understood their role in terms regulatory requirements. For example, notifications were sent to CQC when required to report incidents that required had occurred and required attention.
- The service had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

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

- There was a coffee morning every week at the office base that allowed people to engage with members of the management team in an informal setting. We observed people were relaxed in the company of the registered manager.
- Staff had completed questionnaires on the service and the registered manager was in the process of collating all the information at the time of our inspection. We noted feedback was overwhelmingly positive.

One staff member had written, 'I love this job, the staff and management are so approachable.'

- Members of the management team and people being supported by Shared Approach Limited volunteered on local partnership boards. The aim of the partnership board is to make the lives of adults with learning disabilities better and their needs are met. One person told us, "I go to meetings and share my views."

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were investigated, and actions recorded where improvements could be made.
- The registered manager completed regular audits known as networks checks of the service delivered. There was an improvement action plan. Any areas of concern identified were recorded and shared with members of the management team for issues to be addressed.

Working in partnership with others

- Shared Approach Limited worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. We saw management and staff had liaised with health care professionals and specialist teams.
- The registered manager sought up to date training for staff and was part of a provider training group to ensure training was available and up to date.