

Sunderland City Council

Sunderland Shared Lives

Inspection report

Leechmere Centre, Leechmere Industrial Estate, Carrmere
Road
Sunderland
Tyne and Wear
SR2 9TQ

Tel: 01915612275

Website: www.sunderland.gov.uk

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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

Sunderland Shared Lives is a scheme which provides people with long-term placements within shared lives carers' own homes. The scheme oversees carers who provide care and support to adults who have learning disabilities. On the day of our inspection there were 17 people using the service. The registered manager and senior support worker are employed by the service however carers are self-employed and have a contract with Sunderland Shared Lives.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they felt safe. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager understood their responsibilities about safeguarding and carers had been appropriately trained. Arrangements were in place for the safe administration of medicines.

The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed carers. Carers were suitably trained and received regular support.

People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's needs were assessed before they started using the service and were continually assessed to ensure care plans remained relevant and any emerging needs were met. People were treated with dignity and respect. Carers helped to maintain people's independence by encouraging them to care for themselves where possible.

The service applied the principles and values of Registering the Right Support and other best practice guidance. People were supported to have maximum choice and control of their lives, and carers supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Carers knew people well and understood what was important to them. People lived full and active lives and were protected from social isolation.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective

quality assurance process was in place. People and carers were regularly consulted about the quality of the service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 November 2017). Since this rating was awarded, the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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.

Sunderland Shared Lives

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience formed the inspection team. 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

Sunderland Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 September 2019 and ended on 1 October 2019. We visited two people in their own homes and spoke to other people and their carers by telephone on 30 September 2019. We visited the office location on 1 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight carers about their experience of the service. We spoke with the registered manager and senior support worker.

We reviewed a range of records. This included three people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this service following the change in location. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. Comments included, "Oh yes, completely [safe]" and "Very safe."
- The registered manager understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and carers had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. The management team and carers understood potential risks and how to mitigate them.
- A 'Home environment service continuity plan' was maintained for each home that a person lived in, which included important safety information.
- Checks were carried out to ensure carers were following the provider's policies and procedures correctly and that people were living in a safe and clean environment.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new carers.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines and risk assessments were in place.
- Medicine administration records were audited regularly and carers were appropriately trained.

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.

This is the first inspection for this service following the change in location. This key question has been rated good. This meant 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

- People's needs were comprehensively assessed before they started using the service. This was to ensure it was the correct placement for them and their individual needs could be met.

Staff support: induction, training, skills and experience

- Carers were fully supported in their role and received regular visits from the registered manager or senior support worker.
- The service had a learning and development plan and the registered manager maintained a training matrix, which was used to identify when training was due. Carers told us they had received sufficient training for their role.
- The registered manager told us, "If there's a piece of training that the carers need to do, me and [senior support worker] do it first. How can I expect a carer to deliver if I don't understand what training they've had?"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The service worked with health and social care professionals to ensure people's healthcare needs were met. These included; psychologists, occupational therapists, physiotherapists, speech and language therapists and social workers.
- People were supported with their dietary needs and to maintain a balanced diet.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and carers had a good understanding of the MCA. They were aware of the need for

decisions to be made in a person's best interests if they were unable to make those decisions for themselves.

- Where people were unable to make their own decisions, the proper legal process was followed.

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.

This is the first inspection for this service following the change in location. This key question has been rated good. This meant 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 happy and comfortable in their home environment. They had a good rapport with carers and some of the people had lived with their carers since they were young.
- People were treated as individuals and carers supported them to live their lives how they wanted. The registered manager told us, "Everything we do has to be for the individual."
- People were supported to practice their religious views.

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

- Carers and people were involved in the care planning process. People's preferences and choices were clearly documented in their care records.
- The registered manager told us advocates had previously been used by people to support them with decision making. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Respect was embedded in the service, including the respect for privacy and dignity. People told us they felt respected.
- People told us carers supported them to be independent. Support plans were in place for supporting people with independent living skills. These records described what people could do for themselves and what they required support with.
- A carer told us the person they supported was now able to go on the bus independently and worked in a coffee shop. Things they couldn't do when they first moved in with their carer.

Is the service responsive?

Our findings

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

This is the first inspection for this service following the change in location. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were regularly reviewed, included important information about the person and were person-centred.
- People's individual aims and wishes were recorded. These described what the person wanted from their care and support, and for the future. For example, one person wanted to go on a cruise. Their carer told us they were starting to plan it and had collected some brochures.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People lived full and active lives. Carers knew people extremely well and understood what was important to them.
- People were protected from social isolation and were supported to be active in their local community. For example, one person volunteered for a local charity, which not only benefitted themselves but also local people. One person worked in a coffee shop. Another was involved with drama and dance groups.
- One of the people proudly showed us artwork they had created, which had been selected to go on display at an exhibition in Newcastle.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and carers were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- End of life was considered as part of people's care and support. The registered manager told us the scheme had previously supported one person with end of life care needs. Discussions had taken place with some people about their future wishes.

- The registered manager and senior support worker were booked on end of life training. Carers were also invited to attend.

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.

This is the first inspection for this service following the change in location. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and carers told us the service was well-led. One carer told us, "They [management team] are spot on. When I started, there wasn't much in place, [registered manager] has taken it to another notch up."
- Carers told us they were comfortable raising any concerns and the management team were approachable. Comments included, "I'm lucky that I don't need support very often but if I needed that help it would be there without question. Immediately" and "If I have any concerns whatsoever, it is dealt with straight away."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.

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

- The management team and carers understood their roles and responsibilities.
- The management team monitored the quality of the service to make sure they delivered a high standard of care. They carried out regular audits and checks to monitor the quality of the service.

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

- People and carers were able to feed back on the quality of the service. One carer told us, "I think the whole scheme is amazing."
- Annual surveys were sent out and meetings were held for people twice per year. People and carers were also able to feedback during regular visits from the management team.
- The service had held and taken part in charity events, such as Christmas parties, garden parties, bike rides and walks. People and carers were actively encouraged to take part.

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice. The registered manager regularly met with other scheme managers from around the country. Learning from these events was shared with carers during visits or by email if more urgent.
- The provider was proactively looking at the future of the service. They were working with other agencies to

identify what changes may be required to the service based on peoples' expected needs.

- Carers had access to an online discussion group that they could access for support and to have discussions with their peers. This was actively encouraged by the registered manager.
- One of the carers had produced a guide, documenting their experience as a carer. With their permission, the registered manager had shared anonymised elements of the guide with other carers.
- The service worked in collaboration with other health and social care professionals. For example, a community-based NHS team that carers could access for support, and a local action group for people who needed financial support.