

Wigan Council

Wigan Council Shared Lives Service

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

Wigan Council Shared Lives Service provides care or support for people over the age of 18, who require help due to age, illness or disability. Care is provided by approved carers called 'champions'. The service provides long term placements where people live alongside champions, in a family-like setting, short breaks; consisting of two to three night stays with a champion, respite care; consisting of overnight stays with a champion and day activities, where support is provided to engage in social activities of the persons choosing. Champions are supported by shared lives officers, who are responsible for the setting up, management and review of all placements.

Not everyone using Wigan Shared Lives Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection 16 people were in receipt of personal care.

There was a service manager in post, who had applied to the CQC to be the registered manager. The previous registered manager had left the service in January 2018. 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.

At our last inspection on 29, 30 July and 05 August 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During the last inspection, although the service was rated as good overall, it was rated as requires improvement in the the key question of safe, as we identified a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to gaps in safeguarding training and processes. During this inspection we found the provider had addressed the previous regulatory breach and was now meeting all requirements of the regulations.

People told us they felt safe either being supported by or living with their champion. Both shared lives officers and champions had received training in safeguarding and knew how to report concerns.

Care documentation included risk assessments, which were reviewed to reflect people's changing needs and circumstances. This ensured shared lives officers and champions had the necessary information to help lessen risks to people as well as ensure the environments they lived in were fit for purpose.

Medicines were managed safely. The service had effective systems in place to ensure peoples medicines had

been administered and signed for consistently, with medication training provided to all champions.

People using the service were supported to have maximum choice and control of their lives and champions supported them in the least restrictive way possible. People were encouraged to make decisions and choices about their care and had their choices respected.

The service had a training matrix to monitor the training requirements of staff and champions, and had reviewed the way training was provided, to better meet the differing training needs of champions. Staff and champions received appropriate training, supervision and appraisal to support them in their role.

People using the service spoke positively about the care provided by their champions and the support received by the service to ensure their needs had been met. People and champions views and opinions were regularly sought, to ensure they were happy with the service and the programme of care in place.

Care documentation contained detailed, personalised information about the people who used the service and how they wished to be supported. People had been involved in choosing their champion.

The service had a complaints procedure in place and whilst people and champions told us they had no cause to complain, they knew how to do so, should they need to.

The provider had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans were drawn up, to ensure any issues had been addressed. Feedback was sought from people, relatives and staff and used to drive continued improvement.

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 has improved to safe.

People we spoke with told us they felt safe as a result of the support provided by champions and the service.

Staff and champions were trained in safeguarding procedures and knew how to report concerns.

Medicines were stored, handled and administered safely, with champions receiving training in this area as part of the induction process.

The service had designed its own bespoke medicines policies to compliment the Council's policy and procedures.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains good.

Wigan Council Shared Lives Service

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 was planned to check 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.

The inspection took place on 21, 22 and 27 March 2018. This was an announced inspection which meant the provider knew we would be visiting. We gave 48 hours notice because we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. We also wanted to give the service time to arrange for us to speak to people using the service and their champions.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and two Experts by Experience (ExE), who conducted telephone interviews with people using the service and their champions. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

During the course of the inspection we spoke to the lead provider manager, service manager and two shared lives officers. We also spoke to three people who used the service and 10 champions, including visiting the homes of two people who were placed with champions on long term placements.

We visited the office and viewed a variety of documentation and records. This included; three care files, six Medication Administration Record (MAR) charts, recruitment information, policies and procedures and audit documentation.

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in July and August 2015 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as we identified gaps in safeguarding training and processes.

At this inspection we found the provider had made improvements and safeguarding training was being provided to all champions with clear reporting procedures in place, should anyone witness or suspect abuse had occurred. Each champion we spoke with confirmed training had been provided and knew how to report concerns. People using the service told us they would speak to their champion or a shared lives officer (SLO) if they felt unsafe or had been mis-treated.

The service used a tracker to document and monitor any safeguarding issues, which included details of actions taken and outcomes; however none of the issues recorded related to people in receipt of personal care. As a result this document did not form part of the inspection.

We looked at recruitment procedures for both shared lives staff and champions. Wigan Council's employment procedures had been used in the recruitment of shared lives officers, with documentation being stored centrally in the Human Resources department. Disclosure and Barring Service (DBS) checks, references and full work histories had been sought for all staff, including champions which helped ensure they were suitable to work with vulnerable people. In regards to champions we saw applications went through a panel process; which consisted of three people, including one person who was independent of the service. Only if agreed by the panel, was the person put forward to be matched with someone who wished to use the service.

We looked at how medicines were managed. The service had both a corporate medicines policy along with their own shared lives medicines policy, which they had developed in consultation with the Clinical Commissioning Group (CCG), local safeguarding team and champions. This ensured processes were suitable for people using this specific type of service.

Guidance had been drawn up in relation to the correct use and completion of Medicine Administration Records (MARs), including what information needed to be documented such as person's details, dates MAR related to, medicine information such as strength, dose, route, when to take and any special instructions, for example if it needed to be taken before eating. These had been shared with people and champions. We saw 'as required' (PRN) protocols in place for people who took this type of medicine, for example paracetamol. These provided information about whether the person could request the medicine and if not how to identify it was needed, how much to give and how frequent.

We saw completed MARs had been either delivered to the office by champions or collected by the SLO's, scanned and stored electronically. Each MAR had been audited by an SLO to check medicines had been administered and signed for and the MAR completed correctly. Any issues had been discussed with the person or champion responsible.

We asked people and champions we spoke with about the procedures in place to safely manage medicines. One told us, "Medicines [liquid] are kept in a fridge. Tablets are in a lockable cupboard. I fill in MARs sheets and take the completed ones each month to the office." All champions said they had received medication training from Shared Lives, one stated, "I have done Level 2 in medication; I do this every year." We were also told SLO's had observed champions administering medicine to ensure competency. One champion stated, "'[Name of staff member] has been present when I've given [name of person] their medication, watched me and checked the labels etc."

People we spoke with told us they felt safe living with their champion. Comments included, "Yes I do, definitely" and "I do, very safe."

All of the champions we spoke with were able to give examples of the ways in which they ensured the people they supported stayed safe whilst being able to have appropriate freedoms. In most cases, the people themselves were able to make judgements about how safe it was for them to undertake certain activities and avoid those that were potentially unsafe. One champion told us, "'[Name of person] has had training in stranger danger, travel, safe use of a mobile phone etc. They can go out independently to some extent and I know they're ok.' Whilst another stated, "'[Name of person] can't manage money easily and so that they can go shopping for themselves, I encourage them to go to the Pound Shop to buy shampoo and things, because they can manage pound coins. They also pay with a £5 note when it's more than a pound [giving an example of a social setting], so they don't need to handle multiples of pounds and can just put their change into a different pocket. That way, they can be independent without feeling overwhelmed."

In order to ensure champions homes were both safe and suitable for people using the service, environmental risk assessments had been completed by SLO's annually. Each room of the house the person had access to, had been assessed with action plans generated to address any identified hazards. We saw fire safety checks had also been completed.

We looked at accident and incident information and the procedures in place for monitoring and reporting. All of the champions we spoke with described the process they would follow in the event of an accident or incident, telling us they would inform the Shared Lives office and would complete their incident report form. One said, "I would ring 999 if needed, or some kind of medical help. I would also contact next of kin, Shared Lives and maybe other family members. I'd fill in all relevant paperwork."

As with MARs, incident forms were collected by the SLO's and recorded onto an accident and incident tracker, which included details of action taken and outcomes.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection we found the service continued to be effective.

The service continued to complete a robust referrals process, which ensured the person using the service was at the centre of all decisions. Upon receiving a referral, the service met with the 'customer', developed a profile and then matched this with a suitable champion. Meetings were arranged between the person and the perspective champion, before an agreement was drawn up to confirm the aims of the placement. This ensured people received the care and support they both wanted and needed.

Each champion we spoke with confirmed they had undergone a detailed recruitment process including competency checks. On appointment, each champion reported receiving mandatory training as needed for their roles and responsibilities. Comments included, "Shared Lives accompanies you initially, to check you know what you're doing" and "I've done safe handling of medicines at Level 2, safeguarding, basic food hygiene, health and safety; and Mental Capacity Act (MCA) and DoLS (Deprivation of Liberty Safeguards) previously, but I need to update that." People using the service all told us their champions had the required skills and knowledge to support them effectively.

The lead provider manager told us they had encountered some issues with training attendance and completion. To address this the service had investigated different methods and styles of training, including e-learning, workbooks and the creation of bespoke sessions based on feedback from champions. The safeguarding and Mental Capacity Act training had been re-developed with the local safeguarding and DoLS teams to be specific to the Shared Lives service. We were told once all the bespoke training programmes were operational, non-completion in the required timeframes by champions could result in them being de-approved and no longer being able to support people.

Champions providing long term placements continued to be offered 'respite' of up to 28 days per year. People would be supported by another champion during this time. Similarly we saw suitable arrangements and safeguards in place to cover for champions who were unable to complete planned support either through holidays, illness, injury or other reasons.

Both SLO's and champions received ongoing support and supervision. SLO's completed 'my time' meetings on a regular basis, in line with the provider's policy and annual appraisals, known as 'my time extra' had also been completed.

In regards to champions, we saw annual reviews had been completed alongside more frequent 'pop ins' for full time placements. These provided the opportunity to discuss how things were going and resolve any issues. Champions could also contact the office to seek advice or support and arrange additional visits. Champions were complimentary about the support provided by the service, comments included, "Very much so [well supported]; I know there's someone I can contact 24/7" and "Very [well supported]. They will always get back to you, even at weekends."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The authorisation procedures for people receiving care in their own home, is an 'Order' from the Court of Protection. We checked whether the provider was working within the principles of the MCA. Both SLO's and champions confirmed they had received training in MCA and DoLS. People using the service had been involved in all decisions about their care and support. We were told each person's social worker would deal with any MCA related issues before the service was asked to provide support, this information was contained in the person's care plan, including the appointment of any Lasting Power of Attorney (LPA). The service also maintained close links with Wigan's DoLS team, who would provide guidance as required.

People were supported to access medical and healthcare professionals as required, either through their champion or via a relative. We saw people's views and opinions about the support they required in this area had been sought and followed.

Nobody using the service that was part of the inspection had any special dietary requirements. However people confirmed they received food they liked and were involved in making decisions about what they ate. We saw one person had been supported to vary their portion sizes in order to lose weight, as part of diabetes management. This had been done in collaboration with the person and their champion.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be caring.

As part of the inspection we visited three people who used the service, including two people supported on long term placements with their champions. Each person spoke positively about the care they received, telling us their champion was kind, respected their privacy and made them feel like part of the family. This sense of belonging was emphasised by one person who referred to their champions as Mum and Dad number two.

Where the champion's own home was shared, they were able to tell us how they maintained people's privacy and dignity. One told us, "We have house rules; they all have their own bedrooms and knock on the door. I knock before I go in. We have a rule [for the bathroom door] – if the door is shut, knock and wait." People we spoke with confirmed they had access to the whole house, including their own space, which was respected.

From talking to champions it was clear they knew the people they supported very well, including those who only provided a few hours support each week. Champions were able to tell us about each person's likes and dislikes, personalities and how they preferred to spend their time. We also noted champions respected and protected people's needs and wishes, supporting them in choosing how they lived their lives and spent their time. Comments included, "[Name of person] has a very strong mind and knows what they want. They can spend their own money as they wish, and I just guide and advise if they ask" and "You can help [the person] to make choices like at crafts, you can ask them what colour they'd like to use. They do make their own choices about what they want to do when we go out."

All of the champions we spoke with felt they broadly shared the same spiritual or cultural background as the people they supported, however some could describe specific ways in which they supported people, for example one told us, "[Name of person] is quite a strong Catholic and although they don't go to Mass any more, maintains contact with a religious group. I support them in going to meetings."

The SLO's we spoke with provided examples of how equality, diversity and human rights had been managed. This included how people's sexual orientation was respected and taken into consideration when matching to a champion. We saw feedback from a social worker, who reported a positive experience of referring an older LGBT person to the service. This person had subsequently had their wishes fulfilled and regained self-confidence.

Both SLO's and the champions knew people's individual communication skills, abilities and preferences, with information contained in care files about people's preferred ways of communicating. We noted questionnaires had been written in an easy read format, containing simple text, pictures and a tick list, to enable all people using the service to provide their views and opinions.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to be responsive.

The service had continued the completion of 'profiles' for both people using the service and champions. These ensured personalised information relating to values, likes, dislikes, hobbies and interests had been captured and could be used to ensure people were matched appropriately.

We saw referrals to the service were received directly via an online system. We were told there was no fixed timescales from receipt of a referral to the person beginning to use the service, as the most important aspect was ensuring the right champion was selected and the person was happy with this choice. People and champions we spoke with confirmed a varying number of visits had been held as part of the process, before any final decisions had been made. This helped to ensure the success of any 'matches'.

Each person continued to have a user agreement and user profile, which included the aims of the placement which was signed by all parties. This acted much like a care plan would within other types of care service. The user profile contained a range of person centred information such as 'people who are important to me', my week, religion and culture and other interests. The profile also provided specific information for the champion, including what makes a great champion, how the service communicates with champions and information about support networks.

We saw reviews had been completed annually, which people and champions found useful. One stated, "Yes [reviews are useful] because they ask about how we're getting on, any issues or problems we might be having, any training we think we need." The service used a ten point review document during the meetings, which covered areas such as the environment, weekly schedule, goals for the year ahead, action plans for the year ahead and feedback about the service. To supplement the annual reviews, we also saw desktop reviews had been completed sporadically.

Monthly support meetings for all champions had been held, however due to issues with attendance, the service was changing the way these were facilitated, after consultation with champions. More localised or 'patch' meetings were to be held, which would be chaired by an SLO at a time and place convenient to the champions who lived in that geographical area.

The service continued to use a system for recording complaints and compliments. We saw no complaints had been received, however a high number of compliments had been received since the last inspection. The office had a separate file for compliments, comments and success stories. We noted an article from a local newspaper, in which a champion had spoken positively about the service. We also saw another champion had recently sent in cards and chocolates to the office, to thank the team for 'listening and being supportive'.

The service also provided comment cards for people and champions to complete, to provide feedback on

the service. We saw these had been displayed in the office. Comments included, "I love the service, best thing I've ever done" and "Since living with [champions] they have helped me with anything I need, they are amazing."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be well-led.

At the time of our inspection there was not a registered manager in post, however the current service manager was in the process of registering. 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.

The new manager was being supported by the lead provider manager, who had been involved with the service since it began. This ensured consistency during the transition between managers. Everybody we spoke with as part of the inspection was aware of the changes and who the service manager was, albeit most had not yet met them.

People using the service, champions and SLO's spoke positively about the service and how it was run. Comments included, "I love it, get such a lot from it", "It's well run, well managed and friendly" and "They [office staff] are all nice and have met my and [person's name] needs."

The service promoted an ethos of involvement and empowerment to ensure the views of people using the service and champions were captured as well as involving them in decision making. Views had been captured during 'pop in' meetings as well as through champion support group meetings. Champions we spoke with told us, "At support group meetings we are asked for any suggestions about changes we think are needed. These are always minuted and sent out to everybody."

We saw Shared Lives Feedback forms had been sent annually to people and champions, to capture their views and opinions on the service. Questions were based around CQC's Key Lines of Enquiry (KLOE's), safe, effective, caring, responsive and well-led. Positive feedback had been provided by each respondent.

Champions also told us they felt well supported by the service, and were clear about their role and responsibilities, which had been clearly communicated by the service. Champions told us their lives had been enriched through the process. One stated, "Best thing about it is the friendship, the good relationships. It's helping me as much as it's helping the people I support, it's a God-send."

The SLO's we spoke with told us regular staff meetings had also been facilitated, which provided a forum for discussing any issues of concern and being involved in decisions about the service.

We saw the service worked closely with other professionals and organisations. The service was part of the intermediate care project, whose aim was to work out whether the shared lives model fitted with hospital discharge. This involved partnership working with the NHS, hospital at home team and discharge panels. The service was also involved with other shared lives services across Greater Manchester and had links with

We saw there were a number of audits and monitoring systems in place to monitor the quality and effectiveness of the service. The computerised system in use, Mosaic, provided an overview of each SLO's workload and output and was used to monitor completion of meetings and reviews with champions. Case studies had been completed as part of an outcome measure process, to capture the experience of people and champions. Computerised systems had also been used to monitor completion of training and medication management. The service had a detailed action plan, which clearly identified areas for improvement and how these would be achieved.

Policies and procedures were in place and were updated at provider levels to recognise any changes in legislation. Where necessary the service had either amended or generated additional policies to ensure they were relevant for the service.