

PSS (UK)

PSS Shared Lives Staffordshire and Wolverhampton

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 15 and 17 August 2016. PSS Shared Lives Staffordshire and Wolverhampton is registered to provide personal care support to people in long or short term placements within the homes of people who were recruited as shared lives carers. People who used the service had learning disabilities and/or physical disabilities, and some people were living with mental health issues. At the time of our inspection, 109 people were using the service. At our previous inspection in November 2013, we found the provider was meeting the regulations we looked at.

There was a registered manager in post. 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.

People were safe and the shared lives carers and staff knew how to protect people from harm and abuse. Risks to individuals were assessed, managed and reviewed. People received the level of support they needed to meet their needs and keep them safe. The provider had safe recruitment processes in place and people were supported to have their medicines safely.

The shared lives carers and staff had the knowledge and skills needed to provide effective care. People were supported to make their own decisions. When they were not able to make certain decisions about their care and support, this was provided in their best interests. People were supported to have a balanced diet and maintain their health and well-being.

People were treated with kindness and respect. The shared lives carers and staff knew people well and they were involved in making decisions about their care and support. People were encouraged to be independent and maintain relationships that were important to them.

People received support that was individual to them and they were involved with the development of their support plans and care. People were supported to follow their interests and were encouraged to give feedback about the support they received. People knew how to raise any concerns or complaints and the provider listened and acted upon these in a timely manner.

People were involved with the development of the service and the shared lives carers and staff were clear about their roles and responsibilities. People were happy with the support they received from the service. There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff and a programme of audits. The provider played an active role in quality assurance to drive continuous improvement within the service.

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.

People were safe and the shared lives carers and staff knew how to protect people from harm and abuse. Risks to individuals were assessed, managed and reviewed. People received the level of support they needed to meet their needs and keep them safe. The provider had safe recruitment processes in place and people were supported to have their medicines safely.

Is the service effective?

Good ●

The service was effective.

The shared lives carers and staff had the knowledge and skills needed to provide effective care. People were supported to make their own decisions. When they were not able to make certain decisions about their care and support, this was provided in their best interests. People were supported to have a balanced diet and maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. The shared lives carers and staff knew people well and they were involved in making decisions about their care and support. People were encouraged to be independent and maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People received support that was individual to them and they were involved with the development of their support plans and care. People were supported to follow their interests and were encouraged to give feedback about the support they received. People knew how to raise any concerns or complaints and the provider listened and acted upon these in a timely manner.

Is the service well-led?

Good 

The service was well led.

People were involved with the development of the service and the shared lives carers and staff were clear about their roles and responsibilities. People were happy with the support they received from the service. There were effective systems in place to monitor the quality of care and these were used to drive continuous improvement.

PSS Shared Lives Staffordshire and Wolverhampton

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.

This inspection visit took place on 15 and 17 August 2016 and was announced. We gave the provider four days' notice because the service provides personal care support to people in the homes of shared lives carers, and we needed to arrange to speak with people at alternative venues. At the time of our inspection, 109 people were using the service.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a different range of methods to help us understand people's experience of using the service. We met two people at the day service they attended, and others came to the office base with their shared lives carers to attend an 'open forum' session with us. The expert by experience did not attend the office base, but spoke with five people by telephone on 15 and 16 August 2016.

We spoke with twenty four people who used the service, four relatives, and seventeen shared lives carers. We also spoke with three development workers (who worked as co-ordinators for the shared lives carers), the team leader, the two registered managers one of whom was also the head of service. .

We checked the information we held about the service and the provider. This included notifications that the

provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed two shared lives carers files to see how they were recruited and checked the training records to see how they were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe when supported by the shared lives carers. One person said, "Yes, I feel safe, my carer looks after me." Another person told us, "It makes me feel safe having people around me." One relative said, "I know my relation is safe within the setting, I have no concerns." Another relative told us, "Yes, I do feel my relation is safe."

The shared lives carers were knowledgeable about the different types of abuse that could happen. They were able to explain how they would recognise any potential issues, and how they would respond to any concerns. One shared lives carer said, "If I suspected anything, I would speak to the co-ordinator." Another told us, "Any concerns at all are referred to the co-ordinator; they are easy to get hold of, and we have an out of hours number to use as well." We saw that when identified, concerns had been reported to the relevant authorities and we had been informed of the situation. This demonstrated that the shared lives carers were able to protect people from harm.

Risks to people's safety were assessed and managed and people told us they were involved with these decisions. One person said, "My carer helps me with lots of things as I couldn't do them by myself. I always go out with them, as I'm not good crossing roads. They keep me safe." One relative told us, "My relation usually uses a walking stick to get around, but the shared lives carer used a wheelchair for them recently when they went round the town. I thought this was a good thing as my relation wouldn't have managed a whole day walking." We saw there were a variety of risk assessments in place that described to the shared lives carers how they could minimise potential risks for people who used the service. We saw that any risks had been reviewed and the person, when possible, had been involved with these reviews.

Some people needed to use specialist equipment to transfer. One shared lives carer told us, "[Person who used the service] has needed to use equipment for many years; we were shown how to use it correctly. All the equipment is regularly serviced and maintained by a company; we arrange this and have to give a copy of the information to the office." We saw that various professionals had been involved with the assessments for the equipment that was needed and they had regular contact with this person and their shared lives carers to ensure that any risks were managed safely.

We saw that risks had been assessed within the homes of the shared lives carers. Before people could start a placement at their homes, checks had been completed to assess the home environment, fire safety and suitability of any equipment. One shared lives carer told us, "We have six weekly checks to make sure everything is safe at home and have to keep everything up to date." We saw that the home environment risk assessments were reviewed annually by the office.

People we spoke with told us they received enough support from their shared lives carer to meet their needs and keep them safe. One person said, "I get the help when I need it." Another person told us, "They [the shared lives carers] are always there for me when I need them." One relative said, "I can arrange any respite when it is needed, sometimes we have to make some changes to our plans to fit in with availability, but it all works out." One of the development workers had the remit of recruiting shared lives carers to the scheme.

They told us how they would attend various events and sessions in the area to increase the numbers of people who were interested in becoming shared lives carers, and we were told how there was a high demand for the service.

The shared lives carers recruited by the provider were all classed as self-employed. However, the provider had checks in place to ensure that they were suitable to work with people. We saw that people's applications to become a shared lives carer were approved by a panel prior to them joining the service. We looked at two recruitment files and we saw various checks had been carried out including references and DBS checks. The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. This demonstrated there were recruitment checks in place to ensure people's suitability to work within the service.

We checked to see if people were supported to have their medicines safely. Some people were able to manage their own medicines. One person said, "I do my medication myself." People were encouraged to be involved with their medicines administration, and one relative said, "[The shared lives carer] will always be there to remind my relation to have their tablets; but they will go and fetch them themselves." Others needed more support to have their medicines as prescribed. One person said, "[The shared lives carer] helps me with my tablets and makes sure I've had them. I'd get mixed up if I did it myself." Some people had medicines prescribed to take 'when needed' and not every day. One person told us, "[The shared lives carer] will help me when I get pains in my legs. I'll have a tablet then." We saw that the development workers completed a medicines audit during their monitoring visits and we saw that the records were accurate and up to date.

Is the service effective?

Our findings

People told us that the shared lives carers had the knowledge and skills needed to provide effective care. One person told us, "They know what help I need and know what they are doing." One relative said, "The staff are well trained. I'm always confident that my relation gets the support they need." A shared lives carer told us, "The training we get is relevant to the people who are coming to live with us and enables us to understand their needs and how to support them." Another shared lives carer said, "We were quickly booked onto training and have already attended three courses." We were told how the development workers would alert the shared lives carers about any training that was due or they thought they would benefit from.

Two shared lives carers told us about the induction they had received. They said, "We've had a lot of previous experience, and have been impressed how this has been valued. However, we appreciate we're on a learning curve. We received a thorough and comprehensive welcome pack, which included all the relevant information we needed." They also told us, "We were quickly set up to access the on line Care Certificate; we both wanted to do this." The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

We saw that the shared lives carers received ongoing support to enable them to carry out their roles. One shared lives carer told us, "We have regular supervisions every six weeks with our development worker, and also attend carers groups. I also meet up with a few of the other carers regularly; it is more informal, like a peer support group. But as we all work in isolation and on our own, it is really good getting together. We can share our experiences and any information." The shared lives carers we spoke with told us that their development workers were supportive towards them and one said, "They are very efficient and professional, always available if I need them." Another told us, "If I ring, the support will be there for me." This demonstrated the provider had systems in place to offer ongoing support to the shared lives carers.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the provider was working within the principles of the MCA.

People were enabled to make decisions about their care and support. One person told us, "Even though the placement was suggested by my social worker, I was involved with the decision and agreed that it was the right thing to do." Another person said, "I was shown pictures and videos of a holiday place to help me decide if I wanted to go there." One shared lives carer told us, "We all prefer people to make their own decisions, and we will support them to do this and achieve their goals." Another said, "A lot depends on how effective the communication is between us all; but we know each other well and understand this. Sometimes we need to offer choices and alternatives to help people make decisions."

Some people did not have the capacity to make decisions about their support. The registered manager said,

"As soon as we think that the person isn't able to make their own decision about using the service, we will discuss and complete the support plan with all the relevant people." One shared lives carer told us, "We knew something was wrong because of the vocal noises [person who used the service] was making. We had a multi-disciplinary meeting with everyone and looked at the pros and cons about the proposed treatment. It was decided that it was in their best interests to go ahead as the problems were having such an impact on them." We saw that people's capacity had been considered within their assessments and care plans. Where they lacked capacity, we saw that decisions were made in their best interests. This demonstrated the provider was working in accordance with the MCA and the shared lives carers understood their responsibilities.

People told us they were supported to prepare their meals if this was needed. One person told us, "I choose my food and help to cook it with the carer. I choose all the drinks I have." Another person said, "I like cooking chicken, we choose together what we have to eat." When people were not able to prepare their meals, this was done for them by the shared lives carer. When people had specialist diets or needed to receive their nutrition in a specific way, we saw that the shared lives carers had been given the training and support to do this, so people's nutritional needs were met.

People were supported to maintain their health when needed. One person said, "The shared lives carer knows what to do if I'm ill." They also told us, "They sort any appointments out for me." Another person said, "My main shared lives carer looks after my dentist appointments." People who used the service told us about the different healthcare professionals they had seen, and how the shared lives carers had made referrals and sorted the appointments out for them if needed. We saw that their healthcare needs were recorded in their support plans and any changes were documented so the shared lives carers had up to date information available.

Is the service caring?

Our findings

People told us they had positive, caring relationships with their shared lives carers. One person said, "I have a good relationship with all my shared lives carers." Another person told us, "If I feel sad, [the shared lives carer] will give me a hug and love. It's like having a sort of aunty. We have a laugh together." Another person said, "They [the shared lives carer] are patient and understanding; I do get on with them." One shared lives carer told us, "As people live with us in our home, that's the kind of relationship we have together." We were told that some people had been with their shared lives carers for many years, and had developed strong bonds. The registered manager said, "We do emphasis in the recruitment process that there is a difference between being a professional carer and a family member, and the carers are able to achieve this."

We observed the interaction between the people who used the service and the shared lives carers in the 'open forum' session at the office. We saw that people were spoken with in a patient and kind way, and that people were listened to. The shared lives carers took time to explain things to them in a way they would understand. People told us they were happy with the care they received and that the shared lives carers knew them well. One person said, "I'm very happy living where I am; [the shared lives carer] is supportive to me and helps me when I need it." Another person said, "They know what to do for me and can tell if I'm in a bad situation. My carer knows me really well." One relative said, "The shared lives carer knows my relation inside out. The staff interact well and have good communication both with me and my relative."

We saw that people were actively involved in making decisions about their care and support. One person told us, "I can decide what I want to do, but my carer will also make suggestions about things." Another person said, "It's like living with a family, sometimes we talk about what I can or can't do, it depends on the situation." One shared lives carer told us, "We may have to negotiate things; but will always try to make sure it is the right decision for that person." We saw that some people had been supported by an advocate if they needed this. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw that the provider was introducing a new style of support plan. This was felt to be in a more accessible format for people who found it difficult to understand written words.

People were encouraged to be independent. One person told us, "I am able to go to appointments alone." Another person said, "I help with both meals and drinks." Another person said, "They give me the help when I need it; but I do what I can for myself." One shared lives carer told us, "All the time we look at how people can be as independent as possible. We want them to achieve everything they can." We saw that people's dignity was promoted. One person said, "My privacy is respected. I've got my own room and no one comes in unless I want them to."

People were supported to maintain relationships that were important to them. One person said, "[The shared lives carer] takes me to visit my parents at the weekend, and my sister comes to visit me." Another told us, "I see my friends either at the club or in the day. I like spending time with them." One shared lives carer said, "The family of [person who used the service] will visit them at our home. It's important that they stay in touch." Another shared lives carer told us how the person who lived with them was supported to meet up

with people they had known from their school days. They said, "So often, people can lose touch with their friends, so it's really good that they are all able to see each other."

Is the service responsive?

Our findings

People received support that was individual to them. The registered manager told us about the process that was followed when planning people's support. They said, "We have a matching meeting each week with the development workers. We look at all the referrals and identify possible shared lives carers who would be a good match. We will then arrange to go out and see the person and share information about the possible placements we have identified. If that goes well, we then meet the shared lives carer and give them the information about the person who may start to use the service." We saw that some people had moved from children's foster placements to adult shared lived placements and had remained with the same family. This meant that consistency in care was maintained as people were supported by carers who knew them well.

One shared lives carer said, "The matching process in place is excellent and not rushed in any way. Before any meeting with the potential service user happens, we are able to look at the information about the person. If everyone feels that it could work, then a meeting is arranged for everyone at our home. The person can stay for a short while, or longer if they feel comfortable. After this, the person will have an overnight stay, and if that goes well and we are all happy, then the service can start." One relative told us, "My relation got to know the shared lives carers before they went to stay with them for a short break. They picked them out as someone they wanted to stay with. They put photos of the family in my relations room when they stay, and make their home really personal. It's a really family orientated service." This demonstrated that people were involved with the planning of their support and that their preferences and wishes were taken into account.

We saw that when able to, people had been involved with the development of their support plans. These detailed information that was individual to that person and covered various areas such as their personal care needs, communication, relationships, and independent living skills. When people were not able to contribute, information was gathered from people who knew that person well. These had been reviewed with individuals and their families and were up to date. We saw that as part of the development workers monitoring visits, these support plans were audited and checked.

We saw that people were supported to follow their interests. One person said, "I like to take the dog for a walk, and we'll go down to the shops together [with the shared lives carer]." Another person told us, "My carer knew someone who worked at a place nearby and they helped me get a job there; I now go once a week to do voluntary work." One relative said, "The shared lives carer supports my relation to help with the discos they do; they also will do karaoke together. They never miss out on anything when staying there. They'll ring up and tell us about any shows or events that are happening to see if my relation would like to go when they stay with them." One shared lives carer told us, "There are lots of different activities that [person who used the service] does, it tends to be a lot of sensory things as well as swimming, but all the things we know they will get something from." We saw that some people were supported to follow their religious beliefs and one person said, "We go to church together on a Sunday; I like to sing hymns and pray." The registered manager told us, "The shared lives carers asked about guidance in finding day opportunities for people, so this led to a mapping exercise so we could identify what was happening in each area. This should make it easier for people to know what's going on where."

People knew how to raise any concerns or complaints with the provider. One person told us, "If there are any problems I would speak with my carer, or the co-ordinator who visits me." One relative said, "If I had any problems, I would speak to the shared lives carer first, and if need be talk to the office." We saw that people were given a copy of the complaints leaflet which was in an accessible format for people who may have found written words difficult to understand. One person also told us, "If there have been any problems, they have always sorted it out." We saw that any complaints or concerns raised had been dealt with and responded to in a timely manner.

People were encouraged to share their experiences about the service. One relative said, "The staff from the office will come out every six weeks or so to have a chat with my relation to see how everything is going. We are also sent surveys to ask our opinions." The team leader told us, "After the annual surveys come back we produce a 'You Said, We Did' newsletter so people can see what actions have been taken." This demonstrated the provider acted on information they received and used this as an opportunity to develop the service.

Is the service well-led?

Our findings

People told us they were happy with the service they received. One person told us, "I don't want to do anything different; I like living with my carer." One relative told us, "My relation will say that they want to go to the shared lives carers for 'a thousand nights'; it's reassuring for me to know they are happy there. It's like having an extended family; and they go above and beyond to make sure everything is okay." We also received positive feedback from people who worked at the service. One development worker said, "I love this job, it's great seeing people matched up together and seeing how they come along over time." One shared lives carer told us, "I couldn't work for a better organisation; my development worker is very efficient and professional." People we spoke with were aware of the management and leadership teams in place, and felt they led the service in a well-managed way.

We saw that people were involved with the development of the service. One person told us, "I'm now a volunteer representative with shared lives. I will meet potential new staff and service users. I'm going to be on the panel as well. For the first time I was involved with interviews, it was really good and hope to do it again. [The head of service] is sorting out a service users meeting to introduce me and see if anyone's got any issues; they have a lot of contact with me about this." The head of service told us, "We've had a lot of feedback about developing our service so we can support people when they leave hospital for the first six weeks. It will be a new thing, but lots of people are asking for a service like this, rather than people going into a nursing or residential placement if they are not quite ready to go home."

The shared lives carers had regular meetings with their development workers and management team, as well as social events to reduce the risk of them working in isolation. The office staff told us they were supported by the management team and told us that they were clear about everyone's roles and responsibilities. We saw that a service review had been completed earlier in the year, which detailed the findings and any resulting actions this had led to. For example, some professionals had indicated that they did not understand the referral process totally and the service had invited them to attend matching meetings as well as having a desk space within their offices on a regular basis so any queries could be dealt with.

The registered manager and head of service had effective systems in place to assess, monitor and improve the quality of care people received. For example, an audit identified that further evidence was needed to show that people were supported to vote. We saw that a form had been introduced to demonstrate this. Another example was when the home file of a person who used the service had been found to miss standard information. This resulted in the shared lives carer being supported to build up the file to ensure all the information was included, as well as the issue being discussed within a shared lives meeting and an increase in spot checks when monitoring visits took place.

The registered manager had informed us about any significant events that needed to be reported. They maintained detailed and accurate records that were kept securely, and they demonstrated a clear understanding about their responsibilities as a registered person.