

London Borough of Bexley

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Inspection report

Civic Offices
2 Watling Street
Bexleyheath
Kent
DA6 7AT

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20 July 2016

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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 took place on 20 July 2016. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection. This was the first inspection for this location.

London Borough of Bexley Community Living and Support Scheme is a community based adult's shared lives and supported living service. They recruit, train and support carers who provide placements for adults within their own family homes in the community and currently offer support to two people within their own home. There were twenty three people using the service at the time of the inspection. Most people using the service had a learning disability.

The service had a registered manager in place at the time of the inspection. 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.

Carers and shared lives staff understood and were able to explain the different types of abuse, how to recognise abuse as well as the processes to follow if abuse was suspected. Staff and carers had received training in safeguarding adults.

We saw that risk was managed effectively. Comprehensive risk assessments were in place for people that included steps to take to minimise any risks identified. Risk assessments were personalised and were individual to the person. People were encouraged to take positive risks.

Medicines were managed safely and effectively and there were regular audits that took place during review meetings.

People were supported with sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. Contingency plans were in place for people if the carer was on holiday or they needed a break.

People were actively involved in making decisions about their care and their preferences were supported. We saw that people had independent advocates that visited them regularly and assisted them in ensuring their voices were heard and decision making.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who use the service.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff were also safely recruited with necessary pre-employment checks carried out. Staff had regular supervisions and

annual appraisals.

All staff had received training on the Mental Capacity Act (2005) and staff understood what to do if they had concerns as regards people's mental capacity. These safeguards are there to make sure that people are receiving support and are looked after in a way that does not inappropriately restrict their freedom.

Staff regularly met with people and their carers to ensure the service was meeting their needs and they were providing a good service.

People's care records showed relevant health and social care professionals were involved with people's care and arrangements were in place for them to have regular visits to the GP, dentist and opticians.

The service used the local authority complaints policy and no complaints had been logged in the past 12 months. We saw that systems were in place to address complaints appropriately and as well as using any outcomes as an opportunity for learning or improvement.

The service was well run and had a positive open culture. The registered manager had a good relationship with the health and social care teams and other agencies and called upon them for assistance as and when required.

Quality assurance systems were in place to monitor the quality of service being delivered. We saw surveys produced in an accessible format had been completed by people that use the service on a regular basis and all of those completed were very positive.

The registered manager focused on continual improvements to the service and had identified areas for 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 was safe. There were sufficient staff to ensure that people's needs were met.

People were supported to have their medicines safely and regular audits were undertaken to check this.

Risks to people who use the service were identified and managed effectively with positive risk taking encouraged.

Is the service effective?

Good ●

The service was effective. Carers and staff had access to regular training and supervisions which supported them to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good ●

People were very happy with the support they received from carers and scheme staff and they said they were always treated with dignity and respect.

Equality and diversity was an integral part of people's plans and carers were aware of how to ensure people's differences were respected, valued and upheld.

Carers supported people to be independent and gain skills for independent living.

Is the service responsive?

Good ●

The service was responsive. . Care plans were personal and were produced in accessible formats, for example using pictures and prompts.

People had access to a variety of activities and were supported to access the community which supported people to be independent.

The service had a complaints policy in place. People told us they knew how to make a complaint and staff knew how to support them if the need arose.

Is the service well-led?

Good ●

The service was well led. The quality of the service was monitored via quality regular quality assurance surveys .

The service was well run and had a positive open culture.

People that used the services and carers spoke positively of the registered manager and the support they received.

London Borough of Bexley

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 20 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a shared lives scheme. The inspection was carried out by one inspector.

Before the inspection we looked at information we had about the service. 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 and following the inspection, we spoke with six people who use the service, two relatives, three shared lives carers, one administrative officer and the community living services co-ordinator who is also the registered manager. We received feedback from two health and social care professionals. With permission, during the inspection we visited and spoke with two carers in their home.

We reviewed four care records of people who use the service, two staff and five carer's files. We also looked at meeting minutes, quality audits and surveys and a number of policy documents.

Is the service safe?

Our findings

People and their relatives told us they thought the care and support provided was safe. One person told us, "I am very happy with the carers they are very nice to me." Another person said, "I'm happy they have given me a lovely place to stay, they look after me well."

Carers and shared lives staff understood and were able to explain the different types of abuse, how to recognise abuse as well as the processes to follow if abuse was suspected. Training records we saw confirmed that staff and carers had received training in safeguarding adults. The registered manager told us that a safeguarding awareness presentation, facilitated by service users, called the 'Speaking Up Group', had been delivered to the learning disabilities partnership board for the local authority. This had been very well received and she had secured the same group to deliver a presentation at the carers meeting in September 2016.

A carer we spoke with told us, "All the people we support have advocates and they can discuss any concerns with them." We saw that the safeguarding adults team was in the same building as the scheme staff and the person responsible for Deprivation of Liberty Safeguards (DoLS) had spoken at a previous carers meeting.

Carers were able to explain how to report any issues if they felt they were not being dealt with by management. They told us they could go directly to the local authority care team or the Care Quality Commission (CQC). One carer told us they had raised an issue about another agency with CQC and action was taken by the agency to rectify the situation. The carer told us they were not afraid to raise any issues about the people they supported to ensure they were receiving appropriate support and were kept safe.

The registered manager told us the service worked to the local authority's multi-agency safeguarding policy and procedures. This was a new London multi-agency adult safeguarding policy which the local authority had signed up to which identified types of abuse, indicators and the steps to take if concerns were identified. The safeguarding policy was in the process of being added to the local authority website as well as being sent out to all carers.

We saw that risk was managed effectively. The social work team carried an annual comprehensive review of a person's needs which included risk assessment and steps to take to minimise any risks identified. Risk assessments were personalised and were individual to the person. We saw an example of a risk assessment identifying the possibility of risks associated with managing money which had been minimised by the person accessing money from the local authority appointee-ship team. Other risks assessed included those associated with people's physical and mental health.

The registered manager told us that it was important for the scheme staff to understand all risks associated with people's support, in order to ensure carers were fully informed and could assist with managing risks effectively for people placed within their homes.

A health and safety checklist was in place to ensure appliances were checked, emergency procedures were

in place and safe storage and administration of medicines. It also assisted with identifying and ensuring actions were taken regarding any other health and safety concerns that may of been apparent.

A carer told us that they encouraged people to take positive risks and that a person they supported went swimming independently every day. They were able to swim enough to keep safe and they confirmed that staff at the swimming pool knew them well and looked out for any potential issues.

People were supported with sufficient carers with the right skills and knowledge to meet their individual needs and promote person centred care. There were contingency plans in place for people if a carer was unable to look after a person in their home or they needed a break.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were suitable for their role. The service carried out a robust recruitment process for employing carers that included the necessary pre-employment checks such as a criminal records check and references including two from previous or current employment, one personal and a medical reference. There was an approval panel for all new carers. The panel was made up of senior staff from learning disabilities and social work services.

Medicines were handled safely and each person was supported to receive their medicine in a way that was suitable for their needs and abilities. One person told us, "They help me with my medication; they help me order it from the chemist."

During the inspection we checked medicines in one home for two people and saw that the medicines administration records (MAR) chart was complete with no gaps in recording and the medicines were stored safely. The registered manager had oversight of the people's prescribed medicines and completed audits of MAR's and carers competency checks at the annual review.

Is the service effective?

Our findings

People spoke positively about carers and told us they were skilled to meet their needs. One person told us, "I'm happy they've given me a lovely place to stay, they look after me well, they involve me as if I was family." Another person said, "I am very happy with the carers they are very nice to me."

Training records showed that staff, including carers, had completed core training including safeguarding adults, first aid, equality and diversity and medication, which had to be completed before they were signed off to undertake medicines management. Staff also received training in the Mental Capacity Act 2005 (MCA). Other training specific to the care needs of the people they supported was offered. A recent initiative included setting up carers with an online account which gave them access to a range of training courses for example, ageing, challenging behaviour, depression, infection control and stroke.

Staff and carers were supported to complete a comprehensive induction programme before working on their own with people. One carer told us the induction offered by the scheme was in depth and equipped them with the skills and knowledge needed for their role. They went on to say that they had worked for the NHS for many years and this also assisted them to do an excellent job.

People were supported by staff and carers that received regular supervision (one to one meetings) with the registered manager. Supervisions for carers were carried out every twelve weeks. Records showed that they discussed any concerns they had and went through the records of support provided by the carer, including auditing medicine records, financial records as well as assistance with completing the service user guide and plan. A carer told us, "Supervision is always useful and we feel well supported."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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.

Prior to a placement going ahead, people's capacity was assessed by a social worker and their care and support was planned accordingly. Any decisions made about aspects of people's care and support was done so in line with the MCA and this was documented in the assessment and reviews undertaken by the social worker.

On our visit to the home of the carers for two people using the service, we saw that service user plans and guides included people's preferences and the carer was able to tell us how people's choices were upheld.

We saw that people were able to come and go from their placement at all times and if appropriate people held keys to the home. They knew what to do in terms of safety and always made the carer aware of where they were going and the times they would return.

People were complimentary about food and how they were supported to eat and prepare food. One person told us when asked, "I have roast dinner on Sunday, fish fingers, mash, fresh fish, healthy food, and salads." Another person said, "I'm happy because they [the carers] cook for me healthy meals, which I like."

People's care records showed relevant health and social care professionals were involved with people's care and arrangements were in place for them to have regular visits to the GP, dentist and opticians. People we spoke with were very happy with their support around health care and one person said when asked, "Yes, they help me make GP appointments." People who had health conditions had personal health plans that outlined the specific support required to promote good health.

Is the service caring?

Our findings

People told us they were very happy with the support they received from carers and scheme staff and that they were always treated with dignity and respect. One person said about their carer, "They are very caring to me, treat me lovely and they listen to me." Other comments included, "They close the door and respect me and they treat me well" and "They are kind and talk gently to me."

People we spoke with told us they were very happy at their placements and they felt like they were always treated as part of the family. We saw a short clip from a television programme that the scheme had been involved in, where people spoke positively about the service and how living with a family had changed their lives.

Professionals told us about how the carers supported people's independence and gave us an example of how someone had been supported with medicine management and how the person was now able to manage them in their own room using a medicine a pharmacy prepared blister pack.

Shared lives staff and carers knew the needs of people they were caring for. They had a good understanding of their life histories and what they wanted to achieve. People had service user plans and a service user guide which was personal to them and they were involved in drawing up. It was very much focused around what people chose to do and what support they may have needed from carers. Carers we spoke with were highly motivated to ensure the people they supported, succeeded in reaching their goals and life's ambitions.

During the inspection we visited carers at their homes and saw it was a comfortable environment. Although people were not available at home to speak with, we saw photographs and items belonging to the people that lived there alongside photos of the family and one was taken of them all together. It was evident that people were seen by the carers and other relatives as part of the family.

Carers understood what privacy and dignity meant when assisting people and the importance of ensuring people had choice. They were encouraged to continue and build meaningful relationships with their families and friends. One person said when asked, "I'm very happy with them [carers], they help me out. They take me to church and bring me back." Another person said, "[The carers] they are very good to me they listen and care for me. They treat me with dignity."

People were actively involved in making decisions about their care and their preferences were supported and acted on. We saw that people had independent advocates that visited them regularly and assisted them in ensuring their voices were heard as well as decision making.

Equality and diversity was an integral part of people's plans and carers were aware of how to ensure people's differences were respected, valued and upheld. They were aware that homophobia, racism, ageism and other forms of discrimination against specific groups of people were forms of abuse and confirmed if they had concerns regarding this it would be reported immediately to the appropriate manager or agency.

They had received equality and diversity training and policies and procedures were in place for staff to follow.

Is the service responsive?

Our findings

People engaged in a range of activities which reflected their likes and interests and to ensure they were supported to live fulfilling lives. Some people attended day centres; others were involved in paid work and voluntary work. Some people attended college and community resources like cafes, shops and places of interest.

One person said about activities, "They [the carers] took me to the theatre, which I like." We heard how people were involved in walking groups; others went swimming, out for meals, cinema and were involved in other meaningful activities.

At least four people were in paid employment and were being supported by an organisation to do this. They attended training and were supported by the employee with regular supervision and support.

Holidays were arranged for people and many went with carers and their families. We heard how a person had been supported to apply for a passport and had been on numerous holidays abroad since, as well as going on cruises in the past few years. Carers were expected to ensure adequate travel insurance and other provisions were in place before each holiday and we saw that appropriate documentation was in place and completed to ensure any health or other concerns could be addressed appropriately whilst people were away.

People's support needs were comprehensively assessed by the social work team before they began using the service to ensure the service could meet their needs. After the panel had agreed for a carer to join the scheme, the service would match people's needs and personality with a suitable carer. This process often took some time but the registered manager told us this was probably the most important part of ensuring a good placement and a positive experience for both the person and the prospective carer. Care plans were personal and were produced in accessible formats, using pictures and prompts. They covered areas, for example, talking with the carer, eating and drinking, keeping safe, holidays and breaks, mobility needs, cultural and religion.

People's needs were reviewed at least annually by the local authority social workers and a separate review was undertaken with people and carers by the coordinator for community living. There was also a quarterly review for carers where there was an opportunity for aspects of care plans to be checked and changes made if appropriate and with agreement of people using the service. People told us they were involved in drawing up their care plans and would often suggest changes, especially around their activity plans.

People told us that they did not have any complaints about the service and if they had, they would feel comfortable about speaking to their advocate, social worker or the registered manager. We saw that information on how to complain was in the service user guide, kept in people's homes. One person said, "They [the carers] do what I want and need, I tell them my problems. If I was not happy I would call the office. I have had no need to make a complaint." Another said, "If I was not happy I would email [name of the registered manager] through my advocate."

The service used the local authority complaints policy and no complaints had been logged in the past 12 months. We saw that systems were in place to address complaints appropriately as well as using any outcomes as an opportunity for learning or improvement.

Is the service well-led?

Our findings

People who use the service, as well as carers and staff we spoke with told us they felt the service was well run and had a positive open culture. One person said, "The manager comes to visit me to make sure I am ok." Another said, "I had a problem with my social worker and the manager sorted it out for me."

Health and social care professionals told us that they thought the service was good and person centred. They told us the service was well run and scheme staff had a great relationship with the carers. We heard how the registered manager had contacted the health and social care teams to provide training and support for carers and the teams were always called upon for assistance with specific issues.

The registered manager spoke highly of the support received from the scheme administrator who assisted with the coordination of the scheme as well as the carers who supported people. It was evident that scheme staff, carers and people using the service were all involved in the on-going development of the service as this was reflected in the comments we heard and the documentation we saw.

Carers were committed to the service and one told us, "It's a very good service; the manager does her job very professionally." Another carer told us they had been doing the job for many years and had seen it grow for the better. They told us that the registered manager was always very responsive and they felt well supported. Other carers told us they had worked in the caring profession and the NHS for many years and were able to use their experience to better support people. The scheme staff confirmed that carers were usually very experienced in other caring roles before they became carers and this was beneficial for the service as well as people they supported.

Staff and carers attended regular meetings and forums. Meeting topics included, Deprivation of Liberty Safeguards (DoLS), personal health profiles, recruitment, shared lives holiday breaks and updates regarding the independent panel. Carers told us the meetings were helpful and assisted them with continuous improvement. They found that hearing from different speakers was useful as well as having the opportunity to speak with other carers about their role.

Quality assurance systems were in place to monitor the quality of the service being delivered. We saw surveys, produced in an accessible format, had been completed by people that used the service on a regular basis and all of those completed were very positive. Carer's review visits also contributed to assessing the overall quality of the service provided and any improvements that needed to be made.

The registered manager worked closely with other agencies and departments including the learning disabilities teams, safeguarding teams and other health and social care professionals as well as colleagues in similar positions in other boroughs. They also attended regular Shared Lives Plus network events, where they would share experiences and look at best practice.

There were a number of areas for improvements that the registered manager had identified and this work was on-going. They included building greater links with the children's fostering teams and to continue to

improve the systems used to recruit carers in order to make it a more positive and smooth running experience for all involved.