Harrow Council

Harrow Council - Harrow Shared Lives

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

Harrow Shared Lives Scheme offers a community–based service for people aged over 18 who have a learning disability, physical disability, mental health or who are elderly and need help with their day to day life.

A Shared Lives Scheme Placement can be somewhere for a person to live or to stay for a short break or to go during the daytime for support. People who receive support through the scheme are helped and supported by a Shared Lives Scheme Carer (SLSC). The SLSCs offer their home to support people as part of their family. The scheme is managed by the London Borough of Harrow.

On the day of our inspection there were 27 people using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive safe care. Recruitment processes ensured SLSCs were suitable to work with people who needed support. People were consistently protected from the risk of harm because there were arrangements in place to help safeguard them from the risk of abuse. Medicines were managed safely and procedures were in place to ensure people received medicines as prescribed. Risk assessments had been completed to enable people to be supported with minimum risk to themselves or others.

The care that people received continued to be effective. People were supported by staff who had the right skills and knowledge and were supported in their role. SLSCs had access to the support, supervision, training and on-going professional development that they required to carry out their roles. The service had continued to support people to maintain good health and nutrition.

The service had continued to operate within the legal framework of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us that staff were friendly and caring. They told us they had developed positive relationships with the staff who they described in complimentary terms such as 'caring'; 'kind', 'supportive', and 'helpful'.

People had detailed personalised plans of care in place. This enabled staff to provide consistent care in line with their personal choice and preferences. People and their relatives knew how to raise a concern or make a complaint. The service had an effective system to manage complaints.

There was an effective quality assurance system in place. This was supervised by the registered manager. Oversight of the system was also provided by a local authority quality assurance senior officer and scheme coordinator.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-led.	**Good**

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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 checked 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 was a comprehensive inspection.

This announced inspection took place on 21 June 2017. The provider was given 48 hours' notice because the location provides care to people in their own homes and we needed to be sure that a senior member of staff would be at the registered office. The inspection was carried out by a single inspector.

Prior to the inspection the provider completed and returned to us 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. We reviewed previous inspection reports and other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

During the course of the inspection we spoke with three people who used the service by telephone. We also spoke with the registered manager, and five SLSCs. We also spoke with the local authority senior quality assurance officer, Shared Lives Scheme coordinator, safeguarding assurance and quality services manager.

We also examined various records, including records of seven people who used the service, such as risk assessments, and care plans. We looked at seven staff files and checked training and recruitment records. We looked at various policies and procedures including safeguarding, whistleblowing and complaints procedure.

Good

Is the service safe?

Our findings

People told us they received safe care. One person told us, "I am very happy with my carer.[SLSC]." Another person said, "I feel safe with my carer." Relatives also commented positively and the safety of people. Their comments included, 'If we were concerned we would speak to the [local authority]' and "I know about safeguarding and so does my [relative."

There were systems and processes to keep people safe from avoidable harm and abuse. The service had policies and procedures regarding the safeguarding of people. Care workers were knowledgeable about the steps to take if they were concerned. One SLSC told us, "We report concerns to [registered manager] straightaway."

We looked at the care records for people who used the service and saw that they included comprehensive assessments associated with people's care and support. The risk assessments covered areas such as, moving and handling, scalding, falls, medicines, and the general environment. Where risks were identified, we saw that these were recorded and support plans were put in place to keep people safe. The risk assessments were reviewed annually and when there were any changes to people's needs. This ensured the care provided remained appropriate and safe.

There were robust recruitment procedures to ensure SLSCs were suitable for the role. We looked at personnel files of SLSCs and saw that appropriate recruitment checks had taken place before they started work. There was documentation supporting an applicant's full employment history together with at least two references, including a professional reference from previous employment. We saw that criminal records checks were carried before staff started work.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People told us, there were enough staff to support them to attend appointments and shopping trips. One SLSC told us, "I have regular respite carers. There is enough respite carers to cover in an emergency." Another carer told us, "If I need respite, I have a respite carer who will come and assist."

People received their medicines safely because the service had policies and procedures regarding the management of medicines. Staff had received the training to administer medicines. Medicines records were fully completed which helped to confirm that people received their medicines as prescribed. This was confirmed by people we spoke with. One person told us, "I receive my medicines on time."

Good

Is the service effective?

Our findings

People were supported by staff who had the right skills and knowledge and were supported in their role. SLSC were knowledgeable about people's individual needs and preferences and how to meet these. One person told us, "My carer is supportive." Another person told us, "I have been here for many years. I am well looked after."

We confirmed from staff and records that SLSCs had received training in core areas such as moving and handling, health and safety, food hygiene, fire safety, dementia and infection control. Refresher training had been booked to help SLSC to keep their skills up to date.

SLSCs received supervision sessions and appraisals [annual reviews] regularly. SLSCs confirmed supervisions were provided regularly and they could talk to their managers at any time. A staff member told us "There is nothing big or small I can go to her [care manager] for support." Records of supervisions showed staff learning and development was covered. Individual staff performance was reviewed during an annual appraisal.

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.

There were records of SLSC receiving training in MCA 2005. They understood people's right to make choices about their care, including asking people for their consent before providing care. People were encouraged to make decisions about their care and their day to day routines and preferences. Detailed assessments had been undertaken to determine people's ability to make specific decisions and where appropriate people's representatives were involved in making decisions in their best interests. Where people had a power of attorney appointed by the Court of Protection, they were involved in making relevant decisions on behalf of people.

SLSCs understood the importance of good nutrition and encouraged people to eat well. People were encouraged to make choices about the food they ate. People's care records included information about their eating and drinking preferences. People's assessments included questions such as 'What do you like to eat'; 'what do you like to drink' and 'do you need help with your meals'. People told us these choices were respected.

People had access to health care services and received on-going health care support to maintain good health. People had regular access to healthcare professionals including speech and language therapists and occupational therapists. A relative of one person had commented, "[SLSC] is absolutely gorgeous. She is marvellous with my [relative]. She sees to all of my [relative's] medical issues, takes her to hospital, nothing is too much trouble".

Good

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with compassion and respect. We examined the quality assurance surveys that were carried out by the local authority in December 2016. People had commented positively about the quality of care. Comments included, 'I am very happy here'; 'my carer listens to me. We usually talk over our evening meal and we sort things out', 'it's a good house and my carers are very supportive'.

People were treated with dignity and respect by SLSC. Care records made reference to the importance of ensuring people's privacy and dignity was respected. SLSCs explained how they maintained people's privacy and dignity when undertaking people's personal care. This included, knocking on people's doors before they could enter, making sure people were covered as much as possible when attending to their personal care, explaining what they were doing and seeking permission to carry out personal care tasks before they proceeded.

We saw people's culturally specific needs were met. People's care plans made reference to their religious and spiritual needs. For example, people's assessments covered questions such as, 'are there things about your religion or culture that would help your carers to know about you, so you can be supported in the way you want?' One person had stated that, 'I am a regular church goer and go to church every Sunday. I will need support with going to church if I am away from the family home'. We contacted this person who confirmed to us she was regularly supported to attend church.

There were arrangements in place for people to be involved in making decisions about their end of life care. The registered manager had developed a form and people and, where appropriate, relatives had been consulted and had expressed their views that were clearly documented in their care records.

Good

Is the service responsive?

Our findings

People told us they received care that met their own individual needs. People had given positive feedback about their care. Their feedback included, 'We have recently been out for a meal on my birthday with my carer [SLSC] and my sister. We go out socially' and 'I think that they do [provide me with personalised care]. They treat me as an individual.'

The service had also received positive feedback from people's relatives. One relative commented, 'my [relative] is with the same carers [SLSCs] he had as a child which has been fantastic for him. He had moved from children services into adult services keeping the same respite family which I believe is a first and had proved very successful."

Each person had been involved in an assessment of their individual needs and had a care plan in place. These assessments covered, for example, religion and culture, nutrition, communication, personal care, risk assessments, health and medicines, and likes and dislikes. Care plans were developed outlining how people's needs were to be met and included detailed information and guidance for staff about how each person should be supported.

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments had been reviewed annually or more frequently if required. An annual off-site review was also carried out, where a person using the service met with their social worker away from the carer to provide feedback.

The service went out of its way to ensure people were matched with care workers who met their preferences and needs. For example, one person who had lived in a residential home for many years found their needs were not being met. This was a historical arrangement. Harrow Shared Lives introduced this person to a family they thought was a good match but the person refused. The person refused six more offers. However, in the end Harrow Shared Lives found someone who met the requirements of this person.

The service had a complaints procedure in place which included timescales for responding to complaints. A pictorial version was also in place to aid people's understanding of the complaints process. The procedure was given to people when they first began to use the service. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they wanted to complain. A relative had commented, "I would know how to make a complaint. However, I have not had any reason to complain and if I did my daughter would do this on my behalf."

Good

Is the service well-led?

Our findings

People who used the service and their relatives considered the service to be well-led. They also said that the management staff were open and approachable. One person told us, "The manager is very supportive." Relatives were also complimentary. Their comments included, "I think Shared Lives works beautifully" and "We can ring any time and we are also called on a regular basis to give updates."

People knew who the registered manager was and found her to be helpful. 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 registered manager was knowledgeable about people's needs. She was aware of important operational aspects of the service, including which members of staff were due to be on duty. She told us in detail about the needs and preferences of each person receiving care. This was also true of the other local authority staff we spoke with. We found the senior quality assurance officer, the scheme coordinator, and safeguarding assurance & quality services manager to be equally familiar with the operational aspects of the service.

There were suitable arrangements to monitor and evaluate the quality of the service. The provider carried out regular audits and spot checks to ensure the quality of the service was maintained. Annual quality surveys were also carried out with people and their relatives. We examined the surveys that were carried out by the local authority in December 2016. We saw that people and their relatives had complimented the service for excellent care. One relative had scored the service at 12 on a scale of 1 to 10; 10 being excellent.

The service worked in partnership with the local authority safeguarding assurance & quality services team to continually improve people's lives. The local authority senior assurance officer had carried out a number of visits to monitor the quality of the service. For example, their quality assurance report of January 2017 identified areas for improvement, which included a review of all health and safety assessments. At their subsequent visit in March 2017, the senior assurance officer reported that the service had carried out all improvements required.