

London Borough of Sutton

The London Borough of Sutton Shared Lives Team

Inspection report

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20 March 2017
23 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 and 23 March 2017. At the last inspection in February 2015 the provider was rated as "good" overall. The London Borough of Sutton Shared Lives Team provides a service where people are placed within a family home and where their personal care and support is given by shared lives carers recruited to the service. In this report the shared lives carers are known as carers and the staff who support the shared lives carers are known as shared lives staff. On the day of our inspection forty two people were provided with care from thirty two carers. The service has two full time equivalent staff posts and one third of a full-time equivalent management post for this service.

At the time of the inspection, there was a registered manager. 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.

Risks to people's health and safety had been assessed but had not been reviewed to ensure all risks had been identified so they could be appropriately managed. There as therefore a risk that people might be receiving safe care and support.

Care plans had also not been reviewed and updated after people's care were reviewed by care managers to ensure these were up to date and reflected people's changing needs. These did not also identify clearly the objectives and goals that people wanted to achieve so there were a clear care plan in place about how these objectives and goals were to be met.

The service did not seem to have enough management support as the registered manager could only dedicate part of their time at the service as they also managed two other services and there were only two office staff to help the running of the service. In addition the quality assurance systems at the service were not very effective as they had not identified the concerns we found so the necessary improvements could be made.

People felt safe using the service and were supported by staff who knew how to keep them safe. Appropriate staff recruitment procedures helped to keep people safe by ensuring only the right carers and staff were recruited to work at the service. People received the support they needed to safely manage their medicines.

Carers and staff had the knowledge and skills to care for people effectively and felt well supported by appropriate training and effective supervision. People were all able to make choices and decisions about their care sometimes with the support of their carers and relatives.

People received support where they needed it to shop and prepare meals and to access appropriate healthcare services.

People told us they found their carers were caring, helpful and friendly towards them. They said they were treated with dignity and carers respected their privacy and wishes.

Carers were able to describe people's likes and dislikes. People told us carers understood them well. People's cultural needs were met and carers supported people in fulfilling their individual wishes.

People told us they were involved in planning and making decisions about their care. They said carers listened to them.

People were taking part in activities that they enjoyed. For example, people had been supported to go to college and to go on holiday.

People knew how to complain and there was a complaints procedure available to them.

During the inspection we found three breaches of regulations. These were in relation to safe care and treatment, person centred care and good governance. You can see what action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe. Risks to people had been previously assessed but risk assessments had not been reviewed and updated to ensure they were appropriate to minimise the risks people might face.

Our findings also showed that the number of staff needed to operate the shared lives service and support the carers might not have been adequate.

People told us that they felt safe. Accidents and incidents were reviewed in order to minimise re-occurrences. The recruitment of carers and staff was robust.

People received their medicines that they needed in a safe way.

Is the service effective?

Good 

The service was effective. People received support from carers and staff who had received regular support, guidance and training.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and the provider had considered people's capacity to make decisions for themselves.

People chose their own meals and had access to healthcare services as necessary.

Is the service caring?

Good 

The service was caring. People told us their carers were caring and friendly. They said they were treated with dignity and carers respected their privacy and wishes.

Carers were able to describe people's likes and dislikes. People told us carers understood them well. People's cultural needs were supported and carers supported people in fulfilling their individual wishes.

People told us they were involved in planning and making

decisions about their care. They said carers listened to them.

Is the service responsive?

The service was not always responsive. People's care plans were reviewed but their support plans were not updated in line with these reviews. Needs and risk assessments had also not been reviewed or updated accordingly to make sure their care plans were personalised to each individual.

Carers understood people's needs and people participated in various activities including accessing local community. However the service did not follow any formal goal setting exercises to identify what people wanted and to reflect their aspirations and to recognise and celebrate people's achievements.

People and their relatives knew about the complaints procedure and what to do if they had a complaint. They said they felt confident any concerns would be listened to and addressed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. The service did not have an effective quality assurance system to assess and monitor the quality of the service and to identify areas for improvements so these could be appropriately addressed. The management arrangements at the service were also lacking to oversee the appropriate provision of a quality service.

The service was run in an open manner and people and staff said the management of the service was approachable.

Requires Improvement ●

The London Borough of Sutton Shared Lives Team

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 was announced and took place on 20 and 23 March 2017. The provider was given 48 hours' notice because we wanted to ensure the registered manager was available in the office to meet us.

It was carried out by one inspector. Before the inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. Notifications contain information about certain events or incidents that providers have to notify the Commission by law

We visited three people in their homes to speak with them and their three shared lives carers. We spoke with another three carers on the telephone, the managing director, the registered manager, and two members of staff who support the manager to operate the shared lives scheme. We looked at five people's care records, medicines administration records, five carers and three staff files including their recruitment and training records. We also looked at other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, "I feel very safe living here with my carers." Another person said, "This is my family now and I do feel safe here." A carer we spoke with told us, "This is a safe service because all of us carers are passionate and committed to the good care of the people who live with us". Another carer said, "[family member] is so much happier and safer than where they lived before." The person concerned said, "That's so true, I am."

The registered manager told us that each person placed with the scheme had a risk assessment and that there was an additional health and safety risk assessment in place for each carer's home where people were placed. When we examined the files we found that these risk assessments were over a year out of date and did not cover all the risks that were identified elsewhere in needs assessments. An example of this was where for one person in their notes it was said they should not be allowed to use sharp kitchen knives when preparing food. There was no appropriate risk assessment or risk management plan in place to minimise the risk for that person. We discussed these with the carers and they confirmed this. When we spoke with the managing director and the registered manager about this they told us all risk assessments would be reviewed to make sure the information covered all appropriate risks and was current.

Whilst with the carers were overall aware of the risks associated with people's support needs and how these needed to be managed, people's safety could be compromised because the formal risk assessments were not up to date and there remained the potential for a risk not to have been identified and managed appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records held in the office for any accidents or incidents that occurred within the scheme. These were reviewed by the registered manager and where necessary appropriate actions taken in order to prevent them from happening again. For example, where a person had injured themselves there was clear information for carers to try to prevent this from reoccurring. This meant that any accidents and incidents were carefully looked at to support people to keep safe.

People received support by carers who knew about their responsibilities to protect people from harm and abuse and who had received training in this area. They were able to describe to us the types of abuse people might encounter and they were aware of the procedures to follow and knew what to do if any concerns arose. One carer told us, "If I had any concerns about their care I would make sure the person was safe and then I would report it to the scheme's staff or manager." Another carer said, "No question, I would report it immediately to the manager or to the police and social services." We saw the scheme had appropriate policies and procedures in place for safeguarding adults that staff and carers were aware of.

All carers were supported by the scheme's office staff and they felt there were enough staff to support them when the need arose and to help keep people safe. One carer told us, "If we have a problem I get onto the office and they always get back to me. On the whole they are prompt and I think there is sufficient staff." Two other carers we spoke with told us they received good support from office staff when they needed it. Another

carer said, "I think if the scheme got any bigger they would need to have more staff to support it, it's fine at the moment." Staff members of the scheme told us they were quite stretched at times to deal with supporting all the scheme's carers. We saw that because the scheme now has only two full time staff members, unpredictable circumstances such as staff sickness could have an impact on the scheme's ability to provide appropriate cover.

The managing director and the registered manager recognised this and they told us a review of staffing numbers was now to take place. This was to make sure that there were a suitable number of office staff to support the shared lives carers as well as appropriate management cover.

We inspected files to check that the recruitment of both carers and staff was undertaken appropriately. We saw the provider had taken steps to protect people placed in the scheme from staff who may not be fit and safe to support them. Before staff were employed and carers recruited, the provider requested criminal records checks, two references, the applicants' work histories and health checks, and identity checks as part of the recruitment process. The registered manager told us these checks were an important part of ensuring they made safe recruitment decisions to protect people.

People received their medicines safely. We saw that where carers supported people to take their medicines, appropriate records were completed and signed by carers. Where people needed medicines as and when necessary there were clear guidelines for carers to follow that had been agreed by the person's doctor. People had profiles that contained information about their medicines and what they were for so the carers had a good understanding of the medicines people were taking. Carers told us that they had received training for the safe administration of medicines to people and we saw certificated evidence of this in their homes. Records were also checked by the scheme's staff.

Is the service effective?

Our findings

People received support from carers and office staff who had the required knowledge and skills. One person told us, "My carer is so good. If I have a problem they always seem to know how to help me." We saw people at home with their carers and we found there was comprehensive understanding by carers of the people's needs for whom they were caring. We saw they communicated effectively with each other and people evidently felt able to ask their carers for support when they needed it and felt confident their needs would be met. For example, one person's condition had recently changed and as a result a change to their medicines was needed. The carer explained to the person carefully what this meant in a way that the person understood and appreciated.

Carers received regular training in relation to their roles and they told us the access to training was good. One carer said, "The training is really good and we get a wide range. Some is completed by e-learning and other face to face learning". Another carer said, "I think we get the training we need, I've done a lot of training since I joined this scheme." Staff told us they also received a wide range of good training in, for example, first aid and moving and handling. Where a training course was required, we saw that the registered manager discussed this with staff in their supervision sessions and put plans in place to meet staff's training needs. We also saw that additional training had been arranged to make sure that carers and staff were trained in areas that were specific to some people's health conditions. (This was confirmed by the training records we saw.) For example, epilepsy training had been undertaken. This meant that carers and staff were appropriately trained to carry out their work.

Both office staff and carers received effective and regular support to enable them to undertake their duties. They received induction training when they started work for the scheme. Office staff had regular individual supervision meetings with the registered manager to discuss their work with people and their performance. Carers had regular support meetings with the scheme's staff.

One staff member told us, "I have formal supervision usually every month, occasionally longer but not often. We also have informal discussions with the manager if necessary in between." We saw supervision records that evidenced this. We saw that supervisions covered staff's health and well-being, their performance and considered learning and development needs. This meant that staff had received guidance on how to provide effective support to people.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

The registered manager told us that all the people in this scheme had the capacity to give their consent to their care and support. The people we saw and the files we inspected evidenced this. Carers told us they

always asked for people's consent before they offered any care or support for them. Carers and staff told us that they would work with people and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interests assessments were undertaken. One carer said, "If I am helping them I always ask [the person] what they want and how they want things done."

Carers and staff had received training in the MCA and were able to explain their responsibilities. One carer said, "It's about supporting people so that they can make their own decisions. It has to be their decision where they can make it". A staff member said, "We have to ensure that people do have capacity. If we have concerns we undertake a mental capacity assessment and then do best interests meeting if needed."

We saw from our discussions with people and their carers they were able to choose their own food and drink. One carer said, "We are one big family and like any family everybody has a say in what we eat." The person who was also in the room said, "Yes, we have fish and chips on Fridays. We always have things we like to eat".

Other people we spoke with confirmed with us they had food and drink they enjoyed and were able to tell their carers what their likes and dislikes were. We also saw that some people undertook their own food shopping and cooked meals with the support of carers where it was needed.

Carers knew about people's nutritional requirements. Where people required guidance with their eating and drinking this was provided by carers. For example, where one person needed support with their diet this was provided by the carers with a beneficial effect on their health and wellbeing. This meant that people received effective support from staff to meet their nutritional needs.

People were supported to maintain good health. One person told us, "I get to see the doctor whenever I need to." Carers told us they ensured people saw healthcare professionals as required and said they ensured people had regular health checks to help them remain healthy. We saw carers recorded when people had been to see a healthcare professional. For example, we saw that people had seen their GP and a dentist where necessary and the outcomes of these visits had been recorded. We also saw that people were involved in decisions about their health. It was recorded in people's care records that health procedures had been explained to them and that people understood what was to happen. We also saw that people had information in a 'Hospital Passport' about their medical conditions and support requirements that they could take into hospital in the event of an admission. This was so that healthcare professionals would understand people's needs and know how to provide them with the right support. This meant that people's health and well-being was promoted.

Is the service caring?

Our findings

People told us that their carers showed them a lot of care. All of the people we spoke with said they felt they were part of the family they lived with and were very happy with the arrangements. One person said, "They are so nice to me. It hasn't always been easy, I mean I haven't always been easy but they always have showed they care for me." Another person told us, "They are so special, the family I never had before. They really support me when I need it."

Carers told us they were committed to giving people the best care they could and everything we saw and heard when we visited people and their carers in their homes supported this. It was evident that people were happy that they had received consistent support from caring people who knew them well. The office staff described their approach to supporting people in a caring way. One staff member told us, "It's about the values that the scheme has and has always had. Working in a person centred way towards maximising people's independence, giving people choices and respecting their dignity and privacy". Another member of staff said, "Everyone [carers and staff] in this scheme are passionate about providing the best care for the people we support. It's about having respect for people and for the carers and staff to be motivated and committed to providing good care."

Carers and staff knew about people's preferences and interests. One carer told us, "[Person's name] likes going shopping for clothes. They go with their personal assistant who is also young so they can get the trendy clothes they love to wear."

People were happy with their carers and said they treated them with respect and dignity. Carers were able to describe the importance of preserving people's dignity when providing care to people. They told us they supported and encouraged people to close their bathroom and bedroom doors to maintain their privacy.

One person said, "They listen to me and respect my privacy, if I want some quiet time on my own, I tell them and they respect my wishes." The carer said, "Yes sometimes they do need time on their own, personal space I suppose and that's something we always respect."

People told us they were fully involved in planning and making decisions about their care with their carers. They told us they chose what kind of support they needed and carers helped them achieve these objectives.

Carers and staff told us they recognised people's individual needs and preferences and tried their best to meet them. One carer said, "I always look at people as individuals with different needs. I often think if it was me what would I want? I support people to be as independent as possible and I think that is what this scheme really does well." Another carer told us about one person who said they wanted to cook a curry but needed support and assistance with shopping and cooking. The person told us they were supported by the carer with all of this and they were now able to cook a curry. This success also evidenced that people's cultural needs were enabled as this person was supported to shop and cook a meal they had asked for from their cultural background.

People were encouraged to maintain relationships with their birth families and relations. One carer told us the person they cared for had weekly contact with their family and often travelled alone to go and see them where they lived. The person concerned confirmed this and said, "Yes in fact I went to see them this week and I do usually go every two weeks or so." Another carer said they encouraged people to keep contacts with their families "alive" and told us there was frequent contact between people they cared for and their relations.

Is the service responsive?

Our findings

People told us that their carers showed them a lot of care. All of the people we spoke with said they felt they were part of the family they lived with and were very happy with the arrangements. One person said, "They are so nice to me. It hasn't always been easy, I mean I haven't always been easy but they always have showed they care for me." Another person told us, "They are so special, the family I never had before. They really support me when I need it."

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Is the service well-led?

Our findings

The carers we spoke with told us the service was well-managed and they would recommend it to anyone looking for a shared lives scheme. The staff and the carers told us the registered manager was approachable and had an open door policy.

A new manager was registered with the Care Quality Commission in March 2016. The registered manager told us that they managed three services, one of which was the shared lives scheme. They said that because of this they were unable to provide fulltime management of the scheme. There was understanding by the registered manager and the managing director that full time management of this service would have enabled more time to be given to ensuring the quality assurance checks were carried out regularly.

The registered manager had some systems in place to audit the quality of service provision. We saw evidence of an annual feedback survey for carers carried out in the last three months. The registered manager told us there were meetings with carers and staff called Quality Assurance Development meetings held to discuss any areas of the service where there were concerns and where improvements could be made. Information from the annual feedback survey from carers was all positive and did not suggest any areas of concern. The registered manager told us they had been unable to audit other areas of service quality such as needs and risk assessments and detailed support plans following the review of people's care plans by social services. There were no records available of other areas for auditing such as daily records, medicine administration records (where medicines were being given), finances, staff training, supervisions and appraisals. This meant that the provider did not have an effective system to monitor and assess the quality of service people received and make improvements where required. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The managing director and the registered manager told us they were aware of the areas of the service that needed to develop to ensure continuous improvement of the service. They recognised that insufficient management time had been allocated to the service and explained that a review would follow this inspection to ensure adequate management time was allocated the service. They also told us they would carry out a review of people's needs and risk assessments and would ensure detailed support plans were implemented following the recent reviews of people's care plans by social services.

The managing director and the registered manager told us they were introducing robust quality systems to ensure an effective monitoring and evaluation of their services to enable them to improve. The managing director told us they were planning to engage the provider's quality management team to help improve the service provided in the identified areas of need.

We were told by carers and staff there were regular meetings where all the people involved in the scheme met to discuss how the service could be improved. We saw evidence of this in terms of meeting minutes. People told us these meetings were useful in helping to shape service provision. The registered manager and the managing director told us they liaised with other shared lives scheme providers to maintain an up to date profile of the best practices with shared lives services. We saw evidence of this too as we were shown

minutes of those meetings that confirmed what we were told.