

# Catalyst Choices Community Interest Company

# Catalyst Choices 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

Catalyst Choices is a community based shared lives scheme based in Warrington and supporting people from the Warrington area. The scheme is registered to provide personal care. Catalyst choices shared lives offers people over 18 years an alternative form of day care, overnight respite or shared home from home experience. The support is provided by individuals and families in the local community, to people with a variety of support needs.

We inspected Catalyst Choices on 10 and 19 September 2018. As this was a 'shared lives' scheme, we checked records and met with the manager and care coordinators who made arrangements for us to speak with the care providers on the 19 September.

The organisation supports individuals in "companions" houses as part of the shared lives scheme, they also offer respite care and day activities, some of these arrangements do not fall under this registration as the people receiving the service do not need any personal care.

Thirteen individuals live in ten "companions" homes across Warrington who support them according to their assessed needs. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The Catalyst Choices office team consisted of the registered manager and three shared lives staff. They supported the shared lives carers, assessed prospective care providers and matched people to care providers who had a vacancy in their home. 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 we spoke with told us they felt the service was safe and they felt safe with their companions. The shared lives carers and shared lives staff could describe the forms of abuse people using the service might be vulnerable to and said they would report any concerns appropriately.

The recruitment process for new shared lives companions and staff was effective; all the required checks had been made for both.

Regular visits were made to people's homes and appropriate environmental risk assessments had been completed.

Peoples' medicines were managed properly by the shared lives carers who had received training and

undertaken regular competency checks.

The service complied with the Mental Capacity Act 2005; Shared lives carers and shared lives staff had a good working knowledge of the principals and how they applied to the people using the service. People were given choices and supported to make their own decisions.

Shared lives staff and shared lives companions received the training relevant to the needs of the people they support. They also received regular supervision and an annual appraisal, all of which was documented properly. Shared lives companions said they felt supported by the Shared lives staff.

Shared lives companions described people as members of their families and the interactions we observed were warm and friendly.

Peoples' support plans were individualised and provided evidence that people were supported to access a range of healthcare professionals.

People had access to a range of activities with other companions and at day centres, we saw that people supported by the shared lives scheme had busy lives and attended activities they enjoyed.

People we spoke with and other professionals involved with the people gave us positive feedback about the management of the service.

There was a comprehensive system of audit and quality assurance at 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 supported by shared lives companions who received training in safeguarding adults.

People were supported to take the necessary medicines by companions who had received regular training so this was administered safely.

Recruitment and assessment processes were thorough so that suitable people were employed to support vulnerable adults.

### Is the service effective?

Good ●

The service was effective.

People were supported by a service which was compliant with the Mental Capacity Act (2005), staff were able to explain how the legislation may impact on their lives.

Shared lives companions received training relevant to the individuals they supported.

People were supported by a service that undertook regular auditing, monitoring and review meetings so that people received appropriate support.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and people were encouraged to remain as independent as possible.

Shared lives companions were enthusiastic and demonstrated genuine affection and caring for the individuals they supported.

### Is the service responsive?

Good ●

The service was responsive.

People received specific individual care and support through the Share Lives scheme.

The Shared Lives scheme had strategies in place to manage unexpected events and therefore ensuring the support was seamless.

The scheme regularly sort the views of those employed by the scheme and those receiving support.

**Is the service well-led?**

**Good** ●

The service was well led.

People supported by the scheme and the shared lives companions consistently spoke of the service being well led with good communication and support from the manager and office staff.

The views of the people using the scheme and the shared lives companions were sought to maintain a quality service either through questionnaires or regular monthly meetings and supervision.

# Catalyst Choices Shared Lives

## **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 was the first comprehensive inspection for Catalyst Choices since the change of Provider to Catalyst Choices Community Initiatives.

This was a comprehensive inspection and it took place on 10 September which was unannounced and we gave notice of our second day 19 September to enable office staff to arrange for us to speak with three shared lives companions and one person using the service. We did this at the office or on the telephone so as not to impose on people's residences. The inspection team consisted of one adult social care inspector.

We also spoke with the registered manager and three members of staff. We looked at the care records relating to three people including, care plans, daily records and medication administration records.

Prior to the inspection we reviewed information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including safeguarding information.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe with their companion and enjoyed a fulfilled life because of them. Shared life carers told us that they felt the service was very safe as they had good access to advice from the Catalyst Choices staff and support to assess any risks involved in providing support to individuals, whether that be due to health or behavioural issues.

Systems were in place to support people when the carers took breaks and/or regular respite from providing support seven days a week. Individuals were known to other carers within the scheme who were able to offer support and respite care, for short periods of time. This worked well to achieve seamless support and care offered by people who knew their needs well.

Records showed that shared lives carers and staff received regular training on safeguarding adults from harm and that people who applied to be shared lives carers received safeguarding training as part of their induction training. This ensured that safeguarding adults from harm was embedded within the service.

Records showed that where there were concerns about people's safety the service responded appropriately, supporting both the service user and the shared life companion with the process, they raised issues with the local authority in a timely fashion. The shared lives carers we spoke with told us they thought they received good training on safeguarding adults.

The shared lives scheme had a safe and effective recruitment and selection process for shared lives companions and staff. The scheme had advertised in the local press to recruit new shared lives carers. The recruitment process involved in-depth interviews and pre-approval assessment and training. The registered manager and shared lives staff assessed potential shared lives carers, which included collecting personal, employment, and medical references, ensuring potential shared lives carers understood the role and commitment they were making. The service completed criminal records checks on potential shared lives carers using the Disclosure and Barring Service (DBS) to ensure they were suitable to provide care. DBS checks were repeated every three years to ensure that shared lives carers remained suitable for the role and shared lives coordinators checked that the information held on individuals was current as part of their reviewing/monitoring process.

Throughout the assessment process, the shared lives staff team assessed the qualities and attitude of potential carers. They also ensured the property was suitable and that they had appropriate insurance and facilities to support people in their own homes. The assessment process included a comprehensive training programme, which ensured that shared lives carers were suitable to accept placements, we found that training was tailored to the needs of the people looking for a placement. Following the completion of the assessment and pre-approval training, shared lives staff completed a report for the shared lives panel to consider. The shared lives panel considered the report and made the decision as to whether or not people were suitable to provide a shared lives service. Records confirmed that the process was effective and ensured that suitable people were recruited as shared lives carers.

Shared lives companions were responsible for supporting people to take their medicines, they were

provided with training to ensure they understood their responsibilities. Where people were able, self-administering of medicines was encouraged and facilitated. Shared lives companions were required to record administration of medicines using medicines administration records (MAR). The care coordinators checked these records during the quarterly support and monitoring visits. Records showed that shared lives carers also undertook regular competency assessments to ensure that they continued to follow good practice during medicine administration. We saw there was guidance in place for the administration of PRN (as required) medication and homely remedies contained in a document called "let's check file". This is a document relating to an individuals' health needs and this is monitored by the Learning Disability NHS team and demonstrates the service works collaboratively with other agencies for good outcomes for the people they support.



## Is the service effective?

### Our findings

One person told us that their companion supported them to do the things that they chose to do and this helped them stay positive and gave them access to the community. Their plan for the day we met was a trip into town to part take in some retail therapy which they told us was their great pleasure in life.

Shared live companions told us that they supported people to make choices and that they were "just part of our family". One person told us that (NAME) was simply her daughter and she had lived with her most of her life.

Talking with carers they spoke with passion about their role in supporting people and their love of the work they do, "I really enjoy being a companion in the scheme and look forward to the time I spend with (NAME)".

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. The files we looked at described people's ability to make decisions if there was any question around their mental capacity. We also saw that capacity assessments had been made to determine whether people could make big decisions, such as large purchases, managing their own money and changing medical treatment. When people were judged to lack capacity to make decisions, we saw best interest decisions had been made for them following the correct procedures. An example of this is one service user who has to undergo some fairly major dental work and this had been agreed following a best interest meeting.

Shared lives companions and shared lives staff all told us they had attended a MCA course and could describe how the legislation affected the people supported by the service. One Shared lives carer said of the MCA, "You need to know what a person can do and what they can't", a second said, "I don't tell them what to do", and one member of the shared lives staff described how people and their shared lives carers were involved in any assessments of capacity or best interest decisions. This meant that the service was compliant with the MCA.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS). In shared lives, the Shared lives scheme must request that the local authority apply to the Court of Protection for DoLS authorisation if they think the person's liberty must be deprived to keep them safe. In the case of Catalyst Choices, applications would be made to Warrington Borough Council which is also the local authority in terms of making applications to the Court of Protection for DoLS. We asked the registered manager if the service supported any people who lacked the capacity to decide where to live or who would be prevented from leaving their homes unaccompanied if they tried. They said that eleven people met the criteria as they were under constant supervision, unable to leave their placement unaccompanied, and unable to make the decision if the

placement was right for them. These had been notified to the local authority to make application to the Court of Protection for authorisation. This meant that the service was compliant with the legislation relating to the deprivation of people's liberty.

Shared life companions told us that they received appropriate training, one carer told us that the training was much better than it used to be, as it was tailored to the needs of the individuals that they supported, and therefore more meaningful. Training records showed that shared lives carers attended regular training relating to safety, such as, medicines management, moving and handling, safeguarding, emergency aid, food hygiene. Other training is then provided relevant to the needs of the people they support, for example nutrition and dementia awareness.

We asked the shared lives companions if they felt supported. People said "I have worked for a lot of people in care and I can honestly say they are the best". "They are really approachable, they are amazing, always just at the end of the phone". One companion discussed with us the support they were receiving from the coordinators to access learning materials and sexual health information so that they could help people they supported as they were exploring aspects of their sexuality.

A number of checks and meetings are in place throughout the year to support the shared lives companions in fulfilling their role. Six monthly reviews were in place to review care plans, monthly monitoring visits checked on finances and medication administration and welfare of the carers and the service users, annual premises reviews were in place to monitor ongoing safety and risks within the home. Coordinators also conduct annual appraisals which covered all aspects of being a shared lives carer, including personal development, planned absences, updates on the people they share their lives with, their personal development needs including their training, finances, and any other support they think they may need. We also found that training, supervision and appraisal processes were in place for the three care coordinators. This meant that shared lives carers and staff got the support needed to do their job.

## Is the service caring?

### Our findings

All the shared lives companions were very complimentary about the management of the scheme, "They are real people, they understand what we do and they really care". One shared lives companion said "me and my husband love it, it works very well. The people who share our home are just family".

The companions involved with providing respite and home living had been approved for some years and had looked after the person(s) placed with them for a number of years. All said how wonderful the scheme is in enabling people to live in a family home as part of their extended family.

Our discussions with shared lives companions showed that they knew people well and understood their life history and the things that mattered to them. They told us that they included people in all aspects of family life for example; eating together, and going on holidays and outings. One shared life carer spoke of an annual trip abroad with the people who lived with them, a trip that they encouraged (NAMES) to be part of the planning, as they loved it.

We also heard for example how people had been linked to community resources such as day centres, a local conservation centre and a sports club. People were supported to attend religious services if they wished. Shared lives coordinators told us that as part of the 'matching process' the interests and beliefs of people were taken into account so that they were matched with a shared lives carer who had interests and a lifestyle suited to the individual.

Shared lives companions were highly motivated and demonstrated kindness and compassion. We heard examples from coordinators about the actions of the shared lives carers for people's birthdays and celebrations and the excitement in one household by the people placed there around the build up to the Christmas period.

Whenever possible people were encouraged to make decisions about the care and support they received. We saw that where people needed additional support to make decisions around finances appropriate measures had been put in place.

The scheme actively supported shared lives companions to promote people's independence within a structure of a assessed risk. People told us about their daily living arrangements and people considered themselves as family and the place they lived as their home. They had access to all areas of the household and we spoke with shared life companions about how they respected individual's privacy and dignity, one person said, "It's mutual and all part of living in a family home, you respect people's personal space".

## Is the service responsive?

### Our findings

People were referred to the shared lives scheme through local authority social work teams. This included people needing full time care and support and others who needed regular weekly activities when they may become socially isolated.

The shared lives staff met with people who had been referred to them, explained the service and completed a comprehensive assessment of their support needs to ensure the service was suitable to meet their needs. This assessment was used to form the initial care plan, records showed these were detailed and personalised, containing specific details of people's preferences, communication and support needs. These initial plans form the basis for recruiting and matching the shared lives carers to the person needing support. People living in households within the shared lives scheme had done so for many years and were settled in their placements.

We found that care plans were written using positive language and with the person at the centre of the plan. "What my companion needs to know about me", "This is the support I need from my companion", "Who I am and what I like", and "How I live my life."

We found that plans provided current accurate information about the persons' needs, relating to mobility, health, personal care, eating and drinking. One care plan we reviewed identified that the person needed an admission to hospital and interim guidance and risk assessments had been completed around eating to support them with their condition. This demonstrates the scheme manages changes to individuals' health well.

On occasions people had a number of different care and support services and we were shown evidence that everyone involved in the care of that person was involved in the care planning. We found that emergency contingency plans were in place to manage situations should people need to relocate due to carer illness or leave arrangements. This meant people received support that was consistent.

Records showed that people were supported with activities of their choice, including accessing day care and other leisure activities. People were receiving personalised care that was responsive to their needs. Shared lives companions told us shared lives staff would take action to ensure that any changes to people's needs were addressed and care plans updated. We were told by shared lives companions that the people placed with them were always involved in the care planning process and their wishes incorporated into the plans. We discussed with the provider how they could look to improve the ways in which they could demonstrate that the people being supported by the scheme were involved/included in the planning and reviewing processes. Currently when participants are unable to read and write care planning documents show no evidence that they were involved.

The shared lives scheme had a complaints procedure. The document was available in written format or symbols which would assist individuals unable to read make a complaint independently. We were told that no complaints had been made about the scheme since registration as Catalyst Choices. One complaint was

recorded in respect of the lateness of the billing process, this was a borough council issue and had been raised with them. Six out of eleven people being supported by the scheme who had responded to a quality questionnaire, indicated that they did not know who to complain to. We discussed this with the provider, who said that they would revisit the complaints procedure with each person supported in the shared lives scheme. The quality monitoring process and the discussions we had with shared lives companions informed us that they knew how and to whom they should complain should they need to.

## Is the service well-led?

### Our findings

People who used the scheme told us it was well led. One person told us, "I like having support from my companion, we enjoy the same things and she helps me to get out and about, especially to the shops I also know everyone in the office and enjoy visiting them". Shared lives carers told us that they were very happy being part of the scheme. One carer said, "The team is small, they are very well organised and provide genuine support, they are real people and really care". The scheme was organised and managed in a way that meant that staff and companions understood their role and responsibilities.

Shared lives companions told us that the registered manager was easily accessible to them and they knew they could contact anybody at the office if they had any difficulties or questions. One shared life companion told us that it didn't matter what time of day the staff always helped them to resolve issues. Shared lives companions told us that they felt valued by all the staff running the scheme, shared lives staff stated they felt very valued by the registered manager and enjoyed working in the scheme and they believed that the registered manager led the service by example. During our inspection and subsequent conversations we had with the manager he demonstrated a good knowledge of his responsibility as the registered manager. This demonstrated a strong leadership of the scheme.

The registered manager and staff were responsible for the recruitment, organising the training and support of companions. There were clear lines of accountability and a well-established system for the scheme and the approval of carers. We saw how the scheme managed the approval process which showed scheme staff were effective in the recruitment, training and support of carers.

Shared lives companions described communication between them and the scheme as good with regular monitoring visits. Companions told us staff were responsive by coming out to see them in addition to their planned monitoring visits. One person told us "The monitoring visits are really important; we discuss the needs of the people we support as well as them checking our records, care plans, finances, medications as well as safety in the house".

Companions attended companion's meetings and had regular appraisals and training. They told us the scheme was supportive of their needs. One companion said, "There has been some changes and improvements in the type of records we have to keep but they (the coordinators) are very good and go through these with us so we know what to do. Another said, "Training was in the past intimidating and often not relevant to the people we support. It's better now as it is tailored to the individuals that we support".

The manager and the care coordinators had systems in place to continually monitor the performance of the scheme and audits to identify any shortfalls. Although there had been a quality assurance questionnaire to engage with stakeholders we found that this information had not been collated and summarized to enable the manager a clearer overview. This was discussed with the manager who agreed that this should have happened and will be included in the process.