

London Borough of Lewisham

Lewisham Shared Lives Scheme

Inspection report

122 Marsala Road
London
SE13 7AF

Tel: 07875089068
Website: www.lewisham.gov.uk

Date of inspection visit:
25 April 2023

Date of publication:
13 June 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lewisham Shared Lives Scheme is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within the shared lives carers (SLC) own homes. It provides a service to people with a learning disability and autistic people. At the time of the inspection 27 people were using the service.

People's experience of using this service and what we found

Right Support: People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Carers supported people to make decisions following best practice in decision-making. Carers communicated with people in ways that met their needs.

Right Care: People could communicate with carers and understand information given to them because carers supported them consistently and understood their individual communication needs. People received kind and compassionate care. Carers protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture: People were kept safe from avoidable harm because carers knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives .
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The provider had a robust system in place to ensure suitable people were placed with suitable carers. Decisions were made by a panel of health care professionals to give the best opportunity of suitable and successful placements of people.

The provider had a range of quality assurance audits and checks to ensure there were no issues with placements. There was regular contact with people to ensure support needs were continually met. Where there were issues, these could be quickly addressed.

People spoke positively about the service and relatives felt that their family members were well cared for. One relative said, "I'm happy [family member] is there, I think it is good for [family member] so far, it's going well. [Family member] looks better, feels better and I know [family member] is happy."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.
Details are in our effective findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Lewisham Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lewisham Shared Lives Scheme is a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community (Shared lives carers will be referred to as carers throughout this report)

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 19 April 2023. We visited the location's office on 25 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed 5 care and support plans of people using the service. We looked at a range of policies and procedures used by the provider. We looked at the recruitment and training documents for 2 shared lives carers.

Following the visit to the office, we spoke with 6 relatives and people who used the service. We spoke with the registered manager, 2 shared lives assessment officers and 1 nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were established safeguarding policies and processes in place to ensure people were protected from the risk of harm or abuse. Carers had to go complete an induction and training to ensure they were aware of policies in place. Regular meetings were held with carers to keep them up to date on any changes.
- Relatives said that they felt their family members were receiving safe care. One relative said, "If [family member] did not feel safe [family member] would call me and let me know."
- The provider completed a robust assessment of people's care and support needs before they begun to receive support.

Assessing risk, safety monitoring and management

- There were appropriate risk management plans in place to guide carers in the delivery of appropriate support.
- Risk assessments were completed to ensure carers home environment was safe for care to be provided. People would not commence placements until the homes of carers were assessed as being suitable.
- The service helped keep people safe through formal and informal sharing of information about risks. Care plans and risk assessments were reviewed regularly to ensure people continued to receive appropriate safe support.

Staffing and recruitment

- The service had enough staff to support carers and the people using the service. The service would only accept a referral if there was a suitable carer with a suitable home to provide support to people. One person was matched to one carer where care would be provided in the carers home.
- People said they were happy with support received from the office. One relative said, "I'm able to speak to the manager if I have any concerns."
- Pre-employment checks, including Disclosure and Barring Service checks were undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Carers had to complete an assessment which documented their experience and understanding of safeguarding and looking after vulnerable people as part of the application process.

Using medicines safely

- People received medication safely. The provider had guidelines in place which carers followed to ensure medicine was administered safely.
- Medicines administration records (MARs) were in place, and fully completed and signed daily.

- At the time of the inspection, one carer was supporting one person with the administration of medicines. MAR charts were also kept for carers who were supporting people with taking their medication.
- The provider had training courses available for carers if the need to support people with medicines arose.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. Carers managed infection prevention in their homes. Staff completed unannounced spot checks to ensure people's living environments remained clean and safe.
- Carers said that they were aware of the risk of spreading bacteria and food hygiene and were careful with food preparations.

Learning lessons when things go wrong

- The provider had processes in place for recording, investigating and responding to accident, incidents or safeguarding allegations.
- The provider would communicate with health care professionals and the local authority if required to create action plans and mitigate risks.
- Carers understood their responsibility in reporting accidents and incidents .
- The provider would hold meetings with carers by video call and face to face, to share information about learning lessons when things go wrong and to gather feedback. Emails would be sent to carers not able to attend meetings to ensure important messages were not missed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were robustly assessed prior to the provider delivering care. Each assessment documented people's needs and aspirations to how they wished to live their lives. Information from the local authority and healthcare professionals were used to develop care plans.
- Assessments included information about people's nutrition needs and preferences, medical history and other risks were included.
- People and relatives were involved in the development of their care plans and risk assessments.

Staff support: induction, training, skills and experience

- Shared lives staff and carers received good quality training relevant to support people using the service including people with a learning disability or with autism.
- The provider had robust assessments in place to ensure carers were able to support people who were unable to live independently in their own homes. Assessments included interviews, visits to carers home and a meeting of panel members to mitigate risk as much as possible before a placement was made.
- Carers had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs around eating and drinking were assessed and documented.
- People were involved in choosing their food, shopping and preparing meals.
- One carer said, "I invite [people] to join me and my family at the dinner table if they want to."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked closely with health and social care professionals to ensure consistent, effective and timely care was provided.
- One person said, "My [carer] takes me and my [family member] to any medical appointment. My [carer] is very kind to me."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.
- Carers understood the principles of the MCA and routinely sought consent from people enabling them to make decisions about their day. One relative said, "[Family member] has always been involved in decisions about care and support received."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had measures in place to ensure people were well treated and supported and that their equality and diversity needs were being met.
- Care plans were documented people's preferences and needs in relation to equality and diversity. People's cultural backgrounds and requirements to adhere to religious needs on a day-to-day basis were noted.
- One carer said, "I have supported people who attend the Mosque and ensured people arrived on time for prayer. I am aware of religious activities and events. I am also aware of foods that should not be consumed."

Supporting people to express their views and be involved in making decisions about their care

- There were systems in place to support people in making independent decisions about how they were supported.
- We saw evidence people's views were gathered through phone calls and meetings. During the site visit, we witnessed positive interactions between staff and people on the phone.
- People said that they were involved in making decisions about their care. One relative said, "We have a 6-week meeting due with the social worker, then another review with [family member] and shared lives staff."

Respecting and promoting people's privacy, dignity and independence

- Care plans documented how people wished to be supported in relation to dignity, privacy and independence.
- Relatives gave positive feedback about how people's privacy and dignity was respected. One relative said, "[Family member] has access to all parts of his accommodation but has the privacy of his bedroom and bathroom facilities when needed." Another relative said, "[Family member] spends much of his time in his bedroom which affords him the privacy and dignity [family member] needs."
- The provider had policies in place in relation to General Data Protection Regulation (GDPR). People's care and assessment records were held securely on electronic systems, ensuring people's personal information remained confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Planning was personalised ensuring people had choice and control to have their needs and preferences met. Care plans were reviewed regularly to ensure care provided continued to be appropriate to people's needs.
- People's care plans had comprehensive information which included models for people living with a learning disability or autism. Plans also contained information about people's health and social goals and requirements needed to support them to achieve these.
- People were able to have a daily routine doing their preferred activities. One relative said, "[Family member] is supported to go to different areas in London and goes to college 3 times a week."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were documented in care plans and risk assessments. During assessments, people were matched with carers taking into account people's communication needs, and the carer's ability to support with this.
- People had individual communication plans which detailed preferred methods of communications for carers and staff to follow.
- Staff had good awareness and understanding of people's communication needs.
- The provider had easy read information documents to aid with communication where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The model of the service ensured that people maintained relationships and were not socially isolated. People were able to take part in socially and culturally relevant activities if they wished to do so.
- When we inspected all people using the service attended day support services.
- One relative said, "[Family member] is supported to go to the cinema, theatre and on the bus to the museum."

Improving care quality in response to complaints or concerns

- The provider had complaints policies and procedures in place to ensure people were able to raise concerns and complaints. Carers would support people to raise complaints if required.
- We saw documents showing a process of how complaints were received, concerns addressed, and outcomes and feedback given to people.
- Lessons learned from complaints were shared and discussed in staff meetings.
- One relative said, "I am not sure if [family member] would be comfortable making a complaint but they would be supported by myself and the carer to do so." Another relative said, "If I have any concerns, I am able to speak to shared lives staff."

End of life care and support

- At the time of the inspection no one required end of life care. The provider had an end-of-life policy in place.
- People or their next of kin would document their preferences in relation to end of life care in care plans if they wished to.
- End of life training for staff was available and would be arranged if required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider ensured through robust assessments that placements were person-centred, and carers were able to support people's individuality, and that people were able to develop and flourish.
- Management were visible and approachable. People were able to attend the office to speak to managers and staff if they needed to.
- The manager and shared lives staff would visit people and their families to gather feedback on care or discuss any issues that may arise. People who required more support would receive increased visits as appropriate.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of the duty of candour regulation and were aware of their responsibilities of making sure they were honest and open with people and their relatives when things went wrong.
- The provider understood their responsibilities about reporting incidents or events if something went wrong to the Care Quality Commission (CQC) The manager sent notifications of events as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities in relation to quality performance, risks and regulatory requirements.
- The provider had ensured a clear management structure was in place to ensure all staff were supported with delivering care and decision making to ensure best outcomes for people.
- Care and support plans were reviewed on a regular basis to ensure continued relevant delivery of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people were engaged in the creation of their care plans and risk assessments, which took into consideration people's equality characteristics. Preferred gender of main carers were noted in care plans.
- The provider sought feedback from people and relatives to ensure good delivery of care. Meetings were arranged for carers to share ideas and discuss concerns, issues that might arise.

Continuous learning and improving care

- The provider kept up-to-date with national policy to improve the service.
- At the time of the inspection, the manager was in communication with the local authority to expand the range of training packages available for carers.. this would include having more training sessions online to fit around the schedules of carers.

Working in partnership with others

- The provider worked in partnership with a variety of agencies such as social care professionals and local authorities and colleges and NHS trusts to ensure people's needs were met.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- The registered manager attended meetings with a variety of departments within the local authority and healthcare professionals to provide care and support to people.