Derbyshire County Council

Shared Lives Derbyshire

Inspection report

The Hub
Shiners Way, South Normanton
Alfreton
Derbyshire
DE55 2AA

Tel: 01629532001

Date of inspection visit:
18 July 2017
19 July 2017
20 July 2017

Date of publication:
02 October 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place over 18, 19 and 20 July 2017 and was announced. The provider was given 48 hours' notice for the registered manager to make arrangements for us to visit the office, meet with people, talk with shared lives carers and review records. We visited the premises on 18 and 20 July and made phone calls to shared lives carers on 19 July. We visited some people who used the shared lives scheme at a day centre on 18 July.

The service provides personal care to people who live with shared lives carers in their homes either on a full time or short term basis. The service operates across Derbyshire. At the time of this inspection 44 people were cared for in full time arrangements and 31 people in short term care.

Not all shared lives carers who administered medicines had received training in medicines management and had received clear instructions to record any medicines administered to people.

Therefore evidence to show all people received their medicines as prescribed was not complete.

This meant not all people had complete and accurate records of their care; as a result, systems and processes to assess, monitor, improve, identify and reduce risks were not effective as records reviewed of people's care were incomplete. In addition, systems to ensure effective audits of MAR charts were not in place.

Policies and procedures concerned with ensuring the quality and safety of services were not fully adopted and embedded for the shared lives Derbyshire service.

Improvements had been made to ensure shared lives carers received training in other areas identified as required by the provider. Where training was still outstanding, this was identified and monitored to ensure steps were taken to complete the training.

The service is required to have 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. At the time of our inspection there was a registered manager in place.

People felt safe with their care and support. Risks were identified and actions to manage risks were in place, for example any risks associated with health conditions.

Recruitment checks were in place for the recruitment of shared lives carers. These checks helped the provider make safer recruitment decisions.

Processes were in place to manage any accidents and incidents should they arise.

The provider had a policy and procedure in place on the Mental Capacity Act 2005 to follow, should a person not have the capacity to consent to their care. Shared lives carers sought people's consent before they provided care.

People had sufficient food and drink that met their preferences. Records showed any specific dietary needs, such as the need for a diabetic diet, were identified and met. Shared lives carers were aware of people's healthcare needs and supported people to access other healthcare provision when required.

Shared lives carers felt supported by the registered manager and members of the shared lives team and had regular contact with them.

People felt cared for by their shared lives carers and felt included in planning their lives together.

Shared lives carers understood people's needs and how to meet these. In addition people's hobbies and interests were known and supported. People knew how to raise any worries or concerns, and had been able to do so. People received personalised and responsive care.

Shared lives carers respected people's dignity and privacy and promoted their independence. The shared lives project manager promoted awareness of dignity in care and had become a dignity champion. People were involved in planning and reviewing their care and support.

The shared lives team promoted open and inclusive ways of working where opportunities for people and shared lives carers could contribute to the development of the service. Further developments to ensure people's experiences of care could be measured and used to inform the service were planned.

We found one continuing breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version 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 consistently safe.

Evidence to show all people received their medicines as prescribed was not yet in place. People felt safe with their care and support. Risks were identified and actions to manage risks were in place. Recruitment checks were in place to help the provider make safer recruitment decisions.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements had been made to the numbers of shared lives carers who had completed the training identified as required for their role and responsibilities. However training in medicines management was still outstanding, although interim guidance and instructions were issued to shared lives carers at this inspection.

Policies were in place so people's care could be provided in line with the Mental Capacity Act 2005 (MCA) if they lacked the capacity to consent to their care. Shared lives carers felt supported by the registered provider. People were supported to have good health and nutrition.

Is the service caring?

Good

The service was caring.

People felt their shared lives carers were caring. People felt their privacy and dignity was respected and their independence promoted. People were involved in planning their care and their views and decisions were respected.

Is the service responsive?

Good

The service was responsive.

People knew how to raise feedback or complaints. People received personalised care, responsive to their needs, hobbies

and interested. People were involved in planning and reviewing what support they needed. The views of people and their preferences were respected.

Is the service well-led?

Requires Improvement

The service was not well led.

Systems and processes designed to check on the quality and safety were still not effective. Records were still not complete for people's medicines administration. Sufficient progress had not been made to develop and embed policies and procedures to support the quality and safety of services. The registered manager and shared lives staff team were known to people and were approachable.

Shared Lives Derbyshire

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 took place on 18, 19 and 20 July 2017 and was announced. The provider was given 48 hours' notice because we needed to be sure we could speak with the registered manager and have access to records. The inspection was completed by one inspector and one 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.

Before our inspection we reviewed relevant information, including any notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about; no notifications had been required. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the provider.

We spoke with three people who used the service. We also spoke with five shared lives carers and one social care professional who knew two of the people we spoke with.

We spoke with the registered manager, the shared lives project manager and team administrator. We looked at three people's care plans and we reviewed other records relating to the care people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care, recruitment records and training records for shared lives carers.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we identified not all shared lives carers who administered medicines to people made a record of this. At this inspection, the registered manager told us actions to address this had not as yet been implemented. This was because the registered manager was waiting for some shared lives carers to be trained in medicines administration before they completed medicines administration record (MAR) charts. We discussed our concerns that records of some people's medicines administration had still not been recorded since our last inspection. The registered manager acknowledged this shortfall and during our inspection issued guidance to all shared lives carers on medicines administration and instructions to record any medicines administered to people using the service on MAR charts. As this action had only just been taken, records to demonstrate all people had their medicines as prescribed were not available to show us.

One person we spoke with told us they managed their own medicines. Their shared lives carer told us they helped the person keep their medicines secure. They told us the person had access to their medicines so they could continue to manage their medicines independently. Other shared lives carers told us they administered people's medicines and had completed MAR charts when medicines had been given. For example, one shared lives carer told us, "We have a chart to a complete; we've never actually missed any doses." We reviewed MAR chart's completed by one shared lives carer that had been returned to the service and found this had been completed as required.

People told us they felt safe with the care they received. They also named the people they would speak with if they felt worried about anything. Shared lives carers told us they had been trained to help keep people safe. For example, one shared lives carer told us it was important they were aware of how to check for any signs of abuse; this was important as the person they cared for did not communicate verbally. Whilst not all shared lives carers had been trained in safeguarding people, records showed improvements had been made since our last inspection. Where shared lives carers had not been trained in safeguarding in line with the provider's expectations, plans were in place to ensure shared lives carers completed this training. The provider was taking steps to reduce the risks of abuse and harm to people.

Other risks to people and what actions were needed to reduce those risks were identified and known by people and their shared lives carers. One person told us they understood why one particular activity would present risks and told us those risks had been explained to them. Records showed checks to identify and reduce other risks were in place. For example, we saw environmental risks such as from equipment used in a kitchen, were identified and measures put in place to reduce the risk of harm. The registered manager told us no accidents or incidents had occurred since our last inspection; however they told us should any be reported, systems were in place to ensure these would be reviewed by the service. The provider had taken steps to identify and manage risks to people using the service.

People told us they enjoyed the time they spent with their shared lives carers. Where people spent some time at a day centre, they told us their shared lives carer would be at home when they arrived. Shared lives carers told us contingency plans were in place to ensure the continuity of people's care, should events like illness or an emergency affect the provision of care. Records showed the skills of shared lives carers were

considered when placements were arranged. Processes to oversee the placement of people with shared lives carers ensured people's care was provided by sufficient levels of shared lives carers.

Recruitment checks were completed for the recruitment of shared lives carers. This included all the pre-employment checks required for when the regulated activity of personal care was provided to people. For example, checks on the applicants identity and checks from the disclosure and barring service had been completed. Pre-employment checks helped the provider decide if staff were suitable to work with people using the service. The provider had taken steps to ensure people recruited as shared lives carers were suitable for their role.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we found a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the provider was not able to demonstrate shared lives carers had received appropriate training as was necessary to enable them to carry out their duties. At this inspection improvements had been made and the provider was no longer in breach of regulation 18; however further improvements were still required and were in progress.

At this inspection we found the provider was clear about what training shared lives carers were required to complete, and at what frequency; this included medicines administration training. However the registered manager told us they had not been able to book the shared lives carers who required medicines administration training onto a relevant course. At this inspection, the registered manager sent out instructions and guidance on medicines administration and record keeping to shared lives carers; this was designed as an interim measure until other medicines administration training was obtained. The registered manager was not able to confirm specific dates for when the medicines training would be available. We were concerned actions to provide training and guidance on medicines management to shared lives carers had not been taken sooner.

The registered manager had made progress in training shared lives carers in other areas identified by the provider as required. For example, first aid, safeguarding, fire safety and the mental capacity act. Although records showed not all shared lives carers had completed the required training, a system was in place to monitor this and to ensure all shared lives carers made progress towards being trained as required by the provider.

At our last inspection we found some shared lives carers required more training in the Mental Capacity Act (MCA) to understand how it applied to the people they cared for. At this inspection, all the shared lives carers told us people's mental capacity for any specific decisions had been discussed with their social worker and was detailed in the person's care plan. Records we saw confirmed this. Records also showed the number of shared lives carers trained in the MCA had increased since our last inspection.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where a person may require restrictions on them while living in the community applications are required to be made to the Court of Protection. No applications had been made to the Court of Protection for the people whose care plans we reviewed. We did find that mental capacity assessments and best interest decisions had been completed where identified as required. For example, for when people received help to manage their finances. This meant people's legal rights were upheld.

Shared lives carers we spoke with told us they felt supported by the staff working at the service. One shared lives carer told us, "We get [supervision] annually; they are always responsive to email or phone calls if we have any issues in between times. Another shared lives carer told us they felt supported as the communication from the shared lives team was good. They said, "We have a good admin person who sends out news sheets and emails and training events. We attend carers meetings and they have them at various locations to suit carers; and they now pay us mileage allowance to attend these." Another shared lives carer said, "We discuss issues at support meetings and I feel we are listened to and they try to implement our suggestions and feedback." Both the registered manager and shared lives project manager told us they were committed to providing shared lives carers with the help and support they needed.

One person we spoke with told us they had, "Lots of choices of food." Another person told us they enjoyed, "Eating out," as well as visiting the local market for shopping. One shared lives carer told us, "[Name of person] needs encouragement to manage a healthy diet." Where people had specific dietary needs, such as diabetes, care plans were in place and actions on how to reduce any related risks to people were identified. For example, through weekly testing of a person's sugar levels. Care plans also identified people's preferences for food and drink and how much support people required in food and drink preparation. People were supported to have sufficient food and drink that met their known preferences.

People we spoke with told us they received support to visit the doctor if they felt unwell. One person told us, "I feel well looked after." Shared lives carers we spoke with were knowledgeable about people's health related needs and how to meet them; this was further supported by care plans that detailed any health related services people needed. For example, one person's health condition was monitored every six months by the hospital. Another person required support to visit the optician for regular eye tests. People were supported to access other healthcare services as required.

Good

Is the service caring?

Our findings

People told us they felt their shared lives carers were caring and involved them in the day to day running of their home together. People gave examples of cooking and visiting places of interest together. Shared lives carers spoke with warmth and affection for the people they cared for. One shared lives carer who cared for a person on a respite basis told us, "[Name of person] is part of the family; they've really fitted in." They went on to tell us the process to match a person's lifestyle, interests and hobbies to those of a shared lives carer had helped the person fit into their family well. Other shared lives carers had cared for people since they had been children and spoke of how this continuity of care helped them know the person, their likes and dislikes, interests and hobbies well.

People told us their privacy and dignity was respected. All the people we spoke with told us they had their own private bedroom and had decorated this to their own choice and style. One person told us, "I've everything I need in my room; TV, music, cupboards and clothes. It's private and I can go and have peace and quiet there."

Shared lives carers told us they were mindful of how they respected people's privacy and dignity. One shared lives carer told us, "We always ensure doors and curtains are closed when completing personal care; we tell [name of person] what we are doing so he knows what is happening and give him opportunity to say no." Shared lives carers also commented on how they supported people's independence. One said, "[Name of person] has his own room, I will prompt him to shower but he is able to actually wash himself; I always ask if he needs any extra help with anything." People were supported with their privacy and dignity and their independence was promoted.

The shared lives team were taking a lead in promoting dignity in the service. The project manager had been awarded a dignity champion certificate and they told us they were offering support to shared lives carers to also become dignity champions. Initiatives to support people's dignity in care were being used to further promote people's dignity.

Shared lives carers told us they involved people with their care and support decisions. They told us how they checked to ensure people had understood any choices about decisions. For example, one shared lives carer told us, "I will ask them the question a different way to see if the answer is the same; and asking if they've understood or is there anything they need to know." Another shared lives carer told us, "I always ask him questions to make sure he understands. When he gets letters he sometimes doesn't grasp it and I will read it again and ask him does he understand." They also went on to add, "As he has difficulty retaining information we have a calendar and write everything on there; he has a routine where he checks the calendar daily to see if he has any appointments or things to do." People were supported to be involved in their care and have choices and control over decisions.

Good

Is the service responsive?

Our findings

Information was available to people using the service and their carers on how to make a complaint. The provider had a system in place to manage and respond to any complaints and comments made. Positive comments had been received from a person who had used an 'easy read' feedback form. They commented, "[Shared lives staff member] listens to me and is very supportive." They went on to say they had received a prompt response to any query and the staff member had helped them feel confident about their new hobby. Feedback had also been received from shared lives carers.

A shared lives carer had commented, "Helpful staff; queries dealt with quickly." One complaint had been received since our last inspection and was being managed through the provider's formal complaints procedure. Processes were in place so that people could make comments and complaints about the service.

People told us they had opportunities to discuss their care. Shared lives carers also told us they were involved in regular reviews of people's care. One shared lives carer told us they were involved in care reviews and said, "[Name of person] has his own opinions and sometimes I just help him explain things." Another shared lives carer told us, "We know they appreciate we know him best and take on board our views." Records showed reviews of people's care involved the person and their shared lives carers. People were able to contribute to assessments and reviews of their care.

People we spoke with told us about their interests and what past times they enjoyed. These were varied and different for each person we spoke to. One person told us how they enjoyed, "Watching rugby and listening to music." Another person told us they enjoyed, "Eating out and shopping at the market at weekends." All the people we spoke with also told us they enjoyed visiting a local day centre where they enjoyed a variety of activities; these included helping to run a café and car wash along with gardening and craft activities. People were supported to follow their interests and hobbies.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the provider had not established and operated systems and processes effectively to ensure the quality and safety of services were assessed, monitored and improved; that risks relating to the health and safety and welfare of people were reduced; and accurate, complete and contemporaneous records were not always kept. In addition, feedback from people was not obtained and evaluated to improve the service.

At this inspection although we found improvements had been made in some of these areas, there had been insufficient progress made in others. As a result we found a continuing breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the registered manager and project manager told us that arrangements had not yet been established to ensure all shared lives carers kept a record of the medicines administered to people. The registered manager and project manager told us they had been advised shared lives carers required medicines training before they completed a MAR chart. The registered manager and project manager told us they had not been able to arrange medicines training for the shared lives carers who administered medicines and so shared lives carers had not received an instruction to make a record of this care. Therefore, not all people had records kept of their medicines administration.

Although the registered manager and project manager took action to send out 'Administering medication in adult social care; home care community information booklet' with MAR charts and instructions for shared lives carers to start recording medicines administration on these on 18 Jul 2017; this action had only been taken in response to our questions over what actions had been taken since the last inspection in 2016 by the registered manager to assure themselves people were receiving their medicines as prescribed. Therefore since our last inspection, sufficient actions had not been taken to show improvements had been made to the record keeping of medicines administered to people.

At our previous inspection we found there was no policy or procedure in place to ensure MAR charts or other records regarding the health, safety and welfare of people using the service were assessed and monitored by the shared lives service.

At this inspection, as records of people's medicines administration were not kept by all shared lives carers, any assessment and monitoring of those completed would not provide an effective system whereby improvements could be made and risks mitigated in a comprehensive manner. This was because records were not available to be audited for all people who received care for their medicines.

Where MAR charts had been checked, this had been part of an annual review of a person's care. Systems to effectively assess, monitor and improve, as well as reduce risks to people from medicines were not effective, as where MAR charts were checked, this only happened at a person's annual review. There was no system in place to ensure MAR charts were returned to the service for more frequent checking.

We asked to see a range of policies and procedures regarding medicines management and other areas related to the quality and safety of services provided. These policies had all been supplied by the national shared lives plus organisation and all of these policies contained the instruction, 'NB This Guidance should be adapted to fit the intended shared lives scheme.' There was a blank space on all of the guidance documents where the name of the individual service should be inserted. In addition there were prompts in the guidance documents where the service could change aspects of the guidance to make it bespoke and adapted to its own needs.

None of the guidance documents we were sent contained any adaption or amendments to demonstrate they had been adopted by the shared lives Derbyshire scheme and reviewed and changed, if required, to fit the needs of this specific service. The registered manager and project manager told us they were still developing policies and procedures based on those supplied by the national shared lives plus organisation, however we could not see that sufficient steps had been taken to fully adapt these to the shared lives Derbyshire service.

This meant it was there was a lack of clear and accountable policies and procedures in place for the service to be governed with, and in addition a lack of clear direction for the assessment, monitoring and improvement of services and for risks to be mitigated.

This was a continued breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the provider had identified the training it required shared lives carers to complete and at what frequency for their role. We found a system was in place to monitor training and ensure it was kept in date. No accidents or incidents had been reported since out last inspection, however the registered manager told us the service operated a system to ensure any completed would be overseen by the service. No statutory notifications had been completed by the service since out last inspection. The registered manager told us no incidents had occurred that required a statutory notification to be submitted to CQC. Notifications are changes, events or incidents that providers must tell us about.

People's views on the service were gathered at review meetings. Records showed one person had stated they were happy living with their shared lives carers and talked positively about them and the holiday they had all taken together. Other records showed people had access to and had completed easy read feedback forms. The service used a variety of ways to gather people's views of their care. In addition the project manager had plans to implement a system to measure the outcomes for people using the service. This was a system developed by a nationally recognised shared lives scheme.

The service is required to have a registered manager and one was in place at this inspection. The registered manager had implemented and overseen an action plan to develop the service since our last inspection.

Shared lives carers told us they thought the registered manager and shared lives team were open and approachable and that their views on the service were welcomed. One shared lives carer told us, "They are very keen to improve the service and are always keen to receive our views. Records showed shared lives carers had been asked for their views regarding the meetings organised to support them. We read some comments which included, "Very informative and friendly," and, "Meeting is useful, as shared lives carers we learn from each other and get useful tips or comments." The service provided opportunities for people's views to be used in how the service was developed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous records were not always kept. 17(c) Systems and processes were not established and operated effectively to ensure quality and safety of services were assessed, monitored and improved, and that risks relating to people were mitigated. 17 (1) (2) (a) (b)

The enforcement action we took:

We issued a warning notice to the registered manager and provider.