

London Borough of Bromley

Shared Lives

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Shared Lives (Bromley) recruits, trains and supports self-employed Shared Lives Carers (SLCs) who provide placements and respite care for vulnerable adults within their own family homes in the community. Some people using the service have learning disabilities and or autism. At the time of the inspection there were 38 SLCs and 33 people using the service.

Not everyone using Shared Lives (Bromley) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help or prompting with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

At our last inspection we rated the service good overall. At this inspection we found the service had made further progress in some areas and the evidence continued to support the rating of good in most key questions. However, we found some improvement was needed in the key question safe, to the way some risks were recorded to ensure that relevant information was available to SLCs and staff. We have also made a recommendation in relation to the management of medicines. The registered manager started to take action to address these areas during the inspection.

The service remains rated good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they were safe and enjoyed living with their SLCs. The SLCs and staff working on the scheme had a good understanding of the signs of possible abuse and how to report it. Most risks to people were identified, assessed and plans put in place to reduce the likelihood of the risk occurring. The provider regularly updated and monitored these to ensure people were safe. SLCs understood the importance of infection control and the need to reduce any possible risks. The registered manager and team were proactive in identifying any learning from incidents or safeguarding to make improvements to the service.

Robust recruitment processes were operated for staff and the SLCs to ensure only applicants suitable for the role were approved. There were enough staff and SLC's to ensure people's needs were met at all times and there were effective arrangements in place for emergencies.

SLCs received a range of training to provide them with the skills and knowledge to care for people effectively. SLCs spoke very positively about the training and support they received from the staff who worked on the scheme.

People were encouraged to eat healthily and their nutritional needs were identified and met. People had access to a range of health professional advice when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Some people had lived with their SLCs for a number of years. People spoke very highly of the care and support they received from the SLCs. They said they were consulted about their care, that they felt part of the family and encouraged to do things independently where possible; in line with registering the right support.

People's needs were assessed before they joined the service and they had individualised care and support plans that addressed their needs. People's diverse needs were recognised and met and information was available in a range of formats if needed. They received highly personalised care and told us about changes and improvements they felt they had made since being part of the scheme. It was evident the scheme had improved outcomes for people.

In line with registering the right support guidance people were encouraged to be as independent as possible and to be part of their local community. SLCs were positive about the work they did and the support they received from the scheme. People were aware of how to make a complaint if they needed to.

Everyone we spoke with was complimentary about the way the scheme was managed and the leadership of the registered manager. The service had developed since the last inspection and made several improvements to the way they monitored the service and sought feedback. There was a culture of continuous improvement. The scheme worked in partnership with other professionals and agencies and looked to learn from best practice. Feedback from people and SLCs was sought to consider how to make any improvements.

SLCs told us there was a positive and open culture about the way the service was managed and we confirmed this from our findings. The service worked to deliver personalised care in a sensitive and supportive manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service is now Requires Improvement.	Requires Improvement ●
Is the service effective? The service continues to be good.	Good ●
Is the service caring? The service continues to be good.	Good ●
Is the service responsive? The service continues to be good.	Good ●
Is the service well-led? The service continues to be good.	Good ●

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 announced inspection took place on 24, 28 and 29 January 2019 and was carried out by a single inspector. We gave the service short notice of the inspection because we wanted to visit and speak with people using the service and their Shared Lives carers (SLCs), where possible, and this allowed time for them to accommodate our request.

Before the inspection we reviewed the information held about the service, including previous inspection reports and information since the last inspection. We considered the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with seven people using the service, three people in their shared lives placements and four people chose to speak with us at the scheme's office. We spoke with 12 SLCs either visiting them at home or at the scheme office or by phone. We visited the scheme offices and spoke with the scheme's staff including the registered manager, the scheme lead and a placement officer. We looked at a variety of records including recruitment, assessment and training details for three SLCs and three staff records, aspects of care and support records for six people using the service and other documentation relevant to our inspection.

Is the service safe?

Our findings

People and their shared lives carer (SLCs) told us that possible risks to people such as environmental health or behavioural risks were assessed and SLCs advised they had guidance on how to reduce these risks. One SLC commented, "They are very good about checking on that on the monitoring visits." Records we looked at confirmed this. We saw where one person had an increased risk of falls, action was taken by the scheme and SLC to reduce these risks and to maintain the person's independence in a positive way. Risks to people were assessed and discussed regularly at monitoring visits and reviews.

However, we found some improvement was needed to the recording of a small number of records to evidence the risks had been fully assessed and that suitable guidance was available in relation to different health needs and possible risks from smoking. From discussion with SLCs it was evident they fully understood these risks and had steps in place to reduce any risk and provide safe care or support to people; but this was either not clearly recorded; or was recorded in different places, which meant it may not be accessible when needed.

We discussed this with the registered manager who started to take prompt action to address this during the inspection.

Any possible risks in relation to the premises, equipment and travel continued to be safely managed. An initial health and safety check was completed as part of the SLCs assessment which considered areas such as fire safety. There was a system of regular checks of smoke alarms and documents such as insurance and SLCs arranged maintenance checks on equipment such as hoists. Identity badges were also available for SLCs to confirm their identity when they were out in the community if needed.

There were plans to manage risks in relation to emergencies. SLCs received regular first aid training. SLCs told us how the staff on the scheme responded when they had a health emergency and a suitable respite SLC was found. SLCs could use the local authority out of hours duty system if there was an emergency at the weekends.

Where people were supported with medicines they confirmed they received them when they should. The scheme had systems for the safe administration of medicines. SLCs received regular training on administering medicines. Where people were supported with their medicines we saw medicines administration records (MAR's) were kept to evidence that people received their medicines as prescribed. SLCs confirmed the MAR 's were regularly checked at monitoring visits to ensure these were up to date and accurate.

However, we found the policy for medicines management required some updating to include current guidance, for example, in relation to 'as required' medicines and the safe storage of medicines.

We recommend that the provider seeks appropriate current guidance to review and inform its policies on the safe management of medicines.

People told us they felt safe from harm using the scheme. One person said, "I feel very safe in every way." Possible safeguarding issues were discussed with the people to ensure they understood how to protect themselves and information was available in easy read format.

Robust safeguarding systems remained in place to protect people from the risk of harm, neglect or discrimination. Staff and SLCs were knowledgeable about the possible signs of abuse or vulnerability and how to report any concerns. The registered manager continued to monitor accidents and incidents to consider if these raised any safeguarding issues and if any action was needed. There were robust arrangements in relation to the management and oversight of people's finances. Where appropriate people had appointees to manage their money.

We saw examples in records where SLCs had advocated on behalf of people experiencing discrimination, for example, while out in the community and this had been appropriately challenged. SLCs had taken positive and appropriate action in relation to bullying experienced by someone using the scheme. Staff on the scheme had made appropriate safeguarding referrals to the local authority safeguarding team.

The staff on the scheme looked to learn from accidents, incidents and safeguarding. We saw where an issue in relation to possible financial abuse had arisen and appropriate action had been taken. The registered manager had reviewed their financial policies and put additional steps in place that included increased liaison with appointees.

There were sufficient numbers of staff to manage the scheme safely. SLCs all confirmed that the scheme staff were available to offer support. People would only be accepted into the service if there was a SLC suitably matched with them to provide the care and support they needed. The scheme linked SLCs with a respite SLC to ensure any emergencies or respite breaks could be responded to and that people would receive support from someone who they knew and was familiar with their needs.

Safe recruitment processes remained in place for staff and SLCs working on the scheme. All SLCs underwent a thorough assessment which included the required background and health checks. Their application and assessment was reviewed and approved by a professional panel. This assessment process was reviewed at three yearly intervals to ensure SLCs remained suitable for their roles. One SLC commented, "It's a very thorough assessment, which did not feel too intrusive and it's very important they do this."

There was system to reduce infection risks to people. SLCs received training on infection control and were aware of how to reduce risks for example in relation to providing personal care and food storage and handling.

Is the service effective?

Our findings

People's needs in relation to their health care and support, were assessed to understand if the scheme could meet their needs. The scheme received a detailed 'core' assessment from the local authority when people were referred to the scheme. The placement coordinator or placement officer completed their own assessment by contacting relevant health and social care professionals to provide the SLC with all the information they needed to decide if they could meet these needs.

People continued to be supported by staff with the right skills and knowledge. One person said, "My [SLC] knows what they are doing. They have lots of experience and they get training." SLC's all told us they received a range of mandatory training to help them provide care and support. The registered manager advised that they had recently introduced the care certificate into the training offered to new SLCs. The care certificate is a nationally recognised framework of training for those new to working in health and social care. SLCs were given dedicated training in relation to specific needs of the people they supported such as autism, epilepsy and diabetes. Training records confirmed this to be the case. Some SLCs had a background of health and social care experience which they were able to bring to their roles.

Staff employed on the scheme also undertook similar training to ensure they were fully equipped to support SLCs. They told us they were supported in their roles through regular supervision which we confirmed from records.

Staff also supported SLCs through a handbook and regular SLC forums which included training around specific issues such as positive behaviour support and universal credit applications. Positive behaviour support is a person-centred approach to people with a learning disability who may be at risk of displaying behaviour that may challenge. One SLC said, "I feel very supported by the team, they are very friendly and always have time for you. Nothing is too much hassle."

SLCs continued to support people to ensure their nutritional needs were met. People told us they were consulted about their meal preferences and involved in menu planning, shopping and helping to prepare parts of the meals. They said their SLCs encouraged them to eat healthily and some people were being supported to learn to cook a range of meals. Records showed that people were referred to health professionals where this was appropriate to ensure they received a suitable and nutritious diet.

People, their SLCs and records confirmed people could access a range of healthcare professionals when they needed. Where it was appropriate people were supported to attend appointments by their SLCs to ensure any health needs were identified, monitored and treated.

Staff worked jointly with care managers in adult social care and other professionals for example dietitians for advice and direction in relation to aspects of care such as behaviour that may challenge. The staff team attended annual local authority reviews of people's care to ensure they were aware of any changing needs.

People's rights in relation to consent were consistently protected. 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 to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA. People told us they were asked for consent before care or support was offered. SLC's received training on MCA and understood people's rights to make choices about separate decisions and knew to report to the service should they be concerned about a change in a person's capacity. Records and policies confirmed that where a best interest decision was needed, for example in relation to managing money, the principles of MCA had been followed.

Is the service caring?

Our findings

People using the service continued to speak highly of the support they received from their SLC and the scheme and found them caring and kind. One person said, "Nothing could be better than living where I am. We get on really well. They try and help me sort things out. There are rules but they make sense." Another person said, "I can talk with them about anything that bothers me and they listen and have good ideas to help."

People said they felt very much a part of the family and they spoke positively about the family events and experiences they shared such as outings, holidays and family celebrations. Some SLCs we spoke with told us they had been working with the scheme for a number of years and with the same people. They had developed close relationships and attachments with the people they supported and spoke fondly of them. One SLC spoke of this as, "A journey that continues to get better." They knew their backgrounds, preferences and where people could not verbalise they understood their gestures or communicated with them. One person said, "I feel like I am part of the family."

People also told us they felt comfortable with the staff who ran the SLC scheme. They told us they were treated with kindness respect and consideration. The scheme held SLC forums and occasional social events throughout the year for people using the scheme and their SLCs to join together and share experiences, such as a yearly summer outing or Christmas party. Feedback from people using the scheme and their SLCs about these events was positive. One person told us, "The staff on the scheme are great. I can talk to them." A SLC commented, "The forums are really great it's a supportive network."

People received information about the scheme when they joined in the form of a guide. They told us they were involved in decision making and consulted about the support they received by their SLC. People's care plans also detailed the level of support they required and they were included and their views sought at regular quality monitoring visits. People, told us they were supported to be as independent as possible. Some people had been supported to be able to go out, learn to travel independently and take part in a range of activities in the community in line with our Registering the Right support policy, through the support of their SLCs.

People told us they were also supported to maintain links with their families or other important people in their lives and arrangements for this were discussed as part of the placement agreement.

SLCs received training on equality and diversity and the scheme had recruited a diverse group of SLCs so that they could understand and respond to meet a wide range of support needs related to people's protected characteristics. For example, one person told us how they were supported to attend a place of worship of their choosing and had become part of the community.

People told us their SLC treated them with dignity and respect. They said the SLCs always asked their views about the support provided, they knocked on their door before entering and respected their privacy. One person said, "My bedroom is my space." People told us shared lives coordinators always asked in advance if

they could go into their bedroom. People could be supported through the use of an advocate where appropriate and SLCs also acted as advocates for people in relation to aspects of their lives such as supporting people to apply for a passport. They understood the importance of keeping information confidentially and what concerns they may need to share with the scheme.

Is the service responsive?

Our findings

People told us they continued to have a care and support plan detailing their needs. These records were person-centred and in various formats to support people. They focused on what was important to each person and what support was needed to meet their needs. SLCs kept an up to date record of the support provided and enable a full discussion at monitoring meetings. Care and support plans we viewed were accurate and reflected people's needs.

People and SLCs told us they thought the matching system used to place people with suitable SLCs continued to work well. One person told us, "They certainly got it right for me with my carer. We are very well suited." There were opportunities for visits to the SLCs home before people started to use the scheme for both people and SLCs to be sure that they wanted to proceed. Another person told us, "I could not fault the matching process and I have grown in confidence. We are both active, but like some of our own space."

SLCs were supported by placement officers or placement coordinator who clearly understood the needs of the person or people they supported. We were told that the same staff were usually allocated and conducted their regular contact and home support visits. The scheme also now offered a regular drop in surgery for SLCs to provide additional support to SLCs outside of the monitoring visits and other support mechanisms. An SLC remarked, "I have had excellent advice from the team."

People commented on how the care and support they received was really personalised and flexible to meet their needs and how this had enabled them to grow in confidence and develop. One person said, "I have so much more confidence now and can do things I had never tried before, for example travel to London on my own." Another person told us how they had lost weight and ate more healthily and enjoyed exercise. Some people were supported to go on a holiday of their choice.

The scheme adhered to the accessible information standard and could make information available in different formats as required. People's communication needs were assessed before they started to use the service. There was a range of easy read information available about the service for example what to do if you were unhappy about the service. This standard ensures that services must identify, record, assess, share and meet people's information and communication needs

People's diverse needs were assessed and supported. Care and support plans recorded the support people may require with regard to any protected characteristics, in relation to age, race, religion, disability, sexual orientation and gender. People told us how these needs had been supported by their SLC both practically by, providing food that reflected their culture, enabling a person in a wheelchair to enjoy a gondola ride, or, locating a cultural or spiritual resource; as well as emotional support in relation to any issues that arose as a result. We saw the scheme provided training for SLCs on equality and diversity and had supported SLCs to understand areas they were less familiar with to increase their understanding of how to support the people they cared for.

In line with registering the right support policy we found from talking with people and their SLCs that they

actively encouraged them to build their own social links in their local community to make friends and find common interest ; as well as include them in their social life and family events. This included attendance at a variety of clubs, day centres, or groups such as men in sheds and a photography group. Where appropriate they were supported to try to find employment or a volunteering role.

There were arrangements for people to be involved in making decision about their end of life care. The registered manager told us nobody currently using the scheme was at this stage of their lives. Staff working for the scheme were working to develop end of life plans with the SLCs and people using the scheme as appropriate to their wishes. SLCs had received training on end of life care so that they were aware of how to support people when they reached this stage of their lives.

There remained an effective complaints process in place. People told us they knew what to do if they were unhappy with the scheme. There had been no complaints from people using the scheme since the last inspection.

Is the service well-led?

Our findings

People and the SLCs remained positive about the management of the scheme. One person commented, "I think the scheme works really well and the improvements I have made since being part of it show this." A SLC said, "It's very well run. It's been wonderful from first point of contact through to where I am now." A compliment we saw sent in about the service stated. "I appreciate the personal touch you and the team put into showing that carers and families matter."

At this inspection there was a registered manager in place who had been registered as manager since 2016. 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. They understood and continued to fulfil their responsibilities as registered manager.

Staff and SLCs were positive about the leadership provided by the registered manager. An SLC remarked, "I applaud the registered manager in particular; and their sensitivity to the uniqueness of each individual. Their support is very effective, very professional and balanced." The registered manager was positive about the contributions made by staff working in the scheme and the SLCs and the difference the scheme made to people.

It was evident from feedback from people and their SLC that the scheme and SLCs had a positive enabling culture focused on person centred care and achieving the best outcomes for people. An SLC told us, "The staff team prioritise person centred care based on the individual and go out of their way. It's very holistic. They also listen to you and you can have a laugh."

SLCs told us they were well supported by the scheme. One SLC stated, "I have enormous respect for the staff that work in the team they are a joy to work with." Another SLC commented, "They are a fabulous team, I can't fault them. I've worked in care for years and wished I had done this years ago." SLCs were provided with an allowance of respite leave to acknowledge their need to have space to relax and rest.

The quality of the service continued to be monitored through regular monitoring visits carried out by the placement coordinator and placement officer with SLCs and the people they supported. Records confirmed these covered a full range of people's needs and aspects of their care including checks on medicines administration records where appropriate and monitoring forms. We tracked to see that actions identified for either staff or SLC to complete were followed up at the next visit to ensure they had been addressed. The scheme had introduced an annual unannounced visit which included an annual health and safety check since the last inspection as an additional check. This visit was carried out by a different member of the team to the regular placement coordinator to add some objectivity and enable SLCs and people to get to know the whole team.

Visits to people using the service by the schemes quality checkers continued to remain in place the last inspection. Quality checkers are people who have direct experience of the scheme and whose role is to

Speak with other people using the service to understand their views and report on their findings.

People's and SLCs' views about the service continued to be sought through a range of methods including visits, telephone feedback and surveys. A person using the service had been involved in telephone monitoring and participated in staff recruitment for the scheme.

The staff team demonstrated a desire for continuous improvement and learning. Areas they identified at the last inspection as areas they wanted to develop had been addressed. For example, developing ways to gain feedback. The service had also recently completed a self-evaluation exercise to consider areas of strength and developments.

Regular staff meetings were held to ensure effective communication about people and the SLCs and discuss ways to improve the service. A staff member said, "We are always looking in the team at ways to improve things and the team work well very good together." SLCs were kept informed through regular newsletters and emails.

Staff on the scheme continued to work closely in partnership with other agencies including day centres, health and social care professionals as well as colleagues in similar schemes in other boroughs; for example, through attendance at each other's panels. The registered manager and all staff attend the London Shared plus network meeting and annual Shared Lives Conference. They were also a member of an online group set up for shared lives providers. This enabled them to share and gain knowledge about best practice and information to improve the quality of the service.