Walsall Metropolitan Borough Council

Walsall Shared Lives

Inspection report

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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

Walsall Shared Lives provides support to people either in the community or in the home of registered shared lives carers. At the time of the inspection there were 50 people using the service for support with personal care, most of whom were living with learning disabilities. The inspection took place on 26, 27 and 28 September 2016 and was announced. This registered location had not previously been inspected. A registered manager was in place, however, they were not working for the service during our inspection. 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 were supported by a staff team who could recognise signs of abuse and knew how to report concerns. People were supported by shared lives carers who understood the risks to them and how to keep them safe from harm. Risks and any actions required to reduce these risks were not recorded in risk assessments. People were happy with the support they received with their medicines.

There were sufficient numbers of shared lives carers to meet people's needs. Shared lives carers were recruited safely. Support carers who provided 'relief' care when shared lives carers were absent did not have the required pre-employment checks completed.

People were happy with the skills of their shared lives carers and felt their needs were met. People's rights were not always upheld by the effective application of the Mental Capacity Act 2005. People received the support they needed with their food and drink. People's day to day health needs were met and they were supported to see healthcare professionals when needed.

People were supported by a staff team who were kind and caring towards them. People were supported to be involved about choices around the care they received. People's independence was promoted and their privacy and dignity was respected.

People received care that met their needs and preferences. People were supported to maintain their personal interests and to access a wide range of leisure opportunities. People felt able to complain if required.

People felt the service was good and well managed, however they were not always aware of who the manager was. The manager had developed a staff team who were committed and motivated in their roles. Quality assurance and governance processes were not adequate and did not ensure any required improvements in the service were made. Care plans did not always reflect the care and support people received. People were not always fully involved in the planning and review of their care. The provider had not ensured accurate records were maintained regarding the care and support people received.

The provider was not meeting the requirements of the law regarding the management of the service. You can see what action we told the provider to take at the back of the full version of the 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.

People were supported by shared lives carers who had been recruited safely. Support carers who provided relief for shared lives carers did not always have the required checks in place.

Risks had not always been assessed by the provider, however shared lives carers understood how to keep people safe. People were supported by a staff team who could recognise signs of abuse. There were sufficient numbers of shared lives carers to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's rights were not always upheld by the effective application of the Mental Capacity Act 2005.

People felt shared lives carers had the required skills to meet their needs. People received the support they needed with their food and drink. People's day to day health needs were met and they were supported to see healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who were kind and caring towards them. People were supported to be involved about choices around the care they received.

People were supported to be as independent as possible. People's privacy and dignity was protected and promoted.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and preferences. The

care people received changed in line with their needs. People were supported to maintain their personal interests and to access a wide range of leisure opportunities. People felt able to complain if required.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance and governance processes were not always sufficient to ensure any required improvements in the service were made. Accurate records were not kept about the care people received.

People felt the service was good and well managed, however they were not always aware of who the manager was. The manager had developed a staff team who were committed and motivated in their roles.

Walsall 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 inspection took place on 26, 27 and 28 September 2016 and was announced. We gave the provider 48 hours' notice of the inspection. This is because we needed the provider to obtain consent from people using the service that they were happy to share with us their experiences about their care. The inspection team consisted of one inspector and an 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document that we ask providers to complete to provide information about the service. We used this information to help us plan our inspection.

During the inspection we spoke with seven people who used the service and one relative. We spoke with the manager, nine shared lives carers and two shared lives workers. Shared lives workers coordinate placements and are office based staff. Shared lives carers are those who support people either in their homes or in the community. We spoke with people by telephone, attended a focus group with people who used the service and met shared lives carers in their home. We reviewed records relating to people's medicines, five people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People told us they felt their shared lives carer understood the potential risks to them and supported them to keep them safe from injury or harm. The shared lives carers we spoke with knew the people they supported well. They understood the hazards and risks that could arise when supporting people and could describe how they took steps to keep them safe. We found risk assessments were in place for some people; however, this was not consistent across all aspects of their care. We also identified some people who did not have risk assessments in place. We saw accidents were recorded, however, they were not reviewed to identify 'lessons learned' and to identify if changes were needed to people's care to reduce the risk of further incidents occurring. People were supported by shared lives carers who reduced the risk of harm to them. However, the manager had not ensured risks to be people had been appropriately assessed and recorded in risk assessments.

People were supported to maintain independence and administer their own medicines where possible. Shared lives carers we spoke with understood the risks associated with people administering their medicines. They understood the different levels of support individuals needed, which for some people involved shared lives carers taking responsibility for the administration of medicines. We did identify care plans and risk assessments did not outline the support people needed with their medicines. People were however happy with the support they received with their medicines.

People told us they felt safe using the service. One person told us, "[I am] happy and I do feel safe". People told us they knew who they would speak to if they were worried or if they had a problem. They told us they were comfortable with their shared lives carers and had trust in them. The shared lives carers we spoke with were able to describe the signs of potential abuse and how they would report these concerns. We saw that safeguarding concerns had been reported to the safeguarding team within the local authority to ensure investigations could be completed. The local authority lead on matters regarding safeguarding and ensure plans are put in place to protect people from the risk of any further harm.

People told us shared lives carers were always available to support them when required. We saw the provider had an electronic scheduling system in place. Within this system they scheduled all regular support required by people and effectively managed any cover required for shared lives carers annual leave or sickness.We looked at how the provider ensured shared lives carers and shared lives workers were recruited for their roles. We saw recruitment processes and pre-employment checks were in place such as face to face interviews, identity checks, references and Disclosure and Barring Service (DBS) checks. DBS checks are completed to enable employers to view a potential employee's criminal history. We found all new shared lives carers had to have their employment confirmed by a 'panel'. The panel reviewed detailed information about the shared lives carer's background and suitability for the role. We saw when people were identified as being unsuitable for the role their applications were rejected. A safe recruitment process was in place to ensure shared lives carer's were appropriate for their role.

We did identify that one 'support' carer who provided respite cover for a shared lives carer had a DBS check completed, however, they did not have any reference checks completed. We spoke to the manager who

advised support carers did not go through the same recruitment processes as shared lives carers. We confirmed that these staff members may complete personal care with people. People were not always protected by safe recruitment processes when support carers were used to provide care and support.

Requires Improvement

Is the service effective?

Our findings

People told us that shared lives carers always sought their consent while providing care and asked for their permission before providing them with support. Most of the people using the service had learning disabilities. The manager confirmed that while some of these people could provide consent to all aspects of their care, others would lack capacity in certain areas. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found where people did not have the capacity to consent to their own care, decisions were made on their behalf without using the MCA to make these decisions in their best interests. For example shared lives carers had made decisions about the food one person ate as they felt their own choices were unhealthy. The shared lives carers had taken steps to protect the person's health by restricting certain food items. However, they had not taken steps to ensure the person's rights were protected by making these decisions in line with the MCA. The manager told us that due to some people not always having the capacity to make decisions about or provide consent to certain aspects of their care, restrictions may sometimes be placed upon them to keep them safe. For example, the level of supervision they may receive from shared lives carers when they are out in the community. The capacity of these people had not been assessed in line with the MCA. The MCA had also not been used to make decisions on behalf of these people in their best interests. The manager recognised that they needed to make improvements and had taken steps to seek advice from a specialist in MCA from within the local authority. People's rights had not always been upheld through the effective use of the MCA.

People told us shared lives carers had the skills needed to support them effectively. One person told us, "Of course they are [skilled]. They are very good". Shared lives carers told us they felt other shared lives carers supported people effectively. One shared lives carer said, "[Staff name] and [staff name] who support [person's name] in the day are brilliant". We saw detailed processes took place to ensure the needs of people were matched as closely as possible to the skills and experience of shared lives workers. We saw shared lives workers looked at detailed information around both people's and shared lives carers backgrounds in order to complete this matching process. We found the manager and shared lives workers had regular one to one meetings with their line manager. Shared lives workers had meetings with shared lives carers to monitor performance and to ensure care being delivered was effective. The shared lives workers told us these meetings were not currently completed on time due to staff shortages within the office team. Shared lives carers did however tell us that support was available whenever it was needed. One shared lives carer told us, "Everyone is just on the end of the phone". People were happy with the skills of the staff team and shared lives carers felt able to access support when it was required.

We confirmed with the manager and the shared lives workers that sufficient training had not always been provided. For example the training records we looked at showed the staff team had not received training on the Mental Capacity Act 2005. This was an area in which we found the skills and knowledge of the staff team and the manager were not sufficient and people's rights were not always protected. We spoke with the manager and shared lives workers about further areas in which the training of the staff team required

updating. They outlined plans were in place to enhance training. We saw shared lives carers were attending further training during the inspection in first aid. The provider had recognised improvements were required and these were in progress.

People told us they received the support they needed with their food and drink. One person told us, "Drinks and food, very nice". Most people told us they were supported to chose the things they ate. One person told us they liked plain food and their shared lives carers knew this. One person told us, "They get me what I want for breakfast". People told us they were supported to prepare their own food and drink. One person told us, "I like pizza and get my own drinks". Another person told us, "I can get a drink when I want one". Shared lives carers told us they involved people as much as possible. One shared lives carer told us people were involved in going to the supermarket and choosing their food. They told us how people would make their own packed lunches. We also found shared lives carers were aware of special dietary requirements such as when people were diabetic, vegetarian or if they were following a healthy eating plan. People were well supported to meet their nutritional requirements.

People also told us they received the support they needed to maintain their day to day health. One person told us, "[My shared lives carer] takes me and makes the appointments. I will tell [them] if I feel poorly". We found from speaking with people and their shared lives carers that people were encouraged to complete activities to support their health. For example; going for walks and attending keep fit classes. People were encouraged to be involved in decisions about their health. For example some people were aware of their own Health Action Plan and took ownership of looking after their own plan. We saw reviews of people's care included discussions about people's health needs; including weight loss, any equipment needed and medical appointments. We read a compliment sent to the service by a healthcare professional which stated the support provided by a shared lives carer had supported one person to significantly improve their health. People were supported to see healthcare professionals when required and to maintain their health.

Good

Is the service caring?

Our findings

People told us their shared lives carers were caring and that they felt valued and important. One person told us, "[My shared lives carer] is very caring and I do feel special". Another person told us, "They talk to me nicely". A relative told us that the service was, "Golden". They told us staff were very good to their relative. Shared lives carers told us they felt it was important that people who lived with them felt part of the family unit. One shared lives carer told us, "Shared Lives is where we're all part of a family". Another told us, "It's like you've got an extended family". They told us the people who lived with them were fully involved in all aspects of family life including looking after pets, household chores, Sunday lunch and attending events such as weddings. We saw interactions between people and their shared lives carer were warm, friendly and relaxed. People were comfortable with the shared lives carer and were able to be themselves. People were supported by shared lives carers who were kind and caring towards them.

People told us they were supported to make choices such as how they spent their time or what they wanted to eat. We saw people were fully involved in the process of choosing their shared lives carers. We saw they were supported to meet their shared lives carers on a number of occasions gradually increasing the duration. People were then consulted to see if they were happy to either spend time with or to live with these families. We found advocates had been involved to provide support to some people in making decisions. People were supported to be involved in choices about their care, however, we did identify the Mental Capacity Act 2005 was not always used effectively to support choices where people lacked capacity.

People told us they were encouraged to be as independent as possible. One person told us they were, "Pretty independent". Another told us how they were able to mobilise independently without support. They told us, "I've got a walking stick. I can manage myself". A third person told us how they remained independent at home by helping out with jobs such as doing the laundry. We found shared lives carers encouraged people to complete tasks for themselves and spent time with them teaching life skills to enable people to become more independent. We saw one person talking with a shared lives carer about how they were spending their money carefully. The shared lives carer acknowledged, "It's important to look after your money isn't it?". We were told by a shared lives carer how they supported people to travel independently by providing them with the skills they needed, for example, when using public transport. We saw another person booking their own transport to enable them to attend college. We read an email from a person who used the service, thanking their shared lives carer for helping to keep them independent. They said the support they received had enabled them to obtain a job, working on a part time basis. Shared lives carers promoted people's independence.

We looked at how people's privacy and dignity was maintained. We saw that shared lives workers took time to consider people's needs when matching a suitable shared lives carer to them. For example, by considering any personal care needs the person had and the gender of the shared lives carer. Where shared lives carers were male and female couples, we found the families considered which carer provided support with personal care. For example, one shared lives carer told us their male partner would support a male person out of the shower. Shared lives carers we spoke with had a good understanding of how to promote people's privacy and dignity. For example, by asking permission to enter people's bedrooms and by

providing privacy during personal care. One shared lives carer told us, "[Person's name] does shut the door when [they are] in the bath but does shout down for me to wash [their] back and I always knock on the door before entering". People's privacy and dignity was protected and promoted by shared lives carers.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. We found shared lives carers had a good understanding of people's needs and preferences and these were met in the support provided. Shared lives carers told us they understood people's needs well by speaking with them, spending time with people, asking people about their preferences and providing people with choices. They also told us communication with other shared lives carers was very good. They told us any concerns or issues were shared regularly and were documented in people's daily care diaries. We saw detailed information was recorded about people's care in their diary. We saw people's needs were reviewed and meetings were held to discuss achievements and any issues that arose. We found the support people received changed to meet their needs although care plans were not always fully reflective of these changes. People received care and support that met their needs and preferences.

People told us they enjoyed the time spent with their shared lives carers. They told us they were able to complete activities they would not have been able to do without the support they received from the service. People told us they were able to chose how they spent their time when they were at home living with shared lives carers. They told us about everyday activities they were involved in such as listening to music, watching TV, reading and walking their dogs. People also told us they enjoyed the activities they were involved in when they were in the community with shared lives carers. One person told us, "I like knitting, listening to the radio, watching the TV and [the shared lives carers] take me to Walsall and [the shops]". Another person told us, "[I like] going to the day centre and to the sports centre every Wednesday". A third person told us, "I like going out. I like the cinema". This person showed us photos of many days out they had been on and had enjoyed. We found that shared lives carers encouraged people to do a range of activities that met their personal interests. We found people attended football matches, were supported to make things such as bird tables, went on boat trips, strawberry picking and attended keep fit classes. One shared lives carer told us, "[The people living with me] like pub meals, holidays and shopping. I have a horse so they come to see my horse for the day". Another shared lives carer told us how it was important to balance the security of routine for people with trying new things and going to new places. We saw that people were supported by the service to attend college, complete voluntary placements and maintain friendships and relationships with people who were important to them. We also saw that people were supported to go on holiday. One person had not been to a beach and the shared lives carers supported them to chose somewhere they wanted to go on holiday and this had been achieved. People were supported to maintain interests and to access a range of leisure opportunities.

People we spoke with told us they had not had to complain about the service. One person said they had, "No complaints!". People did however tell us they knew who to speak with if they had any concerns or problems. We saw shared lives carers sought regular informal feedback from people about what they had enjoyed doing within the service. We found one complaint had been received and recorded from a shared lives carer which had been responded to appropriately. The manager told us they recognised they needed to be more proactive in obtaining feedback from people about the service. We found complaints were recorded and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place for this service. However, this registered manager had been absent from their post for more than 28 days due to an internal transfer within the provider organisation. A new manager had been appointed and was due to submit an application to register as the manager with CQC. The required statutory notification for the absence of the registered manager had not been submitted.

This was a breach of Regulation 14 of the Care Quality Commission (Registration) Regulations 2009 Notice of absence

The manager was aware of their legal responsibility to submit statutory notifications. A statutory notification is when a provider is required to tell CQC about significant events such as serious injuries or safeguarding concerns. We found that while notifications were being submitted, the provider had not developed a system to ensure all requirements for notifications were captured. As a result not all notifications had been submitted. We identified a safeguarding concern that had not been submitted as a statutory notification. The manager provided assurances they would ensure all incidents were submitted as required.

We looked at how the provider completed quality assurance processes to identify any areas of improvement required in the service and to effectively manage any potential risks to people. We saw there were insufficient quality checks and audits completed by the provider and manager. We found risk assessments were sometimes in place for some aspects of people's care but this was not consistent. Some risk assessments did not accurately reflect people's individual needs and some risk assessments had not been completed. We found while accident records were completed they were not reviewed in order to identify areas in which risks to people could be reduced and 'lessons learned'. Where safeguarding incidents had been reported, the provider had not ensured the outcome of any investigations was recorded and any required actions to protect people were known to staff and recorded in their care plan. We found that audits were not completed for safeguarding concerns, accidents and incidents. This meant the provider had not identified trends or areas of improvement needed to reduce the risk of future harm to people.

While people were happy with the care they received, the provider had not ensured people's care plans were accurate and reflected their needs and preferences. We found care plans were not in place to outline people's needs regarding their medicines administration. One person's care plan outlined they had some 'aggressive' behaviours and another person's stated they had allergies. The shared lives workers we spoke with told us this was not accurate for either person. We found reviews of people's care plans and needs had not always been completed regularly. Where changes in people's needs were identified their care plan was not always updated. People we spoke with were not always aware of their care plan as they had not been made available in a format that was accessible and easy for them to understand.

The provider had not ensured an accurate record of the training completed and required by shared lives carers and workers had been completed. The shared lives workers were compiling a training record during the inspection which highlighted areas in which sufficient training had not been provided. We found insufficient training had been completed by shared lives carers, shared lives workers and the manager in

areas that we identified improvements were required. For example, risk assessments and the application of the MCA. We confirmed with the manager that there were no competency checks currently completed for shared lives carers to ensure they were effective in their role. The provider had not developed systems that ensured people were supported by a staff team who had sufficient skills and knowledge.

We found people felt able to raise concerns with the manager and shared lives worker team. However, there was no regular process conducted by shared lives workers or the manager to proactively obtain people's feedback and ensure complaints were received. We saw a questionnaire was available in an 'easy read' picture format. However, people's views had not been sought using this format for over a year. The provider was not making sure feedback was obtained regularly to ensure areas for improvement within the service were identified and the required action taken.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We saw from the provider information return submitted that the manager had not fully outlined the areas of improvement needed within the service. We also found the manager's knowledge of the inspection framework and related legislation need to be improved. We saw the provider had created an action plan which identified some of the areas of concern we found. The action plan also contained a list of remedial actions required and deadlines for completion. We found that deadlines agreed had not been met. We were told by the manager this had been due to staff absence reducing the resources available to complete the required improvements. The provider had not ensured the required improvement actions within the service were completed as required.

We received mixed feeback about the support networks available with other shared lives carers and involvement in the service. Some shared lives carers felt they had good support networks with others, however, others felt there could be some improvements made. One shared lives carer told us, "It's good to bounce ideas off each other". Another shared lives carer told us they had attended a meeting approximately 18 months ago but, "Nothing to report since then - no email or invitation". A third shared lives carer told us they did not meet other shared lives carers. They told us, "Not on a regular basis. We may bump into them shopping or at meetings". The manager told us they regularly spoke with shared lives carers about people who used the service but they had not had a meeting or encouraged other support networks in recent months. They told us they were looking at ways to develop the support networks and communication with shared lives carers.

People told us they were happy with the service and they felt it was well managed. One person told us, "Nothing could be better". However, we found people did not know who the manager of the service was. People told us they felt their views were important and that they had been involved in the service. One person told us how they had helped with 'panel' decisions around the appointment of new shared lives carers. They told us, "I used to help them and and used to be on the panel for new carers". The manager told us they were exploring new ways of ensuring people were fully involved in the service; such as meetings and improved feedback processes.

The manager and shared lives workers had developed a team of shared lives carers who told us they were motivated in their roles. We saw they were passionate and enthusiastic about the support they provided to people and told us they were keen to achieve the best possible outcomes for people. Shared lives carers told us the manager and shared lives workers were very supportive. One shared lives carer told us, "They'll come out at the drop of a hat". Another shared lives carer told us, "They are great. Really supportive". They also told us, "They're very approachable". People and shared lives carers felt well supported by the manager

and shared lives worker team. Shared lives workers also told us they were well supported. They too were motivated and committed to their roles and providing good quality support to people. The shared lives workers told us they had regular meetings with the manager. We saw minutes of these meetings and saw a range of issues were discussed including people's needs, any safeguarding concerns and progress with recruiting and matching new shared lives carers. Communication and involvement of shared lives workers was good, however, the manager recognised that more could be done to involve people and the shared lives carers in communications about and involvement with the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 14 Registration Regulations 2009 Notifications – notices of absence The provider had not ensured the required statutory notification had been submitted to advise of the absence of the registered manager.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured sufficient quality assurance and governance systems were in place to recognise and make any required improvements in the service.