

London Borough of Enfield

# Enfield Adult Placement Scheme

## Inspection report

1st Floor St Andrew's Court  
1-4 River Front  
Enfield  
Middlesex  
EN1 3SY

Tel: 02083795735  
Website: [www.enfield.gov.uk](http://www.enfield.gov.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 27 April 2016. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection. When we last inspected this service on 24 February 2014 we found the service met all the regulations we looked at.

Enfield Adult Placement Scheme arranges for vulnerable people to live with adult placement carers either on a permanent or short term respite basis. People who use the service may have learning/physical disabilities, mental health needs, older people or young people leaving care. On the day of the inspection there were 15 people using the service.

The service had a registered manager in place at the time of the 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 and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly. The risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person. People were supported to take positive risks.

Medicines were managed safely and effectively and there were regular medication audits in place. Staff had completed medication training and the service had a clear medication policy in place which was accessible to staff. Risk assessments specific to medicines were in place for people who were supported to take medicines.

The service maintained sufficient staffing levels and when carers were unable to provide care or took leave, the registered manager ensured care was provided to people with the minimum disruption.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. People lived with the carers in their own homes and excellent comments were received from people, relatives and carers were in relation to the person being part of the carer's family and having long term relationships. Carers and staff consistently went the extra mile to ensure people led independent and fulfilling lives.

Care plans were person centred and reflected what was important to the person. Care needs are regularly

reviewed and updated to meet the changing needs of people who use the service.

We saw evidence of a comprehensive staff induction and ongoing training programme. Staff were also safely recruited with necessary pre-employment checks carried out. Staff had regular supervisions and annual appraisals.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns as regards people's mental capacity. These safeguards are there to make sure that people are receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People are supported to maintain good health and have access to healthcare services. Referrals are made quickly when concerns are noted as regards people's health.

Staff regularly met with people and their carers to ensure the service was meeting their needs and they were providing a good service.

The service regularly requested feedback from people who use the service. People also attended service user forums where they had an opportunity to meet other people who use the service, celebrate achievements and feedback on their experiences of using the adult placement scheme.

There was a complaints procedure in place which was displayed for people and relatives. Complaints were logged and monitored for trends and learning points identified were actioned. There was an incident and accident procedure in place which staff knew and understood. There was evidence of audits as regards medication and overall compliance. Issues identified were actioned promptly.

The registered manager enabled an open culture that encouraged staff and people to discuss issues and ideas, through team meetings and service user forums. Adult Placement Officers supported care staff on a daily basis.

The registered manager continually sought to improve the service and implemented an action plan which identified areas for improvement and actions were put in place accordingly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe. There were sufficient staff to ensure that people's needs were met.

There was a robust recruitment procedure in which people who used the service and staff were encouraged to participate, demonstrating the service's commitment to a culture of inclusion.

Staff were aware of different types of abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely. All MAR charts were audited on a monthly basis.

Risks to people who use the service were identified and managed effectively with positive risk taking encouraged.

### Is the service effective?

Good 

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

### Is the service caring?

Good 

The service was caring. People and relatives told us they had excellent relationships with their carers and felt like part of the family. Carers spoke very affectionately about people and were very proud of their achievements.

We observed caring and friendly interactions between people and carers during the inspection.

Carers supported people were be independent and gain skills for independent living.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive. Care plans were person centred. People's needs and wishes from the service were assessed and support was planned in line with their needs.

People using the service have access to a variety of activities and were supported to access the community which supported people to be independent.

The service regularly requested feedback from people who use the service and the service user forums took place on a regular basis.

### Is the service well-led?

Good ●

The service was well led. The quality of the service was monitored.

The service had a positive open culture which continuously strived to improve.

Staff and carers spoke positively of the registered manager and adult placement officers.

# Enfield Adult Placement Scheme

## **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.

The inspection took place on 27 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a shared lives scheme. The inspection was carried out by one inspector.

Before the inspection we looked at information we had about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During and following the inspection, we spoke with three people who use the service, two relatives, four adult placement carers, an adult placement officer and the registered manager. We received feedback from four health and social care professionals. With permission, during the inspection we visited and spoke with two people and a carer in their home.

We reviewed the records and risk assessments of three people who use the service and five staff files and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "Definitely safe." A relative told us, "It's superb, first class. I trust them implicitly" Another relative told us, "I think it's very good."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They had received training in safeguarding people. Comments from staff included, "Safeguarding training is mandatory. I had an alerter course in March 2016. We are also being briefed on the new policy," and "[The person] would talk to me about anything. Sexual, physical abuse. I would report to a social worker or the manager." Staff were able to describe the types of abuse to look out for and the steps they would take if they had concerns. They were provided with documents to enable them to complete a safeguarding referral. The registered manager told us they often discussed safeguarding with carers at meetings.

The registered manager told us the service worked to the local authority's multi-agency safeguarding policy and procedure. This was a comprehensive safeguarding policy which identified types of abuse and indicators. The policy listed steps of investigating concerns from raising the initial concern, the steps taken to investigate and the outcome of local authority investigations. The safeguarding policy was available to staff who confirmed they had received the policy. The registered manager also told us that they are in the process of rolling out the new London multi-agency adult safeguarding policy and staff were kept updated about changes during carer forum meetings.

There was a "Missing Persons Protocol" in place which provided information to assist emergency services should a person go missing. This photographic document detailed the persons physical characteristics, methods of communication, travel documents such as freedom pass or oyster card number, whether they have a passport and possible places the person may abscond to. We saw that this document was contained within the person's folder at the home of the carer. The registered manager told us that the "Missing Persons Protocol" was introduced following an incident were a person absconded.

We saw that risk was managed effectively. Comprehensive risk assessments were in place for people which were signed. Risk assessments were personalised and risks identified were individual to the person. The risk assessment identified what was currently being done to mitigate the risk and what more could be done to reduce the risk. We saw an example of a risk assessment identifying that answering the front door/being home alone was a risk to the person as the risk identified was that the person was too trusting and could possibly let strangers in. The service sought to further reduce the risk by requesting the carer leave reminders and instructions inside the front door.

As part of the carer's recruitment process, the service checked the carer's home for potential hazards and looked at the quality of the setting. The carer showed us adaptations such as grab rails installed in bathrooms to support the people using the service.

The registered manager told us that they encourage people to take positive risks and build skills, for

example, a person was making a cup of tea and a spillage occurred, rather than stop the person making tea, the service requested an occupational therapist review the person and equipment to assist the person to continue making tea by themselves was obtained.

People were supported with sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. The registered manager told us that if the carer was on holidays, they would do all they could to ensure the person remains within adult placement for the duration. Sometimes the person would be placed with another carer within the scheme who they would know or the service would commission the services of the linked domiciliary care agency to provide a carer to stay with the person in their placement. The registered manager told us, "It is important to keep them in happy and familiar surroundings."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. The service carried out a robust recruitment process for employing carers which included the necessary pre-employment checks such as a criminal records check and appropriate references. Furthermore, the applicant carer is required to be approved by an adult placement panel before commencing employment. The panel consist of professionals, current carers and also a person who used the service with an advocate to assist. A carer told us, "What impressed me, was how thorough they were when I joined." The inclusion of people who use the service in the recruitment of carers demonstrated the services commitment ensuring a person centred approach and promoting independence for people. The registered manager told us that they hoped to include more people who use the service in the panel moving forward.

Medicines were handled safely and each person was supported to receive their medicine in a way that was suitable for their needs and abilities. One person told us, "They help me with meds. All correct. All done on time." During the inspection we checked medicines in one home and saw that the medicines administration records (MAR) chart was complete with no gaps in recording and the medicines were stored safely. The carer demonstrated a good knowledge of the medicines prescribed and the reasons why they were prescribed. We saw that unused medicines were promptly returned to the pharmacy for safe disposal.

People who were taking prescribed medicines also had a specific risk assessment in place which initially assessed whether the person had the ability to self-administer medicines and if not, what level of support they required. For instance, a person identified as having the ability to self-administer with minimal prompting from staff would have a staff check-up once per week to see how they are getting on and staff would check the blister pack to see if any medicines have been missed. This type of oversight demonstrated that the service promoted the independence of the people using the service as well as positive risk taking. Potential risks such as; inappropriate storage, staff not following procedures, emergency situations, errors and mistakes and recording medicines administration were also addressed in the risk assessment. The medicines risk assessment was also linked to assessing the person's capacity and promoting people's independence wherever possible.

The service had an oversight of the people prescribed medicines and completed monthly audits of MAR. A team leader undertook an audit of all medicines on a monthly basis. This audit was subsequently audited at random by the registered manager. We saw that one audit picked up an issue as regards the medicines having been removed from the blister pack prior to the person coming to the service on a regular respite basis. The carer alerted the adult placement officer about this and this was discussed with the persons support worker and an agreement was put in place to ensure that medicines coming to the adult placement scheme were contained within the appropriate blister packs to ensure that medicines were administered correctly and reduce the risk of an error occurring.



When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. We saw one incident of a near miss, and as a result a new part was obtained for a piece of walking equipment and further supervision sessions with the carer monitored the issue. The person was also referred to an occupational therapist for an assessment as a result of the near miss.

# Is the service effective?

## Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. A person using the service told us, "My adult placement means a lot to me. I love my adult placement." Comments from relatives included: "They have done courses. Whatever they have to do" and "[The carer] is very good." Staff told us they had the training and skills they needed to meet people's needs. Comments from carers included: "I get support for training and everything there is fantastic" and "We do a lot of these courses".

Training records showed that staff had completed training in areas that helped them to meet people's needs. Mandatory training included safeguarding, first aid, infection control, manual handling, medication and food hygiene. Staff also received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), fire safety, personal safety/lone working and equality and diversity. Some staff underwent additional training specific to the care needs of the people they supported for example, staff who care for people over the age of 50 years were required to complete end of life training. Staff who care for people with epilepsy were required to attend training for Epilepsy and administering oral epilepsy medicine. The registered manager told us that at times it was challenging to ensure that carers attend all mandatory training as the training courses were often run during the day and some carers either had other employment or were providing care at the time. As a result, the registered manager implemented some condensed training courses into a half day and arranged for an office staff member to become a 'train the trainer' in safeguarding. The service was able to arrange training sessions at alternative times/evenings to better accommodate the carers.

Most staff we spoke to had worked for the service for many years. We saw that new staff were supported to complete a comprehensive induction programme before working on their own with people. They told us, "Induction was perfect. Very good. My support worker identified and got me training. Helped me."

People were supported by staff that received supervision (one to one meetings) with their adult placement officer or registered manager. Supervisions were carried out every two months and enabled them to discuss any training needs or concerns they had. One member of staff told us, "Every two months. Six times per year. Very helpful. If there are any peculiarities, we thrash them out". Another member of staff told us, "I find supervision helpful. We discuss caseloads, worries. I get support and advice. It's personal and I feel at ease. Suggestions and actions are recorded."

Records showed that supervision session took place regularly. Within the supervision session, the following topics were covered; previous supervision actions, carer/service user wellbeing, purpose of placement, updates and evidence in relation to peoples care and support needs, health and safety checks, risk assessments, incidents, finance, communication, safeguarding, complaints, training, policies and MCA/DoLS.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people

make their own decisions and are helped to do when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in the best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called a Deprivation of Liberty Safeguards. If a person is receiving care in a community based environment, arranged by the local authority, the Court of Protection must authorise any deprivation of liberty. This is the only route available. Anyone who feels that a deprivation of liberty in this setting may be required can ask the local authority to seek authorisation.

The registered manager confirmed during the inspection that nobody using the service was subject a deprivation of liberty safeguard. Prior to placement with the service, people's capacity was assessed by a social worker and care planned accordingly. The registered manager told us that MCA/DoLS is a running agenda topic during staff meetings and forums and staff were reminded that they have to assume capacity always. Records showed that staff had received MCA/DoLS training and staff were knowledgeable around MCA/DoLS. The registered manager told us that the service does not have a specific MCA policy but is covered within the safeguarding policy. The registered manager showed us a document around decision making which was distributed to carers. We saw that this document was contained within the home of the carer we visited.

Staff told us that they encouraged people to be independent and people were given keys of their placement homes so they could come and go as they pleased. Staff told us that they supported people to be as independent as possible. One staff member told us, "It is always in the back of my mind. MCA/DoLS is discussed in on-going reviews and supervisions. We are trying to empower the person and promote independence." A carer told us, "[The person] manages their own money. I have been working with them to do that.

People and relatives were complimentary about food and how people were supported to eat and prepare food. One person told us, "I like all foods. I had burger and chips." A relative told us, "[The carers] food is very good. [My relative] has no complaints." A carer told us, "I like to do a roast for [the person] when they come to stay with us. As they eat a lot of microwave meals." The staff were all aware of people's dietary needs and preferences and supported people to become more independent with preparing food for themselves. A carer told us, "[The person] had a tendency to cook all on high and burn everything. I explained to [the person] this is why we cook on lower temperatures. It's taken a while but they got there."

People's care records showed relevant health and social care professionals were involved with people's care. Healthcare professionals involved with people who used the service told us that they received prompt referrals when issues arose and the service was very responsive to changing care needs of people. Care plans were in place to meet people's needs in these areas and were regularly reviewed. The service was based in a large open plan office where they sat in close proximity to the community nursing team, social workers, occupational therapists, speech and language therapists and psychiatrists. The registered manager told us that they worked in close collaboration with the professionals involved with the people who use the service. Contact details for all involved professionals were recorded within care records and carers supported people to attend appointments. A carer told us that they are currently assisting a person using the service to contact the GP to book an appointment themselves and they will attend the appointment with them, only offering support by asking if the person feels they needs it when discussing matters with the GP.

# Is the service caring?

## Our findings

People spoke very highly of their carers and the positive relationship that they had with them. People told us they loved living with their carer. One person told us, "I love [the carer]." Another person told us, "I like it here." Relatives were overwhelmingly positive about the care their loved ones received from the service. Comments from relatives included, "Its superb, first class. [The carers] are wonderful. They have a wonderful relationship," and "We were extremely fortunate to get [the carer] as a carer. We are absolutely happy."

Relatives and carers we spoke to told us that the people using the service were part of the family and often had been staying with them for a number of years. A relative told us, "[My relative] gets upset if he can't go to [to the carers]. He tells me he loves them so much. [My relative] loves being there. They and their family adore him. They have all grown up together." One carer told us, "[The person] is really good, fantastic. I'm so pleased to have [the person]."

Staff knew the needs of people they were caring for, including their goals and life histories and were highly motivated to ensure the people they cared for succeeded in reaching their goals and life's ambitions. Some carers told us that they had made a transition from foster care to adult placement and the person they had previously looked after as a foster child was now staying with them with the adult placement scheme. A carer told us, "[The person] is very much loved in my family."

People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between carers and people who use the service. We also saw friendly and jovial interactions between the people who use the service who lived in the same home. Carers also told us that people who used the service were friendly through attending the same day centres.

Staff understood what privacy and dignity meant when assisting people and the importance of choice. One person using the service told us, "My privacy and dignity is respected." Staff told us that they respected people's privacy by ensuring the person using the service opens their own mail and assisting them only if they request it. Another carer told us, "Everything is confidential. [The person] has their own key for their bedroom and if they have to discuss something private either with me or their social worker, it is in a private room."

Care plans were person centred and signed by people who used the service. They were updated regularly. People were actively involved in making decisions about their care and their preferences were supported. A carer told us, "I went over and over the care plan with [the person]." Care plans contained a section called 'what is important to me' which included information such as people's favourite musicians, personal grooming preferences and activities. One person's care plan outlined the importance of the person seeing their family, the importance of getting a good night sleep in a 'comfy' bed and accessing the community.

Care plans also included a section called 'what people like and admire about me', which for one person was that they had a lovely smile, a good appetite and they were good company. For another person it was, they were a good friend, a good listener, very bright and they fit in well to a group setting. This assisted the carers

understanding of the person and how best they could support them. It also helped build positive, trusting relationships with people who used the service.

During the inspection we visited the home of one carer and with permission we looked at peoples bedrooms which were personalised and comfortably furnished. The person using the service told us, "My bedroom is full up, pictures and telly. I got nail varnishes and a lot of clothes." People moved freely around the home and could spend time in their bedrooms if they chose to do so which promoted a relaxed and homely environment.

Promoting people's independence and building confidence was an integral part of the care provided to people who use the service. Carers told us how they encouraged people to have as much independence as possible. One carer told us that they supported the person using the service to become more independent by initially assisting them to gain confidence in using the telephone which led to the person being able to sort a matter with their bank by themselves. From speaking to the carers, it was evident that they were committed and had a sense of pride in the progress people had made since joining the adult placement scheme. One carer told us, "When [the person] came first, they didn't even know their abc's. I bought them all the books and we went over and over it. We worked really hard. [The person] is a lot different. [The person] manages their own money, makes appointments and is hoping to get onto a maths and English course in September. I have been helping them to do that."

Another carer told us that at they are working with the person staying with them to build independence on a gradual basis, by initially accompanying the person to go to the local shop, then they plan to encourage the person to go by themselves whilst maintaining supervision by walking behind them and then hopefully the person will build the confidence to access the local shop by themselves. The carer told us that this approach worked with another person who stayed with them and now that person is attending college.

People had access to an advocate when they required further support from an independent person. The registered manager told us that a person would automatically be referred to an advocacy service if they had to make a decision about their care arrangements, if they made a complaint or if there was a safeguarding matter.

## Is the service responsive?

### Our findings

People were supported to engage in a range of activities which reflected their goals and interests. For some people, this meant engaging in learning and obtaining qualifications and for others this meant accompanying the carer in the community on a regular basis or attending day centres in the area depending on their level of independence. Comments from people who use the service included, "Yesterday we went out shopping. I had my blood pressure done," "I normally go to college and do an independence course" and "I always end up going somewhere, even the cinema. [The carer] got me concert tickets."

During the inspection we observed a conversation between the carer and people using the service about a trip to a farm the weekend before. The atmosphere was very relaxed, friendly and jovial.

A person told us how much they enjoyed walking the carer's dogs and showed us videos they had taken with their mobile phone of the walks they had taken with the carer and the dogs. The carer told us that the people living at that home had become much attached to the dogs and really enjoyed taking them on walks. The carer also told us that this was a way of promoting regular exercise and wellbeing.

People went on holidays with carers and their families. One person went abroad every year to a care home which was arranged by their carer. A carer told us that the person accompanied them on their family holiday last year. Another carer told us that she was currently arranging a trip away with the person who uses the service and a member of their family.

People had a hospital passport which contained information such as allergies, medical interventions and gave instructions on how best to assure the person and communicate with them if they were anxious. It also detailed their moving and handling needs and likes and dislikes. This meant that in an emergency situation or if the person required hospital admission, they had an accessible document which would enable the healthcare professional's providing interim care to have essential information to hand to effectively care and support the person.

People's support needs were comprehensively assessed before they began using the service to ensure the service could meet their needs and that they could be matched with a suitable carer. Care plans were assessed and reviewed regularly and updated as changes occurred. A person using the service told us, "I have an annual review." During the inspection we observed a carer communicate with the adult placement officer about a recent change to the person's medicines prescription. The adult placement officer took detailed notes of the changes made in order to update the persons care plan and medicines risk assessment. Daily records were comprehensive and detailed and included information such as food eaten, activities undertaken and medical appointments attended.

The service had a complaints policy and we saw that complaints were logged and investigated promptly. The registered manager logged the date the complaint was received, who received the complaint, the nature of the complaint, the outcome sought and action taken. Concerns and complaints were used as an opportunity for learning or improvement. The registered manager had recently drafted and implemented a

new policy around intimate personal care which had resulted from a safeguarding investigation in another service operated by the same provider.

All people told us that they did not have any complaints about the service and if they had, they would call their adult placement officer. All relatives we spoke with also told us that they had no complaints and were very happy with the service provided. One relative told us that they would not know who to contact should they have any complaints. This was discussed with the registered manager who told us that the complaints procedure would be communicated to all relatives and discussed at the next service user's forum as a reminder.

People were supported to maintain links with their families. A carer told us, "[The relative] can come whenever he wants." We saw that one person using the service on a full time basis spent one day every week with their partner. This was documented in their care plan and they were supported to do this.

A questionnaire was sent out to people using the service annually to obtain their views about the service and the support they received. The registered manager told us that the most recent questionnaire had been sent quite recently and a meeting has been arranged with the adult placement officers to collate and review the feedback received.

The people using the service were invited to a forum meeting every two to three months along with people who used other services provided by the local authority to discuss their support and any other issues. What was working and what was not working formed part of the agenda and actions were identified as a result, such as the registered manager attending supervisions to ensure a greater managerial oversight of the service. Role play scenarios done by staff formed part of the forum meeting and people were asked to feed back on scenarios of care using a thumbs up or thumbs down poster depending on whether they were good or poor examples of care. One example referred to the importance of referring to the persons care plan when addressing people as they may have a preferred name or salutation and also how to escalate any issues to management if there were concerns around aspects of care. These role play scenarios enabled people who use the service recognise what was poor care and how to raise concerns. Equality and diversity was also discussed and people were encouraged to discuss their backgrounds, culture and food.

The registered manager told us that sometimes the attendance at these meetings was poor and as a service, they would encourage people to attend by sending flyers out and calling them beforehand to encourage attendance. The registered manager told us that when they attended, people said they found the meetings enjoyable.

## Is the service well-led?

### Our findings

Carers and staff we spoke with told us they felt the service was well-led. They said, "[The manager] is approachable and seems interested in what is going on. Everything is regular and I feel supported", "[The manager] is fantastic. She gives us a lot of information and supports us. She is always there." People who use the service commented that they had more communication with their adult placement officers and relatives commented that they mainly communicated with the carers. A social care professional told us the service was always good at communicating and keeping them updated and involved.

From speaking with carers and staff we saw that they had a deep sense of pride in the work they did with the people they provided care for. One carer told us, "I love it. It's almost not like work. It's family." The overwhelming culture and attitude of all the carers and staff we spoke to was that nothing was too much trouble and everyone involved was willing to go above and beyond expectations to ensure people were able to have enriched and fulfilled lives. A carer told us that they would like more public awareness about the adult placement scheme and the work it does. The registered manager told us that they are trying to raise awareness about the adult placement scheme by increasing marketing for the service and by updating literature available to the public.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager showed us self-audit in relation to annual appraisals, policies requiring an update, panel meetings and inductions and training needs of staff and carers. To ensure further managerial oversight of the service, the registered manager's self-audit was reviewed by a manager from another service who monitored actions and learning points carried forward from previous audits. We saw examples of improvements made to the service such as monthly medicines audits and increasing the frequency of the carer supervision sessions.

Staff and carers attended regular frequent meetings. Carers told us they found these meetings helpful and enjoyable. A carer told us, "I find the meetings interesting to hear how other people are getting on." Another carer told us, "The meetings are informative, keep you in the frame and we can compare experiences. You could find yourself isolated so they keep you involved." Adult placement officers and staff also had monthly regular meetings which discussed wellbeing, caseload, learning recommendations from complaints, incidents and safeguarding.

The registered manager worked closely in partnership with other agencies. The registered manager also attended regular meetings with management from other services within the Independence and Wellbeing Team of Enfield Council. We saw that best practice and learning from individual services was identified and discussed. The registered manager told us that attending these meetings was an opportunity to learn from other services and hear some new ideas. The registered manager was also part of the Shared Lives Plus network where she attended quarterly meetings with other services across London to share learning and good practice.

The service had an annual action plan which identified areas of development and improvement for the service. A number of areas were identified as requiring improvement such as deepening carers



understanding of MCA/DoLS, identifying service champions, reviewing and updating all documents throughout the persons and carers journey with the service and accommodating carer availability to attend forums and training. As actions were completed or updated, this was recorded on the action plan by the registered manager. The registered manager told us that they are trying to implement a feedback survey for relatives of people who use the service and this has been included in their action plan.

The registered manager had notified CQC about most significant events, however, on one occasion the registered manager did not submit a statutory notification when required. We discussed this with the registered manager during the inspection who subsequently submitted the statutory notification.