

London Borough of Camden

London Borough of Camden Shared Lives

Inspection report

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Date of inspection visit:
30 May 2022
14 June 2022

Date of publication:
07 July 2022

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

Summary

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

About the service

London Borough of Camden Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes.

London Borough of Camden Shared Lives is registered to provide personal care. At the time of this inspection, the service was providing personal care for two people living with carers who had been caring for them since childhood and knew them very well. People who used the service lived with autism and / or a learning disability.

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

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

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People had maximum choice and control of their lives. There was evidence of positive support, including choice, participation, and inclusion. Their care plans set out individualised goals that had been agreed with them.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights. Care plans described how people should be supported so their privacy, dignity and rights were upheld. Staff and shared lives carers spoke knowledgeably about how they ensured people received care that met their diverse needs, including spiritual and cultural differences.

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. There was an open and inclusive approach to the running of the service.

People lived safely because the service assessed, monitored and managed their safety well. Risks to people had been identified, assessed and reviewed. The assessments provided information about how to support people to ensure risks were reduced but did not limit people's right to take reasonable risks.

The service had enough staff. The numbers of staff were suitable to support shared lives carers in continuing to care for the people they cared for.

Pre-employment checks had been carried out for staff and shared lives carers before they had originally begun supporting people and checks were renewed. These checks helped to ensure only suitable applicants were offered work with the service or provided shared lives care.

People received their medicines safely, one person received support taking their medicines. They were supported by a shared lives carer who followed systems and processes to administer, record and store medicines safely.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people safe, and shared lives carers supported people to follow them.

The service completed a comprehensive assessment of each person's needs and aspirations. People's care plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents and incidents.

There was an effective training system in place. People were supported by shared lives carers and service staff who had received relevant and good quality training in evidence-based practice.

People's nutritional needs were met. People received support to eat and drink enough to maintain a balanced diet. Shared lives carers supported people to make sure people's nutrition and hydration needs were met.

People's health needs were met. Staff from different disciplines worked together to make sure people had co-ordinated care.

People's choices, including those relevant to protected characteristics due to cultural or religious preferences, were met.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people. Audits had been carried out on a range of areas critical to the delivery of care.

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

Why we inspected

This service was registered with us on 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

London Borough of Camden Shared Lives

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

London Borough of Camden Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, although we did not ask specific questions as it was not appropriate to do so. The person told us about things they liked to do. We also met people using the service and their shared lives carers and spoke with two link workers and the registered manager.

We reviewed the two care records of people using the service, obtained information about safe recruitment practices, audits and other records about the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and met people at an event organised by the Shared Lives Service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Training records showed all shared lives carers and service staff had completed safeguarding training.
- Shared lives carers complimented the service about the training they had received about keeping people safe and felt confident that they could speak with the staff about any concern that might arise.
- The service worked well with other agencies to protect people. Staff were aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission (CQC) if management had taken no action.

Assessing risk, safety monitoring and management

- People lived safely because the service assessed, monitored and managed their safety well. Risks to people had been identified, assessed and reviewed.
- People's care records included clear information about their needs so they could receive the support they needed. The care plans included information about how to support people to ensure risks were reduced. This included risks arising from general health and well-being, activities and environmental hazards.
- Each person's care plan was personalised to them. People were involved as far as they were meaningfully able to be in managing risks to themselves and in taking decisions about how to keep safe. Shared lives carers were aware of risks to people and supported people in the least restrictive way to make sure people were safe.

Staffing and recruitment

- The service had enough staff to support shared lives carers and people using the service.
- Staff had been recruited safely. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely

- People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely
- The registered manager was aware of STOMP principles (stopping over-medication of people with a learning disability, autism or both.)
- One person was supported to take their medicine and the service reviewed medicine administration records each month to monitor the effects on their health and wellbeing.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Shared lives carers were supplied with appropriate personal protective equipment (PPE), which they had used. One shared lives carer cared for a person that had needed to shield during the pandemic . They were particularly pleased with how they had been advised and supported by the service during that time.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Incidents were infrequent but any that had occurred were responded to appropriately and learning points were discussed and acted upon.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service completed a comprehensive assessment of each person's needs and aspirations prior to them beginning to use the service. People's care plans included guidance about meeting these needs.
- Staff ensured people had up-to-date care and support assessments, including medical, cultural, religious, psychological, communication, likes and dislikes.

Staff support: induction, training, skills and experience

- People were supported by shared lives carers and service staff who had received relevant and good quality training in evidence-based practice. The training was relevant for supporting people with a learning disability and or autism, including positive behaviour support.
- Service staff had completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received support in the form of regular supervision to enable them to carry out their duties. There were clear procedures for peer support that promoted good quality care and support.
- A shared lives member of staff told us "My induction meant that I felt ready to work with people and I feel confident about supporting our service users and carers."

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

- People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. Carers had taken steps to make sure people's nutrition and hydration needs were met.
- Care assessments and planning considered individual requirements in relation to nutrition and these were known to staff. People were involved in choosing their food, shopping, preparing and cooking their meals.

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

- People's health needs were met. Staff from different disciplines worked together to make sure people had no gaps in their care. People's care plans identified their needs and input from a range of professionals, including GP's and consultant specialist in specific health conditions.
- Each person was registered with a local GP and had an annual health check. Annual health checks are for adults and young people aged 14 or over with a learning disability. By having annual health checks, it ensured problems were spotted earlier, so that people received the right care.
- Each person had information about what action was taken to address specific healthcare needs, the

registered manager told us this was being added to care plans which were being redesigned to incorporate this information in one easy to access document.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. For example, one person did not have capacity to manage their finances and deputyship was in place. Deputyship is a way of getting the legal authority to make decisions on someone's behalf.
- Mental capacity assessments and best interest's decisions had been completed for specific decisions, including where medical interventions were required.
- Where DoLS did need to be considered and / or applied for, the service made sure the action needed was taken. The registered manager understood people's freedom could only be restricted where they were a risk to themselves or others, as a last resort and for the shortest time possible.

Adapting service, design, decoration to meet people's needs

- The service had been developed and designed in line with the principles and values underpinning Registering the Right Support and other best practice guidance. People were living with their shared lives carers in their family home.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had access to support and care regardless of their individual circumstances. All factors about them had been considered, including cultural and religious aspects. Shared lives carers and service staff treated people as their equal. A shared lives member of staff told us "I think people are matched very well with the carers, carers have known the people they support for a very long time and are real families."
- Shared lives carers and service staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.

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

- There were systems and processes to support people to make as many independent decisions about how they were supported and lived their lives as possible. As referred to earlier, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care in as meaningful a way that they were able to.
- Shared lives carers and service staff supported people to express their views using their preferred method of communication. We observed how people's needs were responded to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Their care plans described how people should be supported so that their privacy and dignity were upheld.
- Staff maintained people's independence by supporting them to be involved in decisions about as many aspects of their care as they could.
- Privacy was upheld in the way information was handled. The service recognised people's rights to privacy and confidentiality. Confidentiality policies were in place that complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely on an electronic database, which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care. This was delivered through recognised models of care for people living with a learning disability or autism, including positive behaviour support if this was required.
- People's care files contained meaningful information that identified their abilities and support needs. This ensured carers and service staff were knowledgeable about people's individual needs and preferences. Shared lives carers could describe to us how people liked to be supported.
- Shared lives carers provided people with personalised and co-ordinated support in line with their care plan.
- There were arrangements to make sure that necessary information was shared about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss.

- The registered manager was aware of the importance of making information accessible to people. People's communication needs were known about so that shared lives carers and service staff knew how to best communicate with them.
- Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person, including objects of reference, pictures and gestures. As a result, people lived a meaningful life through the efforts made to maximise their involvement, choice and independence.

Improving care quality in response to complaints or concerns

- There was a clear procedure in place to receive and respond to complaints and concerns. This is a newly registered service and at the time of the inspection no complaints had been received.

End of life care and support

- None of the people using the service was receiving end of life care. The registered manager explained that he would ensure that all carers and service staff received the training and support they needed to provide people with end of life care if the need arose.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Shared lives carers feedback confirmed care was planned to meet people's needs, preferences and interests.
- Each carer we spoke with had previously been supported through other shared lives schemes and thought that "The transition to Camden Shared Lives was seamless and so well done, this has been so positive for us all."
- There were a range of systems to ensure people had choice and control over their care. People and shared lives carers were being invited to give formal feedback to the service by means of a survey. We saw two examples of feedback being received that were highly positive about the transition to Camden Shared Lives after having been with other shared lives services. The surveys being issued were in different formats to assist people to understand what feedback they were being invited to provide.
- There was an open and inclusive approach to the running of the service. Shared lives staff met regularly and as this is currently a small service were in daily contact with each other and the registered manager.

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

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. CQC had been notified of any event that the service was required to inform CQC about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The service had a clear management structure consisting of the service director, registered manager, and team leader. Staff were well informed of their roles and reporting structures. They described the management in complimentary terms such as, supportive, hardworking, caring and accessible.
- The registered manager was committed to providing quality care, as were the shared lives carers and staff team. Service staff were knowledgeable about regulatory requirements and issues relating to the quality of the service. In each conversation that we had with either carers or staff there was a very real sense of putting people first as being the foundation for providing caring and effective support.
- Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people.

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

- The service regularly sought feedback from people and those caring for them as a part of their day to day engagement with carers and regular visits to people using the service. A survey was also being issued during this inspection.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in planning care.

Working in partnership with others

- There was evidence the service maintained a good working relationship with shared lives carers and other health and care services to enable multi-disciplinary teamwork. The registered manager, service staff and shared lives carers knew when to seek advice from the most appropriate specialist professionals and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care and support to people.