

## London Borough of Bexley

# London Borough of Bexley

### Inspection report

Civic Offices  
2 Watling Street  
Bexleyheath  
Kent  
DA6 7AT

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15 February 2019

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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

About the service: London Borough of Bexley (Shared Lives) is a Shared Lives Service that recruits, trains and supports self-employed Shared Lives Carers (SLCs) who provide placements and respite care for vulnerable adults within their own family homes in the community. The service supports people with learning disabilities and or autism.

Not everyone using this shared lives service receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene and eating. In these circumstances we also take into account any wider social care provided. At this inspection there were 18 people using the service who received personal care.

People's experience of using this service:

- People received person-centred care that met their needs, encouraged them to learn new skills and increased their confidence, It helped them to achieve their goals and be active in the local community, where this was their choice.
- People's privacy, dignity and independence was promoted. SLCs and scheme staff understood the Equality Act and supported people's diverse needs.
- The service applied the values and principles of CQC guidance Registering the Right Support (RRS) and other best practice guidance; as people were enabled to make choices about their lives and were supported to be as independent as possible. These principles ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- People told us they felt safe. Staff and SLC knew how to recognise signs of abuse or harm and what action they needed to take to keep people safe.
- Robust recruitment and assessment checks were completed before SLCs were approved to join the scheme. People were matched to suitable SLCs who fully involved them in their home and family life as much as people chose. There were enough staff and SLC to run the scheme.
- SLCs told us they were very well supported by the scheme and they received suitable training to meet the needs of people using the service. Dedicated training was provided to meet people's individual health needs.
- People's needs were assessed before they joined the scheme and where risks were identified, there were plans in place to manage these safely.

- Medicines were safely managed. SLCs knew how to reduce any infection risks for people.
- People were supported to maintain good health and had access to healthcare services. SLCs worked with health professionals to meet people's needs.
- People were encouraged to eat healthily and to develop skills in food preparation.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- There was a registered manager and people, SLCs and staff spoke positively about the way they ran the service.
- There were effective systems in place to assess and monitor the quality of the service provided.
- Feedback from people, SLCs and families was requested and acted on.
- The service worked with other organisations and professionals to plan and deliver an effective service.

Rating at last inspection: Good (report published 23 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good in all areas.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Bexley

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by a single inspector.

Service and service type:

London Borough of Bexley (Shared Lives) scheme supports people to live with Shared Lives Carers (SLCs) within the SLC's home in their local area. The scheme recruits, trains and supports self-employed SLCs to provide care and support to vulnerable adults 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:

We gave the service five days notice of the inspection site visit because we needed to be sure people using the service and SLCs would be able to speak with us, either in person or on the telephone.

The inspection site visit started on 12 February 2019 when we visited the office location to see the registered manager and office staff. We asked for permission from people and SLCs to speak with them about their experiences of using the service. The inspection ended on 15 February 2019 after we had spoken with people using the service and their SLCs in person or by phone and we visited two people and their SLCs at their home.

What we did:

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must tell us about, such as any serious injuries to people. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they

plan to make. We used this information to plan our inspection.

During the inspection we spoke with five people using the service, seven SLCs, the registered manager and the scheme administrator. We reviewed a range of records including parts of four people's care and support plans and reviews, risk assessments, SLCs recruitment and training records. We also reviewed records used in managing the service for example policies and procedures monitoring records and minutes of meetings.

After the inspection we contacted two health professionals to gather their views about the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People were protected from the risk of abuse, harm or discrimination.
- People told us felt safe and they were supported to understand how to keep themselves safe by their SLCs and the scheme. They knew what to do if they had concerns. One person said, "Of course I am safe, my SLC makes sure of that. They help me."
- SLCs and scheme staff received regular refresher training on safeguarding adults. SLCs, the registered manager and administrator knew how to recognise possible signs of abuse and how to report any concerns. There were robust processes to manage people's money safely. There had been no safeguarding concerns since the last inspection.
- A system was in place to record accidents and incidents and any safeguarding issues were monitored by the provider to check for any actions needed or consider any learning to share amongst the SLCs or improve the service.

Assessing risk, safety monitoring and management

- Risks to people in relation to their health and support needs were assessed before they joined the scheme and these were regularly monitored to reduce possible risk. These included mobility risks or health risks such as epilepsy or diabetes.
- Positive risk taking as encouraged in line with the principles of RRS to help people learn new skills or enjoy experiences such as independent travel within safe guidelines.
- Possible risks in relation to the SLC home environment and fire risks were assessed before SLCs were approved and then checked yearly to protect people's safety. One SLC told us, "They are very thorough with the safety aspect and it is important."
- SLCs were aware of the importance of good health and safety practice. They received regular training in first aid, health and safety. The registered manager had organised a training event for people and their SLCs and with the fire service to discuss fire safety and personal evacuation plans.

Staffing and recruitment

- There were enough staff and SLCs to meet people's needs and the recruitment system worked to reduce risk.
- People and SLCs all told us that there was always quick and useful support available when they needed it. If the registered manager was away they were always given contact details of who they could speak with if needed. One SLC said, "They are amazing. I have never had a problem."
- Records showed and SLCs confirmed there were robust recruitment checks that followed the regulations. Criminal records checks were updated every three years to ensure no changes had occurred. The full range of checks were also completed on any secondary SLC who supported the main SLCs by giving occasional

respite care.

- The scheme's staff carried out a thorough assessment of SLCs over a number of visits to ensure they were suitable for the scheme. One SLC told us, "The checks and the assessment are really very thorough. They look at everything." These assessments were reviewed at a panel meeting of social care professionals who understood Shared Lives schemes, to check on the thoroughness of the assessment and approve the SLC and the number of people who could be placed with them.

#### Using medicines safely

- Processes were in place to make sure people received their medicines safely.
- All SLCs received regular training on the administration of medicines. Specialist training from health professionals on the administration of some higher risks medicines was also provided to meet the needs of people they supported.
- Where people were supported with their medicines the SLCs completed medicines administration records which were checked by the registered manager at monitoring visits. Some people were supported to manage their own medicines and told us how they did this safely.
- People's medicines were regularly reviewed to ensure they continued to meet their needs.

#### Preventing and controlling infection

- SLCs received training on infection control techniques and food hygiene. They supported people to understand how to reduce the risk of infection.
- SLCs could collect personal protective equipment such as gloves from the scheme office when needed.

# 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

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

- A detailed assessment of people's support needs was provided before they joined the scheme. These were written with the involvement of people and their families where appropriate. This helped staff to understand their needs, match them to suitable SLCs and develop support plans to meet these needs.
- Staff told us they would ask for any additional information where this was needed.
- A programme of introductory visits was arranged to enable people and the SLC to choose if they wished to go ahead with the match. People and their SLC told us they thought the matching process and visits had worked well. One person said, "We suit each other and we both love animals."

Staff support: induction, training, skills and experience

- SLCs received sufficient support and training to meet people's needs. They told us they received a range of suitable training as part of their assessment before they were approved. This training was regularly updated. They were also offered additional training to meet people's individual needs. One SLC said, "We definitely get the right kind of training. It helped me understand what I needed to do. We are always encouraged to do other training."
- Some SLCs had a background of work in health and social care and could bring this experience to the role.
- SLCs were all happy with the support they received from the scheme. One SLC remarked, "Gosh without doubt we get support. The support and help is unbelievable. I can contact them at any time and I always get a reply."
- Staff who worked on the scheme said they were well supported and received regular supervision. A staff member told us, "I am well supported. 110 percent supported."

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

- People's nutritional needs were assessed before they joined the scheme and any risks such as allergies or weight loss were identified and managed.
- People told us they were involved in choosing the food and drink they had and encouraged to eat as healthily as possible. They told us how they enjoyed eating out in restaurants with their SLCs family. Where possible they were supported to develop skills in shopping and preparing and cooking meals.

Staff working with other agencies to provide consistent, effective, timely care

- The staff had established good working relationships with a range of healthcare professionals to help support SLCs with aspects of people's care. For example, learning disability nurses offered support and training where appropriate and SLCs had worked with a physiotherapist to improve mobility for people.
- Staff who worked on the scheme attended local authority care reviews to ensure they had up to date information about people's views and their circumstances. Information was shared appropriately when

needed between relevant professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to see a range of health professionals when they needed, such as their GP or dentist.
- People's health needs were documented in a health plan. People also had a health passport to give hospital staff information about their health needs when they were admitted to hospital.
- Following the principles of RRS we saw how a SLC had been trained to manage a person's health needs to enable them to have greater independence and flexibility as was their wish.

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

- People's rights were protected. People told us SLCs and staff working on the scheme asked their consent before they gave them support. We saw where one person had been supported with a decision they had made by their SLC and an advocate.
- 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 checked whether the service was working within the principles of the MCA.
- SLCs and staff received training on the MCA. They knew what to do if they were concerned someone they supported may lack capacity to decide about an issue. Records showed best interest meetings were arranged and independent mental capacity advocates appointed when needed, as an independent voice for people, to ensure people's rights were upheld.
- People can only be deprived of their liberty with appropriate legal authority. In Shared Lives services this means an application to the Court of Protection. The registered manager worked with the relevant local authority team to ensure applications were made when needed and were reviewed. For example, if people could not be safely left in their Shared Lives home on their own.

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

- People's mobility needs were considered as part of the matching process, to ensure they could access the SLC house, maintain their independence and visit friends and the local community.
- People were involved in making choices about their environment. Two people showed us their bedrooms and told us they had chosen the colour scheme and we saw they had displayed items and photographs that were important to them.
- Where people's needs had changed, SLCs had made adaptations to their house which were personalised. For example, one person had chosen a specific decoration for their new shower.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively and warmly about their SLCs and the support they received. Several people had lived with their SLCs for a number of years and they spoke of themselves as also part of the SLC family. One person told us, "I am very close to [my SL carers], its home for me." There was evidence of close bonds from the way SLCs spoke of the people they cared for and that they knew them very well. People took part in the SLCs family events and told us they got on well with the SLCs wider family.
- SLCs received training on equality and diversity and this was discussed as part of their assessment. The staff team were committed to ensuring people's equality and diversity needs were met through matching people to the right SLC and through the importance they placed on people being treated equally.
- People's diverse needs in relation to their culture, religion and sexuality were identified in their care plans and plans were in place to meet these needs. For example, one person had been supported to cook food that reflected their cultural needs. People were supported to attend a place of worship of their choosing and to be an active member of that community. Information had been translated into a different language to help a person's understanding

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

- People all told us that their SLCs listened to them and supported them to express their views about their care. One person said, "[My SLC] always asks what I think." Reviews we looked at also confirmed this. One SLC told us how they had supported one person to be able to express themselves at reviews using photographs they stored on their i-Pad.
- The scheme had developed close links with an advocacy service and we saw people were encouraged to use this to help support them with some decisions. SLCs would also advocate on their behalf to ensure people's voice was heard.
- People were given information about the service in the form of a service user guide. Pen pictures were available of SLCs to give people some information about SLCs before they met them.

Respecting and promoting people's privacy, dignity and independence

- People told us their SLCs and the scheme staff treated them with kindness, dignity, respect and consideration. For example, by knocking on their door and asking to come in and keeping their information private.
- The scheme placement agreement showed that consideration of people's privacy and respect for the choices they made was central to the scheme's principles.
- Following the principles of RRS, people said their SLC encouraged them to be as independent as possible and told us about the skills they had learned. For example, to make a snack or hot drink, travel alone or weigh themselves. One person said, "I can do a lot more now since being with my SLC."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The scheme offered personalised care to meet people's full support needs. SLCs knew the people they cared for well, their background, preferences, communication styles and had a shared history of experiences. People's needs were recorded in a care and support plan which was regularly reviewed to make sure it reflected their current needs. SLCs told us they were supported by scheme staff who understood the needs of the person they supported.
- People spoke enthusiastically about their shared lives experience and said they had grown in confidence. We found support focused on enabling people to have choices, agree goals, provide opportunities to learn skills and enjoy being a part of the local community, in line with our registering the right support guidance. This reduced the risk of isolation and low self-esteem. For example, people had been supported to find a job or voluntary work, take part in community events or hobbies and interests, meet friends and family locally and chose holidays. People had goals such as learning to shave, or, to manage their medicines safely. One person said, "Nothing could be better. I am very happy."
- Staff understood the Accessible Information Standard. This standard sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Information was available in a range of formats when this was needed. People's communication needs were identified, assessed and recorded in their care plans and SLCs told us how they recognised the body language or signs people might use to communicate.
- People were supported to use technology to maintain contact with friends and family, where they chose to, for example using face-time or skype.

Improving care quality in response to complaints or concerns

- People told us they would speak with their SLC or the registered manager if they were unhappy about anything. They knew they could make a complaint and told us they had never needed to do so. The complaints process was included in the service user guide.
- SLCs also told us they had never needed to complain but were aware of the complaints process
- The registered manager told us there had been no complaints since the last inspection. If any complaints were received they would be considered for any learning and improvements needed.

End of life care and support

- People were supported and enabled to choose the kind of care they wanted for at this stage of their lives.
- Staff and SLCs would work with people and palliative care professionals to ensure people's needs were met.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The scheme had a positive enabling culture focused on person centred care and achieving the best outcomes for people. This reflected the principles of RRS.
- SLCs were positive about the way the scheme was run. They told us the manager and staff were helpful, dedicated, thorough and always supportive. One SLC remarked, "They are amazing people. I have more than the right support. They are very thorough and aware of their responsibilities. It's clear they love their jobs."
- The registered manager understood the responsibilities of their role including what they were required to notify CQC about. One SLC told us, "The manager is passionate about her job. You can tell. She really values people."
- Staff were positive about the registered manager. They told us the registered manager was supportive and committed to provide a high-quality service by involving everyone using the service, SLCs and professionals. A staff member said, "I am very well supported, 110% per cent and have grown in confidence because of the registered manager. She is an uplifter."

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements

- Staff and the SLCs all understood their roles. They were aware of the procedures and policies they needed to follow and what information they needed to share with the scheme.
- The quality of the service was checked through regular monitoring visits carried out by the registered manager. Records showed the visits covered a full range of people's care needs including checks on medicines and finance records. Actions identified for either staff or SLC to complete were followed up at the next visit to ensure they had been addressed.

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

- People, their families where appropriate and SLC's views about the service were sought through a range of methods including visits, telephone feedback, reviews and surveys. The surveys were in a picture and easy to understand format to make them accessible.
- People knew the registered manager well and told us that she frequently asked them what they thought of the scheme. One person said of the registered manager, "She is very nice, she comes to see me and we talk about what I am doing."
- The provider had held recognition ceremonies to acknowledge the work SLCs did. One SLC said, "That

made me feel proud and valued."

#### Continuous learning and improving care

- The registered manager looked to try to improve and promote the service. A staff member said that the culture of the team was, "To support each other and to learn and grow." They had started to introduce some improvements to the monitoring of the service through an unannounced visit and to update the policies and handbooks since the last inspection to ensure they remained current and easily understood.
- The registered manager was a member of the Shared Lives Plus network which is a network for family-based ways of supporting adults that offers guidance and a way of sharing ideas and practice, to help improve the quality of the service.
- SLC support forums were held during the year to provide an opportunity for SLCs to meet and share useful information and consider areas of practice. For example, in relation to fire safety or autism.

#### Working in partnership with others

- The scheme staff worked closely with health and social care professionals to ensure people's changing needs were addressed and people and SLCs received the support they needed.
- The registered manager also attended people's yearly reviews to make sure there was good communication and important information was shared.
- The registered manager belonged to a network of other shared lives professionals in other local authorities and sat on some of their panels. This enabled them share ideas and gain knowledge about best practice and information.