

Bedford Borough Council

Shared Lives Bedford

Inspection report

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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: Shared Lives Bedford is a service that works with adults with support needs to assist them to live in their local community. Shared Lives services support people to live with their shared lives carers or visit daily within a family environment.

People's experience of using this service:

People told us they were very happy living with their shared lives carers and found them very supportive and helpful.

People wrote in to the service with lots of compliments about experiences they had with shared lives carers such as holidays, birthday celebrations and day trips. The comments made by people show that they feel respected and treated in a way which upheld their dignity.

We found practices, systems and process in place which showed the service met the characteristics of good in all key areas.

Risk assessments detailed people's preferences and needs well, promoting positive risk taking. People gained employment and learned to travel alone to work and access their local community independently.

Shared Lives Bedford recruitment procedure was thorough and included reviewing past employment history, references, and criminal record checks. We spoke to the registered manager about keeping copies of the records they checked at staff interviews and they have agreed to do this.

Staffing levels were appropriate for the care needs of the person. The registered manager used a tool which identified people's interests, strengths and experiences to match people to the right Shared Lives staff.

Staff manage medicines well and support people to self-medicate where possible.

The registered manager shared lessons learnt from any incidents and communicated with people and carers. Communication was varied to meet people's individual needs using written, pictorial or verbal methods.

Assessments of people's needs gave voice to people's choices and preferences while promoting independence.

Staff had a good awareness of deprivation of liberty safeguards to enable people to have choice and control over their lives and ensuring any restrictions were the least restrictive.

People and carers were involved in all aspects of reviews and these included regular formal meetings as well as more relaxed phone calls and visits to their home. People gave feedback on their care and agree goals for

the future.

Staff received all training they required for their role and regularly updated their knowledge and skills. The registered manager supported staff with formal supervision and regular phone calls which they recorded and actions followed up.

Staff encouraged people to live healthy lifestyles and meet their dietary needs with regular access to healthcare professionals. Shared Lives did not currently support anyone with end of life care but had policies and training programmes to ensure this could be safely and sensitivity managed.

The service had policies and processes for recording and managing complaints. The registered manager recorded people's concerns in the complaints documents and other documents such as logs of telephone conversations and all complaints were responded to appropriately.

There is a lot of evidence of robust quality assurance systems in place and regular feedback sought from carers and people which helped ensure a quality service. This was reflected in comments by people and staff

The registered manager takes part in a variety of local network meetings to share ideas and look for ways of improving the service. This benefited people and staff as the registered manager was able to access further training and resources.

Rating at last inspection: Shared Lives Bedford received a rating of good at their last inspection. (The last report was published on 12 April 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Shared Lives Bedford

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:

One inspector carried out this inspection site visit over the course of a day. We then spent time after the site visit speaking to people and staff.

Service and service type:

Shared Lives Bedford helps people to live long term with Shared Lives staff in their family homes, access a community session or gain support with short term respite.

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 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we used our planning tool to gather relevant information and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sends us saying how they are meeting the regulations and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we reviewed:

- Completed surveys from people who used the service

- □ Four people's care records
- □ Records of accidents, incidents and complaints
- □ Audits and quality assurance reports
- □ Spoke with the registered manager
- □ Spoke with the operations manager
- □ Four members of staff files

After the inspection, we reviewed further evidence sent to us by the provider and spoke with three people receiving care from the service and five care staff.

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

- People told us, "Yes I do feel safe. I feel safe around [name of support staff], oh I love it... I feel safe to travel to work."
- Staff told us the registered manager had given them training on how to safeguard people and support people to take positive risks. This included enabling people to travel alone with the use of technology and confidence building. It also including supporting people to report any situations which made them uncomfortable.
- The local authority conducted rigorous approval processes for all shared lives staff to ensure that people were safe to live in staff member's homes.
- Staff received regular training on safeguarding adults. The registered manager checked and discussed with staff any areas of concern about staff knowledge or practice.

Assessing risk, safety monitoring and management

- The registered manager wrote, reviewed and updated detailed people's risk management plans.
- Staff supported people to safely manage risks, which still enabled positive risk taking to promote people's independence. For example, gradually withdrawing support through a structured plan and use of technology such as mobile phones to enable people to access their local cinema and meet with friends without staff present. Another example was using similar techniques to enable people to be able to safely stay overnight at friends' houses when they chose to.
- The registered manager checked and reported all incidents and accidents appropriately and involved reviewing risks and outcomes.

Staffing and recruitment

- The registered manager had robust recruitment policies and processes in place ensuring staff were suitable for the role.
- We discussed with the provider the need to keep copies of all recruitment documentation that was viewed at interview as part of the recruitment process. The provider confirmed they are now doing this.
- The staffing levels were based on people's assessed needs and were safe.
- The registered manager supported staff to manage their breaks with the support of respite services when needed.
- Staff had the right skills and experience for the role.

Using medicines safely

- Staff supported people to take their medicines as prescribed. One person could administer their medicines themselves.
- The provider had detailed systems in place for monitoring and auditing safe management of medicines.

- The registered manager trained and assessed staff in medicine administration and theory to ensure competence.
- People's care plans had information on the medicines used to inform staff.

Preventing and controlling infection

- Staff told us about using good hand hygiene and infection control methods to prevent spread of infection.
- Staff receive training regularly on infection prevention and control.

Learning lessons when things go wrong

- The registered manager shared lessons learnt from incidents and near misses with the people, staff and other professionals.
- The registered manager attended regular peer groups where other providers shared and discussed lessons learnt across organisations within the confines of maintaining confidentiality. This helped the provider to prevent similar events occurring at Shared Lives Bedford.

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

- People told us they were involved in their care planning. One person said, "[Name of registered manager] comes and talks to us about what to do."
- The registered manager told us, "People get involved with the three-month reviews and ad hoc visits as well as the support staff and at least once a year away from the person's home to get people's views privately."
- The registered manager had thorough systems in place for conducting initial assessments of people's needs.
- People's assessments covered all aspects of their choice, preference, beliefs, health and wellbeing.
- The provider wrote people's care plans and risk assessments in line with people's assessed needs.

Staff support: induction, training, skills and experience

- The registered manager gave training for staff in all areas needed for their role. The registered manager also provided regular supervision and annual appraisals. Staff felt they received good support and could contribute to these processes.
- The provider used a staff matching form which analysed the staff members experience and interests and matched these with the people they would be supporting. This meant that staff had a good knowledge of people's interests and how to develop them.

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

- People told us about how the support staff help them to build relationships with their families and friends and work together to enable face to face visits.
- People live in staffs' family home as a part of that family. Staff were there always to give care as needed.
- Feedback from people about their care was very positive.

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

- Staff supported people with all health and dietary needs.
- People could make their own decisions and choose their food and would often pop to the shops to buy their favourite snacks.
- Staff taught people how to safely prepare and cook their own meals and drinks in a family environment.
- People told us, "I get plenty to eat and drink and I choose when to shop for food."

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

- The service worked with the health liaison team when needed to gain advice about the best ways to support people's medical conditions.

- Staff supported people to attend all medical appointments when needed.
- Staff supported people by taking all relevant care and medical records to appointments and explaining anything they do not understand.
- Staff also use the red bag scheme. This scheme enabled better communication between carers and healthcare professionals when people were admitted to hospital. All essential items that were important to that person are in the red bag and handed over to medical staff. This could include medication, records, favourite clothes, and personal items.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Most people were under DoLS restrictions or were waiting for assessments for this process.

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 told us staff treated them very well and staff respected their preferences. For instance, one person said, "Things are going very well. I am enjoying myself and have 2 jobs, so I love it. I love living here."
- The registered manager had displayed the outcomes of feedback from people and relatives on the wall in the service. Quotes included 'I enjoy living as a family', 'friendly helpful staff who are respectful' and 'I can choose what I want to do'. This suggested that people felt well treated and respected.
- Staff received training on equality and diversity. The registered manager used the staff matching process to ensure staff upheld people's values and beliefs. People's preferences around cultural background, ethnicity and sexuality had been respected and supported.
- Staff supported people to achieve their ambitions and dreams. For example, a person with hearing loss was able to access music DJ sessions.
- Further examples included people experiencing relationships, holidays both independently and supported by staff.

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

- People confirmed they were involved at all stages of care planning and made their own decisions about their care.
- One person told us, "Staff know what I like and don't like," and another person said, "If I ever had a concern I would talk to [name of staff] and they would help me."
- Records showed people's involvement in initial assessments and ad-hoc reviews as well as formal reviews.
- Records of contact showed the registered manager and care staff had regular conversations about the care and any changes or extra one-off services required.
- Staff told us, "It's about coming from the person's wishes and doing it from their perspective. For example, giving more rein in choosing things. It is difficult as you are working within parameters of health needs but support them to think and speak up as much as they can for themselves."

Respecting and promoting people's privacy, dignity and independence

- Staff received training on confidentiality and information governance.
- The registered manager securely stored all paper and electronic records.
- The provider has introduced dignity champions who support other staff to understand what it means.
- Staff empowered people to try a variety of new experiences and be as independent as possible.
- One example of this was supporting a person to build on hobbies and interests which led to paid employment in one job and voluntary in another. People said their confidence has grown had grown as a direct impact of the support they received. This meant they were now confident to try other things such as shopping, managing their money and going on holiday.

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

- People told us they had choice and were in control of their care. One person said, "The best thing about living here is that I go out to the pub and the football" another person said, "This year I am going on holiday to Scotland, I have also gone on holiday to steam trains. The year before last we went on a safari tent with leopard carpets and animals. I was blown away."
- One person told us they were not able to give eye contact or leave the house when they first moved in with their Shared Lives staff. They went on to describe how over time they had support that enabled them to now travel without staff, hold down a job, go on holiday and follow their passions and interests.
- Care plans and care records showed people's preferences and wishes were at the core of the planning process.
- Documentation was person centred and formats matched people's communication needs, such as simple English and the use of photographs.
- Staff researched events related to people's specific interests, hobbies and ambitions to build on them. This had led to many types of experiences for people including employment.
- For example, one person with an interest in trains was supported to build model trains, access steam trains and gained employment at a train station museum. This developed further and so that the person was able to access public transport (trains) unsupported to travel to and from work.
- Other examples include people working at the local library and taking holidays abroad independently.
- Staff supported people interested in music to supported to access concerts, festivals and other live events.

Improving care quality in response to complaints or concerns

- People told us, "I am happy to talk to [name of staff] if I am upset." Staff told us, "Yes, I would definitely be able to report a complaint. The person I support would be able to voice that too and let people know what they think. The registered manager would listen and act on those concerns, they are very good."
- The manager had a complaints process in place. There had not been any complaints recorded since the last inspection.

End of life care and support

- The service was not currently supporting people on end of life care.
- However, there was information in files and policies that show end of life care would be provided in line with people's preferences. The provider also had training available for staff if needed.

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 registered manager told us about how they made sure people and staff matched in terms of interests and skills to ensure person centred care. The registered manager said, "It is about getting the balance right between family life and being a regulated service."
- The registered manager had introduced an 'evidence for CQC' file. This is where people and staff have written feedback about their experiences of care and activities, special events and support.
- The file included hand written notes, easy info and pictorial feedback forms and the use of photographs. It was an excellent way to evidence peoples experience and achievements for reviewing and developing the service provided.
- The management team and care staff were all very passionate about ensuring they gave high quality, person-centred care.
- The registered manager and staff team had a good understanding of their responsibilities.
- The registered manager showed an open and honest approach to care provision.

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

- The registered manager and staff team were all able to define their roles and how to put these into practice.
- Staff were able to explain how they meet legal requirements about supporting people's choice and rights and managing their finances and care.
- The registered manager and staff team all understood the impact of good care on the people they were supporting.
- The registered manager showed a good understanding of legislation. They were able to explain how they safeguard people and support staff to recognise and report concerns about people's care. They understood their responsibilities in relation to staff training and support and duty of candour.
- The registered manager and staff team understood and safely managed risks and used these to empower people and develop their skills and confidence.
- The registered manager had robust quality assurance systems in place including monthly reviews of the service and previous actions. This enabled the registered manager to ensure improvements are live and acted upon.
- The registered manager checks staff competency through pop quizzes, regular spot checks and reviews of practice
- The registered manager confirmed senior management supported them well.

- A senior manager gave very positive feedback about the achievements of the registered manager since the last inspection. They confirmed the good management had led to growing the service.

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

- People told us, "[Registered managers name] works here, the last time I saw them they came to my day centre to talk to me" and "The best thing about Shared Lives is that the staff have been very helpful and provide us with Christmas parties."
 - The registered manager could show many examples of how they engage people and staff in developing the service.
 - Examples of this include, developing an evidence sheet of feedback including photos of achievements for one person to present to the learning disability board and shared lives board. This is planned to take place in June this year.
 - The provider sends out regular newsletters to people and staff to inform them of changes and updates about the service.
 - People and staff attended a variety of parties, coffee mornings and BBQ's and other events to build the relationships.
 - The provider helped people to act as ambassadors for Shared Lives Bedford. The ambassadors speak at conferences for shared lives and talk about their experiences of care.
- Staff told us, "We get ongoing training and support of all the courses, they are quite good and updated regularly. The registered manager keeps in touch regularly and is very good at coming to meetings as well if I need the extra help."

Continuous learning and improving care

- The registered manager used audits and feedback to develop and improve the service and relayed this to staff.
- The service used knowledge of the wider care industry to learn when things had gone wrong and evaluate how to avoid the same concerns at Shared Lives Bedford.

Working in partnership with others

- The registered manager attended local networking groups and liaised with other teams to share ideas and find innovative ways to improve the care they provided.
- Meetings attended included conferences with a mix of external professionals, staff and people who were receiving care in attendance. The information learnt is then used as part of the development plan for the service to improve quality.
- The registered manager is part of a local peer support group with other providers to share ideas and processes with a view to improving care.
- The registered manager supports a care standards review team from the local authority who come and do a review of anyone receiving a service from that council.