

PSS (UK)

PSS Shared Lives Wirral

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 April 2018 and was announced. This was to ensure someone would be available to speak with us and show us records. PSS Shared Lives Wirral is an adult placement scheme. The scheme oversees carers who provide care and support to adults who have learning and physical disabilities. On the day of our inspection there were 36 people receiving regulated activity of personal care.

The registered manager, shared lives manager and three development workers are employed by PSS Shared Lives Wirral, however, carers are self-employed and have a contract with PSS Shared Lives Wirral.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

During the course of the inspection we found that accidents, incidents and safeguarding's were appropriately recorded however they were not regularly audited. We also identified that a notifiable incident had not been sent to the Commission, however appropriate actions had been taken by the manager and that people using the service were safe.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults.

People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible. Processes to ensure carers acted in people's best interests in line with the Mental Capacity Act 2005 were in place and followed. People and carers were encouraged to express any concerns so these could be addressed promptly.

Support plans were comprehensive and identified people's needs, wishes and goals so these were known and could be met. Reviews took place to ensure people remained happy with their carers and to provide an opportunity to identify any changes in needs so these could be addressed. People's healthcare needs were identified and they received input from healthcare professionals to maintain good health. Appropriate arrangements were in place for the safe administration of medicines.

People were happy living with their carers, who were caring and respected their right to privacy. They treated them with dignity and respect and encouraged them to be independent and enjoy life. This was supported by the staff of PSS Shared Lives Wirral.

Staff and carers were recruited safely. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when employing carers. Carers were suitably trained and

received regular supervisions and appraisals.

The provider had policies and procedures in place which they regularly reviewed. They included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

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

Safeguarding policies and procedures were in place and staff and carers had received training about safeguarding people.

Staff and carers had been recruited safely. Appropriate recruitment and other employment policies were in place.

Staff and carers had received training about medication handling and managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective

Staff and carers were appropriately inducted, received on-going training and were provided with regular supervision.

People had given consent for care to be provided and the service had policies and procedures in place in relation to the Mental Capacity Act 2005.

The provider provided a personalised support plan that was regularly reviewed by people, their carers and the support staff.

Is the service caring?

Good ●

The service was caring

Confidentiality of people's care files and personal information was respected.

People told us that their dignity and privacy were respected by both the provider and their carers and showed a regard for people's individuality and independence.

People and their carers told us that there was good communication between them and the service.

Is the service responsive?

Good ●

The service was responsive.

People who used the service told us they were involved in their support plan and where appropriate, their support needs were assessed with them and their carers.

Support plans and risk assessments were reviewed regularly and there were good records of communication with people, their carers and staff.

People felt they could raise concerns with their carers and the staff if they had any.

Is the service well-led?

The service was not always well-led

Audits were not in place for accidents, incidents and care plans.

A notification had not been submitted to the Commission in a timely way.

The service had a manager who was registered with the Care Quality Commission and there was a well organised management team that had clear roles and responsibilities.

Requires Improvement 

PSS Shared Lives Wirral

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 April 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a shared lives service and we needed to be sure that someone would be available to speak with us and show us records. The inspection was carried out by one adult social care inspector.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A statutory notification is information about important events which the service is required to send to the Commission by law.

During the inspection we spoke with the registered manager, the head of quality and compliance, the shared lives manager and two development workers. We were also able to speak to six people who were receiving the service and five carers.

We spent time looking at records, including four people's care records, two staff files and four carers files. We also looked other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

Is the service safe?

Our findings

People who used the service told us they felt safe at home and when accessing the local community. Carers we spoke with told us about the vulnerabilities of the people they supported and what they did to keep people safe. One person commented 'I always feel very safe with [carer]'. People were also able to say that they felt safe with the input from the development workers who visited the people in their homes to review their care plans and risk assessments.

We saw that PSS shared Lives Wirral ensured that both the employees and the carers had safeguarding training that was monitored and regularly updated. The carers and the staff we spoke to were able to tell us how they would initiate a safeguarding incident and would report a concern straight away to the managers. All staff were aware of the whistleblowing policy and procedure and would use it if required.

We looked at the support plans for four people and saw that each contained a document titled 'Profile of support to be provided by the shared lives carer'. This included information on meeting the persons needs such as being alone and safe at home, eating and drinking and managing money. We also saw that risk assessments had been carried out in relation to moving and handling and specifically surrounding specialist equipment that was needed, for example one person had a specialist 'rise and fall hospital tip bed.' These were reviewed regularly with both the carers and the people using the service.

Within the four carers files we saw how a gas safety check, fire evacuation plan, health and safety guidance and checklists had been completed at the beginning of the service agreement. They were being reviewed and the provider also regularly checked wheelchairs, hoist systems and stair lift systems which had been serviced.

The provider had a safe recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff and carers to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, this helps employers make safer recruiting decisions. We saw that these were renewed regularly.

We looked at how the provider supported carers when medication needed to be administered to people in their home. Each person had a medication profile that described the level of support people required with the administration of medicines. We saw a robust training and observational monitoring system in place. This was supported in discussions with the carers. The provider had a medication policy in place that incorporated NICE guidelines on managing medicines in community settings. This means that staff and carers had up to date guidance regarding the safe administration of prescribed medication.

We looked at the records for accidents and incidents and saw that appropriate action had been taken following each event. This meant people's health was being monitored and health issues were identified and acted on in a timely manner. However we identified that there was no audit or trends identified. As there

was a small amount of accidents and incidents the managers were able to keep track of this. We spoke to the registered manager and shared lives manager who assured us that a process would immediately be put into place to monitor any accidents and incidents.

Is the service effective?

Our findings

People who used the service told us that they received effective care and support from well trained and well supported carers. One carer told us how they had cared for the person who lived with them since they were a young child and people told us they were happy with the support they received. Carers we spoke with were extremely knowledgeable about the people they supported and were able to tell us about the robust training programme they were required to attend. Training was a mix of face to face training and on line training. The manager maintained a training matrix, which was used to identify when training was due. Mandatory training included safeguarding, first aid, health and safety, moving and handling, food hygiene and the administration of medicines.

One carer was able to tell us that if they identified additional training then all they had to do was ask and PSS Shard Lives Wirral would accommodate their needs. Another carer said "Oh yes there's a lot of training, it's really helpful." The service had a robust induction and training package. One carer told us "There's a really good introduction." We asked about the support that was provided by the provider and we were told that there were regular meetings in place and that they were very helpful. Carers told us "They visit regularly", "They'll come out if you need them too, even if it's not scheduled" and "They're very supportive."

We also spoke to the development workers who told us that they received supervision regularly and that the support in place was very good. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. They had also attended the mandatory training and there was a plan in place to provide training surrounding care planning and risk assessments.

People were supported with their dietary needs. Support plans described what support people required. For example, one person was unable to eat foods with a high acidic content due to a health condition, another person was diabetic and another person required their food to be cut into bite size pieces. Care plans and risk assessments were in place to support this.

People's communication needs were recorded and included information on their communication skills and abilities, and how carers were to support them. For example, one person had sight and hearing disabilities and the care plans ensured carers had the appropriate information to be able to support the person effectively.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence in care documents that people, who were able to, had been involved in discussions regarding their care. This showed that people's

legal right to consent to their care had been respected.

People were supported with visits to and from health care professionals. We saw evidence in peoples care files that there had been input from occupational therapists, GP's, community matrons and mental health teams.

Is the service caring?

Our findings

People told us that they were very happy and comfortable in their home environment and we heard how people had a good rapport with carers. Some of the people had lived with their carers since they were young children. One person told us "Anything I ask for they get, [carer] is like a mother" and another person told us "I love living here."

Carers and people we spoke with told us about how people were supported to be independent. For example, one person could travel independently on public transport provided it was a route they were familiar with. We saw how another person was able to reach an achievement of going to work and since having a phone were able to walk to work. This demonstrated that staff and carers supported people to be independent and people were encouraged to be as independent as possible. Comments included "I do what I like", "I can go out when I want to and "I can go out with my mates." We saw how the people had access to their own keys to the front doors of their homes if they wished it. This was agreed with the people using the service, carers and provider. A key allocation document was signed by all parties. This meant that people had access to their own homes whenever they wanted.

We discussed advocacy with the registered manager who told us that there was a comprehensive list of advocates available to people. This was also available in the 'Service user guide' that was given to each person using the service.

PSS Shared Lives Wirral had a service user guide in place that gave people a good range of information regarding the service that was provided including equal opportunities, how the service worked and living with their carers. The service had added information regarding their own aims of the service and values.

The Service user guide informed people that they would have their own private space which was their own bedroom and this was supported in conversation with both people and their carers.

People and carers told us that there was good communication between them and the service. A carer told us "They've been out to us twice this week" and another commented "Communication is very good, I can ring at any time." People using the service were able to tell us that they communicated with the support staff at PSS Shared Lives Wirral regularly.

The provider had recently implemented additional training surrounding dignity in work and had implemented a new Equality, Diversity and Inclusion Plan for 2018/2019. There were six themes in the plan that included involving people when the provider make decisions and showing commitment to equality, diversity, safety and fairness. This was shown through the discussions we had with people, their carers and by looking at the inclusion in care plans.

Is the service responsive?

Our findings

We looked at four care files and saw how people's needs were thoroughly assessed before they started using the service. We found care records were regularly reviewed and evaluated with both people using the service and their carers.

Regular care and support plan reviews were carried out which included health, social and emotional support, progress with independent skills, activities and social life and other significant events. The development workers visited each carer and the person they supported to review records and have a discussion with them. We discussed this with both the people and their carers and we were told "They come out at least every five or six weeks, they are really supportive" and "Oh yes everyone has to sign to agree including [person]." We also saw how some of the people had been consulted about their end of life care and had funeral plans in place.

Support plans included important information such as communication, being alone and safe at home, eating and drinking, finance, mobility, practical daily living, keeping safe, health and well-being, personal care, and medication. Records described people's individual needs, what their desired outcomes were and who was to provide them with the support to achieve the outcome. An example of this was how one person had a very detailed support plan that described how they communicate pain and how carers would recognise distress. Another example was how to support a person with a specialist wheelchair there was detailed information on how the person needs specific support when receiving personal care. We saw copies of these assessments and guidance.

We found people were protected from social isolation. People's interests and hobbies were clearly recorded in support plans, along with any work, independent travel or college's people attended. This was supported in discussion with people and their carers. Examples included, one person who worked in a café and we spoke to another person who was due to attend a college. One carer told us how the development workers were always asking about additional goals that could be incorporated into people's support plans.

There had been no complaints received by PSS Shared Lives Wirral however the provider had a comprehensive complaints policy and procedure in place. This was also available in the 'Service user guide'. However we identified that contact details were not fully included in the information, this was brought to the managers attention who assured us that this would be rectified.

People and their carers were aware of the complaints procedure and all told us they would talk to staff if they were unhappy about anything. Carers spoken with told us they would initiate a complaint if needed. One carer we spoke with said "If I had any issues and [person] I'll not hesitate to contact them." People using the service told us "I've got no worries, I love it here" and "I'm very happy."

Is the service well-led?

Our findings

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. At the time of our inspection visit, the service had a registered manager in place who was supported by a shared lives manager and three development workers. We were able to see how the provider was also fully involved with the service by speaking to the head of quality and compliance.

The registered manager and shared lives manager had not made a timely notification to the Commission when required in relation to a significant event that had occurred in the service. This was discussed during the inspection and we were able to see that appropriate actions had been taken so the people using the service were safe.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The development workers visited each carer and the person they supported regularly. This included the carer's supervision, a discussion with the person and a review of records. For example, a review of support plans, risk assessments, accidents and incidents, and complaints. The registered manager did not audit the care plans at the time of the inspection, however there were plans in place to implement an auditing system. Accidents, incidents and safeguarding were not being audited at the time of inspection. Audits are used to drive the quality of the service. This was brought to the registered manager's attention who assured us that they were going to rectify this.

We saw that the provider had oversight of the service and that they regularly quality checked the service against the CQC's own domains to ensure the service was safe, effective, caring, responsive and well-led.

The registered manager was able to show us how they were always looking at new ways to involve people in the service. They had developed a new way of telling the public about the service that included people who were being supported by PSS Shared Lives Wirral. This included people being recorded discussing their experiences of living in a shared lives environment. We saw that consent for this had been provided appropriately.

The service had a positive culture that was person centred and inclusive. Carers we spoke with felt supported by the management team. They told us, "They're always very supportive", "They are brilliant 1000%", "We never feel unsupported at any time" and "We are always fully involved."

The registered manager and the staff had a clear understanding of the culture of the service and were able to show us how they worked in partnership with other professionals and carers to make sure people received the support they needed. People had prompt access to medical and other healthcare support as and when needed. There were documented visits from district nurses, dieticians and GPs. We spent time talking to the registered manager, shared lives manager and head of quality compliance and they told us how committed they were to providing a quality service.

The policies in place were current and included health and safety, advance care planning, confidentiality, safeguarding, medication, equality and diversity and recruitment. This ensured the staff and carers had up to date guidance surrounding their practice.