

Enfield Council

Enfield Shared Lives Scheme

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

About the service

On 30 October 2020 the provider changed its name and legal entity from Independence and Wellbeing Enfield Limited to London Borough of Enfield. This is the service's first comprehensive inspection under the new provider registration.

Enfield Shared Lives Scheme is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers' own homes. People who use the service may have learning/physical disabilities, mental health needs, be older people or young people leaving care.

Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the day of the inspection there were two people using the regulated service, both of whom had a learning disability.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care was embedded in the service, with person centred care provided. Shared lives carers' were able to tell us how they supported people to live inclusive and empowered lives.

Right Support

People using the service and their shared lives carers' spoke positively about the scheme. People told us Shared lives carers' were kind and they felt safe. Shared lives carers' told us they received appropriate training and support to do their role effectively.

The management and support team had undergone changes in the last 12 months, and were establishing more robust systems to capture management information.

Right Care

Care records were person centred and highlighted people's abilities as well as needs. The management team took time to match staff with the people they supported.

People were supported to live in family homes; they told us they felt safe and enjoyed living there.

The management team promoted a person-centred culture within the service. People's care and support was very kind and caring. People and their relatives were encouraged to provide feedback about the service they received, so any improvements could be identified.

People had support to take medicines and prepare their meals and drinks where they needed this.

Recruitment of shared lives carers' was safe, and people accessed other support services , including day services, hobbies and volunteering opportunities.

Right culture

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 management team reviewed any accidents or incidents involving people who used the service, in order to learn from these.

The service had quality assurance systems and processes in place to enable them to monitor and improve people's care. They welcomed any form of external and internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

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

Rating at last inspection

The last rating for the service Independence and Well Being Enfield Limited Adult Placement Scheme located at St Andrews Court 1-4 River Front Enfield Middlesex EN1 3SY was Good, published on 8 October 2018.

Why we inspected

We inspected this service because it has not had an inspection since the new registration and does not have a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

Enfield Shared Lives Scheme

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection.

Service and service type

Enfield Shared Lives Scheme is a shared lives scheme. They recruit, train and support self-employed shared lives carers who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 22 June and ended on 30 June 2022. We visited the provider's office on 22 June 2022.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority and commissioners.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and one of the adult placement officers.

We reviewed a range of records. This included two people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff training. We reviewed a variety of records relating to the management of the service, including audits and policy documentation.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We received feedback from three people who used the service, one of whom did not receive regulated care, and two shared lives carers'. Two health and social care professionals provided feedback on the 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 since registration. 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 safe. They told us "Yes, safe at the house and travelling on the bus" and "Yes, I am safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. All staff had received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. Shared lives carers' were aware of the importance of communicating with the management team if there were any changes to their household.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. They covered health conditions, mobility, personal care and finances.
- Shared lives carers' notified the office if they had any concerns or risks changed.
- We saw risk assessments were reviewed and audited by the management team on a regular basis. Annual reviews by commissioners also reviewed ongoing risks.
- Environmental risks were assessed, including having pets at the family homes.
- The management team understood the importance of effective communication with people and their families to ensure their needs and risks were met.

Staffing and recruitment

- Shared lives carers' were recruited safely. Checks were made prior to them starting to provide care, and this included references and criminal record checks. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People were matched with suitable family placements, so people were supported by consistent shared lives carers', and their family members. Many people had lived in their placements for several years.

Using medicines safely

- The provider had systems and procedures in place to ensure people received the level of support they needed to manage their medicines safely.
- Medicines training took place regularly, and the service was increasing competency checks to yearly in line with best practice guidance. People were encouraged to take their medicines independently, but for those who needed support, Medicines Administration Records charts were reviewed to ensure shared lives carers' were completing them accurately.
- PRN, as needed, medicines had protocols in place. Some minor amendments were made following the inspection visit, to ensure full guidance was clear for shared lives carers'.

Preventing and controlling infection

- We had no concerns regarding preventing and controlling infection.
- Staff received training on their role in protecting people from the risk of infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There had not been any accidents or incidents involving the people who used the service, but the service had effective ways of communicating with shared lives carers' to promote best practice and learning from issues that arose.

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 since registration. 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

- Prior to starting using the service people's needs and choices were assessed by the commissioner and forwarded to Enfield Shared Lives Scheme. The management team reviewed people's needs taking into account their protected characteristics including religion, ethnicity and gender, and matched them with a shared lives carers' family.
- For some shared lives carers' they had more than one person placed with them, so the suitability of two people sharing a family home was also considered.
- Assessments were thorough and looked at people's physical and mental well-being as well as communication needs, social circumstances, dietary requirements, mobility/independence and their personal preferences. This care plan focused on people's desired outcomes and aimed to overcome barriers presented.
- The registered manager was aware of best practice guidance, standards and the law when considering placing people in family placements.

Staff support: induction, training, skills and experience

- Shared lives carers' were supported through training and guidance, to provide a good service to people placed with them.
- People told us, "Yes I like where I live" and they liked the shared lives carers' and their family members.
- We saw there was an ongoing schedule of training in place, to ensure all staff kept up to date with good practice. Specialist additional training was available to enable people to be supported safely, for example, managing epilepsy.
- All new staff went through an induction period, and for those without previous experience in a professional caring role, basic training, and access to the Care Certificate was available. The Care Certificate is a set of best practice standards for care staff to meet.
- Regular three-monthly supervision and support was provided to staff. New shared lives carers' would be supported to offer a short-term respite placement to a person to enable them to ease into the role.
- One shared lives carer told us, "The support from the team is amazing. They are really there for us. It's like a family although we are all professionals. They address any issues quickly."

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

- People were supported to live healthier lives by both the shared lives carers' and the community based professional health and social care staff. Care records set out people's medical conditions and how best to support them. Information on managing specific conditions was available for shared lives carers'.

- People were encouraged to take exercise. Two people told us they "Loved walking the dogs." Another said, "I do group classes at the gym."

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

- People were supported to maintain a balanced diet. People told us "Yes, I like the food. Chicken and roast potatoes yesterday" and "I like pasta, and I set up the table, and help make the salad."
- People told us they went shopping with their shared lives carers' and chose the food for meals.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Shared lives carers' had completed training in relation to the MCA.
- Care records referred to people's mental capacity, and no one was deprived of their liberty. The registered manager showed us a new mental capacity assessment and best interest document they would use if there were any concerns related to a person's ability to make decisions.
- Care plans involved people and recorded where their consent had been discussed with them.

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 since registration. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness, and supported to maximise their independence. One person told us how as well as helping prepare food, "Yesterday, I helped [shared lives carer] hang out the clothes and help with cleaning the house." One shared lives carer told us how the person they supported had developed skills since moving in with them. "Now she is independent preparing breakfast."
- Care records set out what people could do for themselves, and staff understood people's abilities well.
- The management team respected people's independence and took proactive actions to enable their independence. For example, people had been supported and risk assessed to travel independently, and one person told us "I am getting myself ready as I am going to workshop to look for a job. I would like to help people."
- At a recent workshop to promote the service, a person previously placed with the scheme told how the service had supported her when she became a mother, both practically and through advocacy support. This example highlighted the culture and values promoted by the management team and the shared lives carers', to enable people to live inclusive meaningful lives.
- People told us the shared lives carers' were kind, and they enjoyed living with other people placed there. Comments included "It's very nice. People are very friendly."
- One shared lives carer told us they showed dignity and respect by inclusion, and not thinking and making decisions for people placed with them. They also understood that different people had varying abilities and skills. For example, "I run the bath for [name], and then she bathes at her own time. [Name] runs her own bath. We have a routine, making them feel part of the family."
- Respect for people's privacy and dignity was at the core of the provider's culture and values. All shared lives carers' and the management team were trained in dignity and respect to ensure they were supported to care for people appropriately.
- People's right to confidentiality and privacy was respected, with people's private information securely stored.
- The shared lives carers' came from a diverse range of backgrounds and religions, and these were considerations as to who was placed with them.

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

- The service helped people to express their views so that all staff understood their preferences, routines and choices.
- Review records showed people's involvement in decisions regarding their care. One person for example, did not like group activities, so their shared lives carer prioritised activities they could do together.

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 since registration. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided people with personalised, person-centred care. Detailed care plans and risk assessments were in place to provide guidance to staff. Person centred plans and one-page profiles added more personalised information including people's likes and dislikes, and what they felt was important to them.
- The service worked in conjunction with a range of health and social care providers to provide person-centred care.
- People's varied interests meant they were involved in a range of activities. One person told us they went to the day service four days a week which they thoroughly enjoyed. Another said they went to see their family and went to various clubs. Whilst another person told us they preferred to watch sport on TV, and were a fan of a reality TV show. Everyone loved living with the families pet dogs, and walking them locally.
- A shared lives carer told us how they supported one person to gain confidence in travelling on buses by following the bus in their car to make sure the person was safe before they travelled unaccompanied.
- People were able to be involved in community activities and enjoy aspects of family life including visits by family members and other friends.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their pre-assessment and their care plans described how people communicated.
- We saw that the service used videos to show people how to put on and take off PPE safely. This showed an awareness of the need to communicate in a range of ways to support people to combat COVID-19.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and were known to people and their family members.
- People told us they felt comfortable talking with their shared lives carers' if they were not happy. One person said "I would talk with [shared lives carer] if any issues." Shared lives carers' confirmed the management team were very approachable and responded quickly if any concerns raised.

End of life care and support

- The service did not currently provide end of life care and support to people. If this were to change, they would commission appropriate training and support.

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 since registration. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- We found there were some systems which required improvement related to the management of the service. For example, the service needed a better system to store recruitment information. Although audits of care records took place, the content of care records and documents to ensure they were up to date and provided consistent information and guidance, was not always taking place. Medicines competency checks were taking place, but two yearly, not yearly, in line with best practice guidelines.
- Some management systems needed to be improved. This was especially important as the plan was for the service to grow. We discussed this with the registered manager who was aware of the need to tighten up some management systems. They had set out a plan to do so which they shared with us.
- Audits took place of documents including MAR. The COVID-19 pandemic had presented challenges to the service and the management team were still transitioning back to 'in-person' training and support, and reviews were being undertaken in person.

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 registered manager notified CQC and local authorities appropriately when issues of concern arose, and they understood the duty of candour requirement.
- We found the management team very open and transparent, and the enthusiasm and commitment to providing good quality care was evident throughout the inspection. The management team were keen to take on board suggestions for improvement.

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

- People and their relatives were all complimentary and spoke enthusiastically about the quality and culture of the service and their positive experiences. For some people, who were no longer able to remain in their family homes, the scheme offered a great alternative to residential care or supported living schemes.
- Shared lives carers' were proud to work for the organisation. They told us the management team were committed to providing people with a safe, high-quality service. Both care staff and the management team shared the same vision, and people benefitted from an inclusive, community based service.
- The management team promoted a positive culture within the service, based upon transparency, inclusiveness and respect for people, and their relatives.

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

characteristics

- The management team worked in co-operation with people and their families, and was viewed as a well-managed service.
- We asked people if they were happy with the service. They spoke highly of the service provided.
- In the week preceding the inspection, the service had held workshops to promote the service. People using the service spoke at the workshops to praise the service and raise the profile of it.
- People using the service were also part of the panel which reviewed prospective new shared lives carers' staff. This indicated an inclusive approach, engaging people who use the service in a meaningful way.
- One shared lives carer told us "I am very happy in this role. It works for me." Another said that they enjoyed this role alongside additional external work, and that people were well matched to their family.
- Professionals working with the service told us "I feel the service is very well led and managed by the registered manager" and "100% the service has an excellent management team, who always strive to deliver and excellent service. Furthermore, they continue to review and promote the service, which is hopefully leading to a greater take up of this service."

Continuous learning and improving care; Working in partnership with others

- The management team strived for continuous learning and improvement. This was especially important as the service wanted to grow and there was a need for robust systems to be embedded.
- The development plan set out the tasks the service were focusing on in the coming months, and new electronic systems to capture recruitment information were about to be introduced.
- The management team worked with a vast range of professionals involved in people's care and support including occupational therapists, GPs and the local learning disability service.