Gloucestershire County Council

Gloucestershire County Council Shared Lives

Inspection report

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26 July 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 15, 18, 20 22 and 26 July 2016 and was announced. Gloucestershire Shared Lives carers shared their home, family life and community life with someone who needs care and support. Shared Lives carers support adults with learning and/or a physical disability; older people and people with mental health problems. People lived with their shared lives carer on a short or long term basis depending on their needs.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

People were supported by shared lives carers who had been vetted and robustly checked to enable them to share their lives and home with people. People's needs were assessed and discussed before they met their shared lives carers. Opportunities for people to meet their shared lives carers were provided to ensure people and their shared lives carers were compatible. People's placements and needs were reviewed regularly to ensure they were receiving care that met their needs. The shared lives carers had opportunities to have regular breaks.

People were supported by shared lives carers who knew them well. The shared lives carers were passionate about their role and helping people to have a good quality of life. Where appropriate people were supported to maintain relationships with their families. Staff and shared lives carers were knowledgeable in their responsibilities in protecting people from harm. People's risks and support requirements were identified, recorded and managed in line with their needs. People were supported to maintain a healthy life by having regular health care checks and eating healthy.

People received their medicines when they required. The shared lives carers were knowledgeable about people's medicines and administered them according to their needs. However people's medicines administration records did not always provide clear information about which specific medicines had been administered.

People were encouraged to make choices about their day such as attending activities. People's mental capacity to make significant decisions had been assessed by staff or other health care professionals however this was not always recorded in their support plans.

Staff had been trained and supported to carry out their role. Shared lives carers were in regular contact with the shared lives office team and received an annual review of their care they provided.
There were regular opportunities for people and their shared lives carers to raise concerns about the service and the support being provided.

The registered manager supported the office team. A fully established team was now in place to support the shared lives carers after a period of staff shortages in the office team. They had attended events and had strong links with a national organisation which supported people who were involved in shared lives services. The registered manager and office team monitored the quality of the service being delivered and reviewed any accidents and incidents relating to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service wasn't consistently safe.

People were protected by safe and appropriate systems in administrating their medicines however the records of the administration of people's medicine and stock levels were not clear.

People's risks and safety were assessed and managed to protect people from harm.

People were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse.

Effective recruitment procedures were in place to ensure people were being supported by suitable staff.

Is the service effective?

Good

The service was effective.

People enjoyed sharing healthy meals with their shared lives families.

People's mental capacity to make decisions had been assessed by health care professionals. People were supported to make decisions about their care and support. When people's needs had changed they were referred to the appropriate community health and social care professionals.

Staff were supported and trained to ensure their skills and knowledge were current and met people's needs.

Is the service caring?

Good

This service was caring.

Shared lives carers supported people with their personal care needs in a dignified manner. They were respectful of people's own decisions.

People were encouraged to develop in their levels of independence. People were supported to remain in contact with their families.

Is the service responsive?

Good

This service was responsive.

Effective systems were in place to ensure people were matched with shared lives carers who would be responsive to their needs. Information was collated from people, their families and health care professionals which informed people's care plans.

People had been given opportunities to try out new activities. Shared lives carers were responsive to people's needs and wishes.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

This service was well led.

The registered manager was knowledgeable about the demands of the service and provided support to the team. A new office team was in place to support the shared lives carers.

The quality of the service being provided was monitored by the managers and team.

Gloucestershire County Council Shared Lives

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 checked 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.

The inspection of the Gloucestershire County Council Shared Lives office took place on 15, 18 and 26 July 2016 and was announced. 48 hours' notice of the inspection was given because the shared lives office team are often visiting people in the community. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On 15, 18 and 26 July 2016, we visited the main office for Gloucestershire County Council Shared Lives and spoke to the registered manager, deputy manager, representative of the provider and four shared lives officers. We looked at the support plans of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including accident and incident reports. We also received information about the service from two health care professionals.

On 18, 20 and 22 July 2016 we visited three shared lives carers in their homes and spoke to four shared lives carers by telephone. We were unable to speak to people who used the service as they were either carrying out activities or the shared lives carer did not have anybody currently living with them as they only provided short stay breaks.

Requires Improvement

Is the service safe?

Our findings

People who lived with shared lives carers full time were supported to manage and administer their medicines as required. People were given their medicines on time and appropriately. Each person supported by shared lives carers had their own system in place to manage their medicines and had good links with their GP and local pharmacists. Shared lives carers who we visited showed us how they checked, stored and managed people's medicines.

However, some people only stayed with shared lives carers for short periods of time or short respite breaks. Their prescribed medicines were passed from one shared lives carer to another for safe keeping; however there was no formal system or records of the stock levels of medicines handed between the shared lives carers.

People were supported by shared lives carers who were confident and knowledgeable about people's prescribed medicines. Records showed that people were administered their prescribed medicines in accordance with the prescription. However, shared lives carers signed the medicines administration records sheets (MARS) to state they had given people their medicines collectively rather than signing for each individual medicine which was administered. This meant there was no clear record of when specific medicines were refused or not given to the person.

Some people required medicines which could be misused by others. There were no protocols or risk assessments in place for the administration and recording keeping for these types of medicines. One person had been prescribed a medicine which may be used as required if they became anxious. A protocol was in place which gave the shared lives carer's guidance on when the person should be given their medicines. However, the guidance referred to behaviour charts and specific MAR documents which were not available. Whilst we were told this person had not required this medicine for over a year, the charts and documents were not available if their needs changed.

We raised the concerns about the management of people's medicines with the registered manager who explained they were reviewing the management of people's medicines. They shared with us 'Gloucestershire Shared Lives medication policy' which was currently being reviewed. They told us that our concerns would be addressed and reflected in the new policy and staff would be retrained.

Gloucestershire Shared Lives service consisted of an office team of managers, officers and administration staff who managed and co-ordinated the service. Their role was to support shared lives carers who shared their home, family and community life with someone who needs care and support. The Gloucestershire Shared Lives office team had been through a period of change and staff shortages since our last inspection which had forced the service to review, prioritise and consolidate their workload. The registered manager said, "The last 12 months have been tough. We had a lot of shared lives carers on our books but some weren't contributing towards the service. We've worked extensively with the shared lives carers. We now have a strong team of active carers who have all been trained." They went on to tell us the office team was now re-established and in a good position to develop the service.

Thorough recruitment processes had been carried out to ensure that people were cared for by shared lives carers who had been checked and vetted before people were placed with them. Whilst no shared lives carers had been recruited since our last inspection, we were told about the recruitment and vetting processes when recruitment occurs. We were told the registered manager and deputy manager would initially screen the applicant's application form before requesting the provider's head office to apply for references and requesting Disclosure and Barring Service checks. Potential shared lives carers would also be interviewed by a panel of experienced health care professionals. Their home would be checked to ensure they could provide suitable accommodation to care and support people in their home.

However, since our last inspection the service had recruited shared lives officers and staff within its office and administration team. Records showed that the provider's head office had checked the criminal and medical histories of new staff and had obtained their references from their previous employers which were held electronically. The registered manager stated they were always asked to review the applicant's references and discuss any gaps or discrepancies in their employment histories but this was not always recorded. The registered manager stated they would implement a recruitment checklist to ensure they recorded the review process of all relevant documents associated with all staff recruitment checks to ensure they were of good character.

People benefited from a service where all staff understood their safeguarding responsibilities. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They had been trained in safeguarding people and were knowledgeable about recognising the signs of abuse. There were strong links between the shared lives officers, shared lives carers and other health care professionals to ensure people who used the service were being monitored and protected for harm. The shared lives carers benefited from respite support from other shared lives carers or respite services to ensure they received regular breaks as a carer.

People's risks were known and managed by their shared lives carers. The shared lives carers understood people's risks and how they should be managed to reduce the risk of harm. They gave examples of how they supported people with their risks such as road safety or managing their breathing airways in different postural positions. Whilst people's risks had been identified and recorded some shared lives carers felt that the management of peoples' risks could be recorded in greater detail especially if they only provided short term breaks for people. We were told this would give them a better insight into people's needs. One shared lives carer said, "The care plans are good and kept up to date but it would be good to have more details about people's known behaviours and also the opportunity to feedback what we felt that worked or didn't when supporting them."

Good

Is the service effective?

Our findings

People received care and support by shared lives carers who were knowledgeable about their role. Most shared lives carers had received training which had been identified by the provider such as first aid, food safety and medication awareness. Where possible, flexible training was delivered to accommodate the needs and time constraints of shared lives carers. Their training needs were reviewed and discussed at their annual reviews. We were told that they would not receive any new people until their training was updated as part of their contractual agreement.

We received mixed comments about the training provided to the shared lives carers. Most shared lives carer's felt the training met their needs whilst some felt the training was based on 'care provided in care homes' rather than care in people's homes. One shared lives carer said, "The training is based around care homes and we have to try and apply it to our work and the people we care for." However, most shared lives carers felt their training was satisfactory and were reminded to carry out refresher and update courses. One shared lives carers said, "We go over our training at the annual review and told which training needs updating ."

The registered manager was working with the provider's other registered managers to review the delivery of training. They told us, "We are trying to pool resources to provide more effective training." The registered manager and deputy manager were also liaising with the providers human resources and training department to ensure that all staff received their mandatory training during their induction period including completing the care certificate. The service arranges annual training awareness days for all staff and shared lives carers to attend. In 2015 the training day included Mental Capacity Act, fire safety and incident report writing. Plans were in place to deliver further training in the autumn of 2016.The registered manager was also arranging for staff to receive refresher training in medication awareness and first aid.

Staff across the service told us they felt supported by the team. Some shared lives carers had formed good relationships with fellow shared lives cares and the shared lives officers. One shared lives carer said, "We get plenty of support. We are always in contact with them at the office. They are always very helpful."

The office team were supported by the deputy and registered manager. Shared lives officer's told they generally felt supported but were getting used to the new management team and structure after a period of being short staffed. We were told that due to staffing shortages the access to support had been difficult at times and they had to prioritise their work. The office staff were expected to receive six supervisions (one to one meeting) per year and an appraisal. Most shared lives officers had received regular private supervisions with their line manager in line with the provider's policy. The registered manager shared with us their plans for the future. The registered manager explained that now they had a full team, the team would receive their supervisions and appraisals. They also added, "We have got a really good mix of skills and knowledge within the team now."

New staff were allocated a 'buddy' who they could shadow and provided on-going support during their induction period. New staff in the office team were expected to complete the provider's corporate induction

workbook. They met with their line manager to discuss their progression after two and twelve weeks. The provider was implementing the care certificate which would be monitored by a staff member who was the designated lead and assessor of the care certificate.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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.

Since our last inspection, staff had gained a clearer understanding of respecting people's human rights and encouraging people to make choices about the care and support. Staff had attended a training awareness day which educated and reinforced the need to protect people's rights and deliver care in line with the principles of the MCA. Some people had been assessed as not having the mental capacity to make significant decisions about their lives by relevant health care professionals. This information was held on the provider's central electronic system which could be accessed by the shared lives officers. Whilst this information informed people's support plan and deliver of care, there was not always recorded evidence in their support plan that people's mental capacity had been considered when making specific decisions. However, we were shown examples of good practices and where people's mental capacity had been assessed and recorded such as their capacity to manage their finances. One member of the shared lives office team had a good understanding of the principles of MCA and provided support and guidance as required to the rest of the team.

The shared lives carers had information and contact details of relevant health care professionals if people's physical and mental wellbeing changed. They told us they supported people to maintain their health by ensuring they attended regularly health care appointments such as visiting the dentist or optician. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. They informed the shared lives officers of the changes and their actions to support people. Health care professionals spoke highly of the care and support people received when living with shared lives carers. They told us that the shared lives carers contacted them in a timely manner if there were any concerns. Where recommendations have been made, the shared lives carers had been receptive to the proposed changes in people's medical regime and ensured that people received the care and support that was recommended.

People were supported to maintain a healthy and well balanced diet. Shared lives carers knew people well. They told us about people's dietary needs, preferences and choices in their meals. People enjoyed eating their meals as part of the shared lives carer's families. People were given choice about their meals and were given opportunities to eat in their favourite restaurants and have take-away meals.

Good

Is the service caring?

Our findings

People were supported by shared lives carers who were thoughtful and compassionate towards them. Shared lives carers demonstrated they were positive and passionate about their role. They shared with us some examples of how they had shared lives with people, for example taking them on holiday and joining in with family day trips. Some shared lives carers offered people long term placement while others shared their lives and homes for only short periods of time. A few shared lives carers had supported people since their childhood and explained that they were now part of the family.

Shared lives carers described the process of how people were introduced into their lives. They initially attended 'match meetings' to allow people and the shared lives carers to get to know each other. One shared lives carer said, "The match meetings are really important so we can all get to know each other and to see if we can live together. It's got to be right for both of us as it is a big step for us all." Shared lives carers explained how they managed their professional boundaries but still embraced people in their lives and home. One shared lives carer said, "It's a fine line. We want people to feel at home with us and be part of our lives but we still have to abide by the rules and make sure things are done correctly."

Shared lives carers were knowledgeable about people. They told us the things that people liked to do in their home and community and people's preferred routine, preferences and potential risks. They were aware of people's behaviours and signs which would indicate that they were unhappy or anxious about a situation. People's dignity and privacy was respected. Shared lives carers were aware of the importance in helping people with their personal needs in a private and comfortable area of their home. They respected people's choices and tried to accommodate their daily wishes as required. One shared lives carer said, "We share our lives with these people, we want them to join in but we give them choices were possible so they can control their own lives."

People were encouraged to be independent and explore new opportunities and learn new skills. Shared lives carers knew people's individual communication skills, abilities and preferences. When communicating with people who had communication difficulties, they adapted their approach to use a combination of verbal and visual sign language to help people understand. They told us the different ways people communicated their views and how they let their shared lives carers know if they were unhappy or in pain.

People had different opportunities to meet up with their own families depending on their needs or relationship with them. The shared lives carers were sensitive to people's needs to remain in contact with their families. Some families visited them in their shared lives home whilst others met up on special events such as birthdays or maintained links with their families by contacting them by telephone or meeting them in the community. Some people had very limited contact with their family or contact only with supervision. The decision for some people to have limited contact with their families was done in their best interest with the support of significant health care professionals.

Health care professional were positive about the support people received. One health care professional wrote to us and told us the two shared lives carers they had recently been involved with 'were on the ball'

and had taken on the people 'with so much love and care'.

Good

Is the service responsive?

Our findings

People received a service which assessed and monitored their needs. Referrals to the service were made via the provider's central electronic system. Any new referrals were screened weekly by the office team. The office team held a weekly meeting to discuss any ongoing issues with the support being provided by the shared lives carers or any new referrals. Health care professionals who also worked for the provider could access this information and add any information relating to the people who used the Gloucestershire shared lives service. All communication between the shared lives officers and shared lives carers were also recorded on the central electronic system. This allowed all relevant staff associated with the care of people to be updated in their progress. Shared lives officers worked with the commissioners and health care professionals countywide and in all sectors to ensure people who lived with shared lives carers were receiving care that was appropriate to their needs. All information collated helped to form the support plan which the shared lives carers used to support people.

Some people lived with the shared lives carers on a full time basis whilst others had regular short breaks or stayed with them for a few hours on a regular basis to give their main family carer a break. The shared lives carer's background, experience and skills were looked at before they were considered as a potential match for a person. The profile of people who had been referred to the service was shared with the shared lives carers who had the skills and availability to support them.

Introduction 'match' meetings were then arranged to ensure people were matched with the right shared lives carer. We were told people often visited the shared lives carers in their home and had 'tea visits' or stayed overnight. This allowed people and the carers' time to consider whether the placements were suitable. The shared lives officers visited and reviewed the placement after approximately six week. One shared lives officer said, "We go out to the homes after about six weeks to see if the placement is working well and iron out any concerns."

People's care plans provided staff with guidance on how people liked to spend their day and their preferred routines. One shared lives care said, "The care plans have to be accurate. The training is ok and gives us some skills but the care plans have to be correct, it gives us our security net." People were supported to try and explore new opportunities and activities. For example, some people went horse riding, swimming or attended college.

The shared lives officers carried out annual reviews of the shared lives carers in their homes or earlier if required. The annual reviews consisted of reviewing the health and safety checks, risk assessments and the needs of the people who used the service as well as the needs of the shared lives carers. Feedback from the people who used the service and other significant people such as people's relatives and healthcare professionals were also captured as part of the review.
We were told that a formal annual survey with the all the services stakeholders had not been carried out since last year however plans were in place to distribute a survey later in the year. The shared lives officers frequently carried out a survey with people when they carried out the shared lives carer's annual review. All new and reviewed care plans were shared with the shared lives carers for their comments before being read

and signed off by the registered or deputy manager.

Shared live carers told us the office team were responsive to their concerns and requests. Each shared lives carer had an allocated shared lives officer who they could contact if they had a concern. One shared lives carer said, "I know if I pick up the phone they will help me." Another shared lives carer said, "My shared lives officer very supportive. Brilliant!" They told us they received their annual reviews to discuss any changes or concerns about people's placement with them. One shared lives carer said, "Yes, every year I get a have a meeting with someone from the team here in my house and we go over things such as health and safety and discuss any changes since my last review."

No formal complaints had been received about the service. The provider had a complaints department who would manage any significant complaints. People had an opportunity to raise their concerns during their annual reviews or when in contact with health care professionals who supported them in their placement. People, shared lives carers and their families and friends could also raise concerns via the providers 'You engage' online feedback system.

Good

Is the service well-led?

Our findings

The registered manager had been position for several years and was knowledgeable about the service being provided. They shared with us their challenges and achievements since our last inspection. They explained how staff shortages and changes within the office team had required them to evaluate and consolidate the service. They said, "We've had some big changes in the office team most of which were unplanned. We had to prioritise and streamline our workload." They went on to tell us that they had recently recruited and now had the full complement of office staff to support the service.

The shared lives officers' generally felt supported by the each other and the managers of the service. One shared lives officer said, "It's been a hard few months, we have had to share the workload, but now we have a full team it will be good to get back to some good practices such as having regular team meetings and time to reflect on our work." This was discussed with the deputy manager who told us that regular and scheduled supervisions and team meetings would be reinstated. Shared lives carers told us the communication from the service was generally good. They were in frequent telephone contact with the office team and also received generic newsletters and emails from the service about any information that may affect all the users.

The registered manager was an active member of the national body, 'Shared Lives Plus' and had adapted their policies and guidelines to be used within the Gloucestershire Shared Lives service. The registered manager told us they had been on a working party facilitated by Shared Lives Plus to develop a quality framework which will be available for all shared lives services to use. The registered manager or officers also attended the shared lives plus national annual meeting as well as quarterly regional meetings and online forums. The registered manager said, "The meetings are really good to share information and discuss issues which are common to us all, for example the introduction of the care certificate."

The registered manager and deputy manager overviewed the quality of the service being provided. The quality of care being provided was mainly checked during the annual review of shared lives carer. The shared lives officers checked that the care being delivered to people was in accordance to their care plans such as the administration of their medicines. The newly revised shared lives policy stated that all shared lives carers should have one planned annual review (or earlier if required), one unannounced review and two telephone reviews per year. The registered manager told us that they aimed to carry out this process now the office team was established. They went on to say "Most shared lives carers usually have more than one per year, it depends on who they are caring for and how frequently they have people to stay with them." They explained they had seen more of a tendency for the demand for the service to provide short breaks rather than long term placements. The provider was reviewing and consulting with its stakeholders about the future of all services which provided short breaks for people.

The registered manager was supported to carry out their role. They received regular informal and formal support with her line manager. They said, "I see my manager on an almost daily basis and get lots of support." The provider has several services which are registered and regulated by CQC. The registered managers of the services met regularly to share information, significant concerns and provide peer support.

Actions and ideas had come from these meetings including sharing training resources and the development of an assessment tool based on CQC inspection methodology to enable them to visit and audit each other's services. We met with the registered manager's line manager and discussed their involvement in the management and monitoring of the service. They gave us examples of how they supported the team and were involved in significant events such as complaints or attending staff meetings. They told us they regularly supported the team and registered manager but were also aware that their role needed to include more of an active monitoring process. They gave us examples of this could be carried out including being involved in carer awareness training days and observing practices in the team.

All accidents and incidents were reported to the shared lives team and logged on the provider's central electronic system. The team actioned any concerns immediately and contacted various services for additional support when required. The registered manager was able to down load reports relating to the shared lives service to identify any patterns or trends in the accidents and incidents.