# Independence and Well Being Enfield Limited

# Adult Placement Scheme

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 6 September 2018 and was announced.

In March 2017 the provider changed its name and legal entity from London Borough of Enfield to Independence and Wellbeing Enfield Limited. This is the service's first comprehensive inspection under the new provider registration. Under the previous provider registration the service had been inspected in April 2016 and had been rated 'Good'.

The Adult Placement Scheme arranges for vulnerable people to live with adult placement carers either on a permanent or short term respite basis or in a crisis situation. People who use the service may have learning/physical disabilities, mental health needs, be older people or young people leaving care. On the day of the inspection there were four people using the service.

Not everyone using the Adult Placement Scheme receives 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.

A registered manager was in post at the time of this inspection. 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.

The service identified risks associated with people's health and social care needs. Risk assessments gave clear guidance and direction to carers on how to support people with managing or mitigating any known risks so that people were supported to be safe and free from harm.

One person told us that they felt safe in their current placement. The service had safeguarding policies in place which were followed appropriately where people were at risk of suspected abuse.

Safe medicine management processes in place which ensured people received their medicines as prescribed.

Carers were recruited to offer a placement within their own home for vulnerable adults requiring support. Carers were not technically employed by the service but once assessed as safe and competent, carers were commissioned to provide a placement.

People's needs and choices were clearly assessed and documented prior to arranging any type of placement to ensure that the person was appropriately matched with a carer that could effectively meet their needs.

Carers received appropriate support in the form of regular supervision, appraisals and training.

The service worked in partnership with a variety of health and social care professionals to ensure that people received a holistic package of care that supported their health, care and emotional support needs.

People had consented to their care and this had been clearly documented within their care plan. Where people were unable to make specific decisions around their care needs this had been recorded and care had been planned with the involvement of relatives or advocates where appropriate in their best interests.

People receiving care and support had been living with their adult placement carer for a number of years and had built positive and caring relationships based on trust and friendship.

Care plans were very detailed and person centred which provided an in-depth picture of the person, their likes and dislikes and how they wished to be supported.

People received care and support that was tailored to their needs and requirements. Alongside the support they received with their personal care, people were also supported to access a variety of social and community activities and services. With this support people were enabled to lead independent lives and integrate with the community and society.

Clear processes were in place for people to complain about any aspect of their care and support. Records confirmed that all complaints were dealt with according to the provider's policy.

The registered manager had a number of audit processes in place which allowed the service to have oversight over the quality of service provided to people within their placements. Where issues or concerns were identified, all actions taken to resolve the issue were clearly documented.

People, relatives, professionals and carers were encouraged to give regular feedback through the completion of annual satisfaction surveys, service users meetings and carers meetings.

The service used all information received through monitoring, complaints and feedback to ensure learning and improvements were taken forward so that the service could continue providing a high-quality 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?

Good

The service was safe. Processes in place ensured that people were kept safe from abuse. Carers demonstrated a good understanding of how to keep people safe.

Risk assessments identified risks associated with people's health and social care needs and gave clear guidance to carers on how to manage those risks in order to keep people safe.

Safe medicines management processes in place ensured people received their medicines on time and as prescribed.

The service only supported people where an appropriate placement was available. Therefore staffing levels were appropriate to meet the needs of people.

Infection control was understood by carers and appropriate equipment was available to support this.

### Is the service effective?

Good

The service was effective. People's needs were comprehensively assessed prior to an appropriate placement being sought.

Carers were appropriately trained and skilled to carry out their role. Carers were also supported through supervisions and annual appraisals.

People were supported to eat and drink a healthy and nutritional diet. People lived in placements which were considered to be the person's own home. Therefore, people had meals as they would in their own home.

Partnership working across the service and with other healthcare professionals was vitally important to ensure people received a holistic and effective package of care which supported their needs and well being.

### Is the service caring?

Good

The service was caring. People had been living with their carer for a number of years and had developed positive and caring

relationships.

People were supported by their carers to maintain and promote their independence; working towards living independently in the community.

People were involved in developing their own care plans. Care plans were person centred and detailed how people wished to receive their care and support.

## Is the service responsive?

Good

The service was responsive. Care plans detailed people care and support that was responsive to their needs.

People were supported to access a variety of activities and services that people had identified and expressed an interest in.

A complaints policy was available and accessible to all which outlined how to make and a complaint and how this would be dealt with. People and relatives knew who to speak with if they had a complaint to make.

## Is the service well-led?

Good

The service was well-led. People spoke more with their allocated social worker or key worker if they wanted to discuss the management of the service they received.

Carers knew the registered manager and the management team and were able to access them at all times.

A number of processes in place enabled the service to check and have oversight of the quality of care delivered within each of the placements. This allowed for intelligence to be gathered for learning and further development of the service.

The service worked positively in partnership with a variety of healthcare and social care professionals to ensure that people received a holistic package of care.

# Adult Placement Scheme

**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 comprehensive inspection took place on 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides adult placements where vulnerable people are living with carers in their own homes. This inspection was predominately office based and we needed to ensure that the registered manager would be available to support with the inspection process.

One inspector carried out this inspection with the support of an expert by experience who made telephone calls and spoke with people and relatives of people using the service. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person. We also spoke with the independence service manager, the registered manager, two adult placement officers and four carers. We looked at four people's care plans and the recruitment and training records for three carers and one staff member, medicines records and records relating to the management of the service such as audits, policies and procedures.

Good

# Is the service safe?

## Our findings

The one person we spoke with, when asked if they felt safe with the support they received from their carer said, "Yes all the time." Other people receiving care and support were unable to tell us how they felt about the care and support that they received, over the telephone, due to their disabilities.

The service followed the Pan London Safeguarding policy which gave direction and guidance on how to identify signs of abuse and the actions to take to protect people from abuse. Carers recruited to provide adult placements received training on safeguarding people from abuse and were able to explain the signs they would look for to identify potential abuse and the actions they would take to report any suspected abuse.

We saw records of safeguarding concerns that had been raised, which were currently under investigation. The service had carried out their own preliminary investigation of the concerns and had put measures in place to protect the person at risk.

The service completed comprehensive risk assessments which identified risks associated with people's health, care and support needs. Risks included slips, trips and falls, grief, anxiety, personal hygiene, medication and incontinence. Each risk assessment detailed what the hazards were, who was at risk, what was currently being done to reduce the risk, what more could be done to reduce the risk and who was to action each element of the assessed risk. Carers had been provided with detailed information about the person that was placed with them and their known risks and were clearly able to describe the steps they would take to reduce or mitigate known risks so that people were kept safe and free from harm. Risk assessments were reviewed annually or sooner where significant change had been noted.

The service provided long and short term living placements for vulnerable adults requiring support and stability within their lives. Therefore, ensuring staffing levels were maintained was not an area of concern for the service. The service could only place people with available carers that matched the person's assessed needs and requirements.

The service welcomed applications from people who expressed an interest to become a carer. Once an application was submitted, carers were required to undergo a robust recruitment and vetting process to ensure that they were assessed as safe to work with vulnerable adults. This included a disclosure and barring criminal record check, references detailing conduct in previous employment, proof of identity and health and safety checks of the property at which the person would potentially be living at.

A clearly defined medicine policy was available to follow to ensure people received their medicines safely and as prescribed. Medicine administration records were completed appropriately. People were supported to receive their medicines according to their needs and requirements. Where people had been prescribed medicines that were to be administered as and when required, appropriate protocols were in place to support this. 'When required' medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or

inhalers for breathing difficulties. Protocols detailed the medicine to be administered, the reason it may be required and the dosage required to be administered.

All carers were trained in medicines management. The service had audit processes in place which looked at the appropriate completion of medicine administration records every month as well as ensuring that people were receiving their medicines safely.

All accidents and incidents involving people were clearly documented by the carer. Information recorded included the details of the incident, remedial actions taken, any witness notes and any follow up action required which included supervision with the carer following the incident and updating of the person's support plan. We discussed lessons learnt and improvements with the registered manager and the adult placement management team who confirmed that incidents, accidents, safeguarding concerns were discussed at team meetings to review and analyse each incident with the focus on how to prevent or reduce such similar incidents from re-occurring. The registered manager gave an example of a recent safeguarding concern that had been raised which had led them to review the support guidance in place for carers involved in allegations made against them whilst these were being investigated.

The service ensured that staff understood infection control and how to protect people from infection. Carers had been trained in infection control and the service ensured adequate supplies of personal protective equipment (PPE) such as gloves and aprons were available.

The service completed health and safety and environmental checks of each carer's premises to ensure that accommodation arrangements were safe for people to live. These checks were reviewed yearly and included checks of gas, electrical appliances and fire safety.

Each person placed at a carer's home had a missing person's protocol in place which provided information to assist emergency services should a person go missing. This photographic document detailed the persons physical characteristics, methods of communication, travel documents such as freedom pass or oyster card number, whether they have a passport and possible places the person may abscond to. This formed an important part of the person's care plan in ensuring their safety throughout their placement period.

Good

# Is the service effective?

## Our findings

People were unable to tell us whether they felt their carer was appropriately skilled and trained to support them with their care and support needs. However, records confirmed that carers received training in a variety of topics which included, safeguarding, Mental Capacity Act 2005, first aid and medication. People who were accepted to become carers and offer placements to vulnerable adults were generally individuals from a professional background with some carers having a background in health and social care which supported their role.

The registered manager also told us that where people had specific needs or risks, training in that area was immediately identified and sourced to ensure that allocated carers were equipped with the required skills to support the person with their specific need effectively. We saw certificates confirming carers had received training in dementia care, diabetes, epilepsy, challenging behaviour and autism.

Carers told us and records confirmed that in addition to the training that they received, they were also supported through regular supervision and an annual appraisal process. Areas for discussion included wellbeing, placements, caseload review, medication and what is and what is not working well. The service had recently introduced a new initiative as part of the annual appraisal process which required a carer to complete a 'day in the life of' exercise which detailed the carers experience and how they support the person allocated to them on a day to day basis. This allowed the service to review each placement from the carers perspective, share practices with other carers and note any improvements that could be made based on carers' experiences.

The service used the local authority care and support plan as the foundation of their pre-service assessment when assessing whether the service had a suitable placement to offer the person which would effectively meet their health and social care needs. A person-centred care plan was then developed based on this information. The registered manager explained that the local authority held primary responsibility for ensuring that people's needs, choices and wishes were initially assessed and documented with regular reviews taking place to ensure the person's assessed needs were current allowing for any changes to be identified, documented and incorporated into the person's care plan. Reviews took place on annual basis or sooner where required and involved the person, their allocated carer, involved relatives or advocates and the service representative.

People lived with their carer as part of the carer's family. The placement, whether on a long or short-term basis, was the person's own home. People were supported with their nutrition and hydration. Care plans detailed people's likes and dislikes in relation to food and drink as well as their abilities when cooking so that this could be taken into consideration by the carer whom they were placed with. Carers ensured that people received a balanced diet as any other person within the family would. We saw records confirming that people not only enjoyed fresh homemade meals but also enjoyed eating out in restaurants and cafés which supported their independence and integration into the community environment. We asked one person whether they received a choice of meals. The person with the support of their carer responded, "We always ask [name of person] what would they like to eat, choice is given. [Name of person] is very choosy

with food and likes soft food mainly."

The service worked under the umbrella of the local authority and not only worked effectively as a team within the service but also worked effectively with other health care professionals so that people received a holistic and multi-disciplinary based service when living with their carer. The service was based within the local authority learning disabilities team office and had access to a variety of health care professionals which included occupational therapists, community nurses, social workers, psychiatrists, dieticians and physiotherapists. We saw records within people's care plans of where the service had made referrals to these professionals after a specific need had been identified. For example, the service had a made a referral for deputyship for one person where concerns had been noted about how they were managing their finances.

Carers were required to keep records of daily activities and the support that people received. Where significant information exchange was required carers were asked to contact the service so that this information could be logged on a central system which was accessible by all involved local authority health care professionals. This ensured that, through this information exchange process, proactive actions could be taken to ensure people's needs were effectively met.

Carers supported people to maintain positive health and wellbeing where required. This included supporting them with medical and health care appointments. Each person had a communication book which included information of attendance to any such appointments and the outcome of the visit. Again, carers were also required to communicate any such significant information to the office so that the information could be recorded on the central database system, for access by all health care professionals involved.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service did not support any person currently who was subject to a DoLS authorisation.

People's capacity was assessed as part of the care planning process. Where concerns with people's capacity was noted this was clearly documented with details of the support they would require to make certain identified decisions. People receiving care and support from the service were able to make decisions and consent to their placement and the package of care that they received. This had been clearly documented within the person's care plan and also included signed confirmation of involvement from relatives, the allocated carer and a senior member of the management team. Carers demonstrated good knowledge of the MCA and of each person's mental capacity and ability to make decisions.

Good

# Is the service caring?

## Our findings

The one person we spoke with told us that their carer was "caring" and "respectful." Carers explained that the people they supported had been living with them for some time which allowed them to establish and develop positive and caring relationships with the person. During the inspection we were told about one carer who had two people placed with them. A friendship based on mutual respect and trust had been formed between them which enabled them to participate in shared activities and interests together.

Carers also supported people to be socially active. Carers registered with the scheme often met together on a social basis to support each other which also gave the opportunity for people they supported to meet each other and establish new friendships.

Carers knew the people they supported well and were very aware of their likes, dislikes, preferences and choices and most importantly their personalities and behavioural traits. With this knowledge carers knew how to support people in a way which took into account their mental health needs and disabilities and supported them to maintain positive well-being.

People were involved in planning their own package of care and support that was based on their needs and requirements. Some people expressed an interest in writing their own care plans which the service supported. We saw records confirming people's involvement in the delivery of their own care and how they wished to be supported whilst living at their placement. People's care plans detailed their likes and dislikes, what was important to the person and how they wished to be supported. Whether on a long term or short-term placement, maintaining people's lifestyle choices and routines was an integral part of the carer's role and the success of the placement.

The service also encouraged people to be involved at a strategic level in developing the service. People were included in the interview panel that made decisions about the carers that were selected and recruited. One person who regularly supported the panel was visually impaired. The service ensured that documents required during interviews were provided in large font or in braille so that the person was supported with accessible information to be involved fully in the process.

Three monthly service user forums were another way in which the service brought people together to discuss topics that mattered to them and possibly affected the care and support that they received. Through these meeting people were able to interact with each other which had led to specific pieces of work being undertaken. Focus groups had been set up which looked sharing information and what was important to people and what was important for people. This enabled people to express their views and gave them the opportunity to be actively involved in how care and support could be delivered to other people based on their experiences.

Carers were able to give us specific examples of how they supported people to maintain their privacy and dignity. One carer told us, "[Name of person] have their own room with an en-suite bathroom. They can shut their own door and spend time in their own room if they need time out."

Promoting independence was one of the service's ultimate aims. The service worked with people and their carers to empower and equip them with the skills and tools to transition them to independent living. The registered manager told us, "It's about maximising people's potential." The service was able to give us examples of where people had transitioned from receiving daily living support to living independently. Carers understood the importance of promoting people's independence and told us, "We promote independence but we are there to prompt them where needed" and "[Name of person] has her routine. They have become very independent and always has something to do."

People's needs in respect of their age, disability, sexual orientation and religion were clearly understood by carers and met where appropriate in a caring way. For example the service supported people with maintaining their relationships outside of their placement where possible. The registered manager gave us examples of where support mechanisms were in place for people to meet with their partners and children.

Good

# Is the service responsive?

## Our findings

People's care plans were detailed and person centred. In-depth information was gathered about the person which included statements the person had made about themselves. For example, "What people like and admire about me", "What is important to me" and "My support." This gave carers and all other professionals clear information about the person and their support needs. One person's care plan listed "Know this and do this" which gave information about the person's individual and personalised needs and tasks that the carer needed to be aware so that care planning and provision was responsive to those needs. Where people were able to and expressed the wish, they wrote their own care plans and listed their own goals and aspirations which they wanted to achieve. Carers supported people to achieve these.

People's personal history had been documented to enable carers to provide personal care in a way which met people's specific needs and requirements. Care plans included information about each person's culture, relationships, sexual health needs and friendships and the context about why they were vulnerable or needed support.

Care plans and placements were reviewed on an annual basis or sooner where significant changes had been noted. Reviews were always led by the local authority responsible for funding the placement in partnership with the person, their relative, their allocated carer and the allocated placement officer from the service.

Each person who used the service had goals they were working towards. Carers facilitated these on an individual basis depending on the pace and inclination of each person. Some people were engaged in academic or vocational courses or day centre and carers helped them with routine, organisation and attendance to these. One person had listed achievable goals such as cooking which the carer was required to support with.

People had developed activity plans which they followed on a day to day basis. Plans incorporated their goals, likes and dislikes. We saw examples of where people went to the cinema, ate out at restaurants, went to the gym, took pets for walks, visiting family and going on holidays. Activity and weekly plans were key documents which people followed as part of their daily routine.

One person, who was placed for respite with a carer, had not brought their activity plan with them which disrupted their routine and led them to being in negative well-being. The service recognised the importance of people's daily and weekly activity plans and how this impacted on the success of their placement and so in response to this identified need, the service implemented a requirement for all carers to ensure they developed or held copies of the person's activity plan so that care and support was consistent and not disruptive for the person to achieve positive well-being.

People had a hospital passport which contained information such as allergies, medical interventions and gave instructions on how best to assure the person and communicate with them if they were anxious. It also detailed their moving and handling needs and likes and dislikes. This meant that in an emergency situation or if the person required hospital admission, they had an accessible document which would enable the

healthcare professionals providing interim care to have essential information to hand to effectively care and support the person.

The service followed the local authority complaints policy and procedure to ensure all complaints were dealt with effectively and responsively. The service had received one complaint under their new registration. The complaint had been clearly documented with details of the nature of the complaint, the actions taken and the outcome. We saw for the complaint the service had met with the person and their family to discuss the concerns and how the service had resolved the complaint with a favourable outcome for all parties involved. People were always encouraged by their carers to raise any concerns or issues with them which would be passed onto the service involving the person's allocated social worker. One carer told us, "We do ask the service user if they are okay and if anything is bothering them or is there anything you're not happy with. So, from asking these questions we know if something is bothering them."

End of life care was also available as a placement offered by the service. At the time of this inspection the service was not providing any end of life care. The registered manager was clear that end of life care would only be provided where carers had received the appropriate training to provide this level of support.

Good

# Is the service well-led?

## Our findings

The registered manager and adult placement officers knew the people they had placed with carers well. People were able to contact the service if they had any concerns or issues to raise or if they wanted to discuss their package of care. However, the registered manager explained that people and their relatives were always encouraged to speak directly first with their allocated social worker to discuss their support package. Exchanged information was then passed on to the service to action where appropriate. This was because people received personal budgets from the local authority that was managed and overseen by the local authority. Therefore, their primary involvement of managing the package of care and supporting the person was the process to be followed.

Carers' first point of contact was always the registered manager or their allocated adult placement officer. Carers told us that the management team was always available to support and guide especially when a person had been placed with them.

Carers also told us that and records confirmed, that the service organised quarterly carers meetings. Out of the four meetings held in a year, carers were required to attend at least one. This was in addition to the bi-monthly supervision and annual appraisal process. Topics discussed included what is working, what is not working, Healthwatch, CQC, complaints, medicine administration and satisfaction surveys.

Carers told us that these meetings were helpful and gave them the opportunity to meet other carers, share experiences and learn from each other. The registered manager also told us of inviting external organisations and charities to come and give informative talks and presentations to carers to help them in their role. Attendance by carers at these meetings was monitored and where issues or concerns were noted, the service tried to accommodate carers' needs and requests to ensure maximum attendance.

The service's management also held monthly team meetings to discuss day to day operational matters. Agenda items included, well-being, case loads, carers meetings, panel applications and medicines management. Discussions at meetings were recorded and details of the discussions that took place, actions to be taken and by when were clearly documented. The registered manager explained that where issues were identified meetings would be held more frequently.

The registered manager and provider had robust audit systems in place which enabled them to oversee the provision of services and monitor the overall quality of the service people and carers received. The service was keen to learn and improve services where possible and used all data collated through audits to implement an action plan with details of the actions they were taking. Audits and checks looked at medicines management, care plans, reviews, supervisions and training. The audit was a live document which was accessible by the services management team to keep updated on a daily basis with actions that had been taken to make the required changes and improvements.

People, relatives and carers were regularly encouraged to give their feedback and share ideas with the service about their experience of using the service. This included organised service user forum meetings,

carers meetings and the completion of annual satisfaction surveys. People received surveys that were in pictorial form to enable and support them to answer the questions being asked. The most recent survey exercise had been completed in April 2018 and the results were yet to be published. Results of previous surveys were overall positive and where concerns were noted an action plan was in place to address the issues. Results of all surveys were also discussed at service user forums and carers meetings with information given to people about the actions they were taking as a result of the survey. The registered manager told us, "We are always evolving."

The provider produced a quarterly magazine which was available to members of the public and was also sent to people receiving a service, relatives and carers. The leaflet contained combined information about each of the provider's services as well as information of interest such as information on dyslexia, new innovations, feedback from satisfaction services and compliments and comments.

The provider and service engaged and worked in partnership locally and nationally with a variety of healthcare professionals and organisations to support care provisions as well as keep abreast of the most current and up to date information available in relation to the service that was provided. The service maintained positive links with a variety of healthcare professionals which included, GPs, occupational therapists, speech and language therapists, physiotherapists and psychiatrists.

The provider and registered manager also attended annual conferences for 'Shared Lives' which is the nationally recognised name for the type of service the Adult Placement Scheme provided. The annual conferences provided information and guidance to the service on the latest developments so that these could be implemented within the current service model. The providers aim for the future was to adopt fully the 'Shared Lives' name and model.

The service was looking at ways in the service could be enhanced and areas of innovation could be explored. One area the service was looking at was how they could provide support to young adults transitioning from being in care. Another area was how the service could support people who had complex health and social care needs effectively. The model which the service was looking to implement was to set up a multi-disciplinary team at the start of any placement which would consist of a variety of identified health care professionals which could include an occupational therapist, psychiatrist, physiotherapist and dietician so that people's holistic needs could be identified and the person could be supported right at the beginning of the placement to address those identified needs.