

Hertfordshire County Council

Ware Road Day Centre

Inspection report

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23 May 2019

31 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Ware Road Day Centre [Shared Lives] supports adults with a learning disability. The scheme supports people to live within a shared lives arrangement with a shared lives carer as a part of their home and family.

At the time of the inspection five people were receiving the regulated activity of personal care.

People's experience of using this service:

Shared lives carers told us people were happy with their shared lives arrangement. One said, "Having [Person] as part of our family has been a fantastic experience. They are one of us and we see them as a [relative]." 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.

People were safely cared for by Shared lives carers and staff who knew how to identify when they may be at risk of harm. The arrangement ensured their daily support needs were met by a consistent shared lives carer. People were supported by shared lives carers who had gone through a robust recruitment, selection and matching process. Where people had their medicines managed for them this was done in a safe manner and given when they needed them. Risks to people's health and welfare were identified, responded to and both staff and shared lives carers knew how to manage those risks safely.

Staff and shared lives carers told us they felt supported by the registered manager. People's consent was sought prior to care being provided, and legal requirements were met when people were unable to provide their own consent. People and the shared lives carer were matched through a robust assessment prior to the placement commencing. People were supported by a range of health professionals and were able to freely access healthcare appointments when needed.

People were encouraged to be as independent as they could be and staff and shared lives carers listened to their views and opinions. Staff and shared lives carers demonstrated a passionate and empathic approach when talking about the people they supported.

People received care that met their needs, preferences and choices. People were encouraged to engage in meaningful activities and participate in a range of community activities. Where appropriate people were supported to seek work, join clubs, colleges etc. Shared lives carers felt able to raise concerns or complaints with staff or the registered manager.

The registered manager and provider had systems in place to monitor the quality of the service provided. The office staff maintained regular contact with people and their shared lives carers to monitor the quality of care provided. The registered manager was in the process of developing a network where they could receive regular feedback from people and shared lives carers.

Rating at last inspection:

This service was registered with us on 20/04/2018 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. If we receive information that suggests people may not be receiving high quality care we may inspect sooner.

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?

Good ●

The service was well led.

Details are in our Well Led findings below.

Ware Road Day Centre

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Ware Road Day Centre [Shared Lives] supports people with a range of disabilities and ages to live as part of a family unit within a domestic home. People are matched with approved carers known as 'Shared lives carers' (SLC). The scheme offers long-term and short-term placements with SLC.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager was available to support the inspection.

Inspection site visit activity started on 23 May 2019 and ended on 31 May 2019. We visited the office location on 23 May 2019 to speak with the registered manager and office staff. Between 23 May and 31 May 2019 we sought further feedback from two shared lives carers and three healthcare professionals by telephone.

What we did:

Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We reviewed statutory notifications the service is required to send us. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, two office staff and two shared lives carers. We reviewed two people's care records, and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of harm or abuse. They told us they would know who to speak with if they had any concerns about their safety. One person told us "I would tell 'mum'."
- A shared lives carer (SLC) told us "The girls have the office number on the inside of their wardrobes and can call them at any time."
- Shared lives carers and staff are provided with training related to recognising potential abusive situations and how to raise concerns to the office or local authority.
- The registered manager was aware of the need to alert the local authority when they had identified potential abusive situations. We saw evidence of how the service had worked in partnership with the local authority to protect people from abuse.

Assessing risk, safety monitoring and management

- Risks associated with people's health needs were assessed. For example, where people lived with epilepsy assessments were in place that recognised how to keep the person safe in the event of a seizure.
- Risk assessments were complemented by staff knowledge of supporting people's health and well-being. Shared lives staff kept in regular contact with SLC's and people. The risks were known to staff who regularly reviewed those risks with a variety of health professionals.
- Staff encouraged people to take positive risks to support their independence. One staff member said, "We need to support our carers to take risks, but in small steps. Our carers can feel isolated, they are not in a big team of people so it is important to give them the confidence to take positive risks."
- They went on to say, "We have [Person] who was in foster care. We was told they wouldn't go out. [Person] is now is able to go out to the local shop. They have their phone on them, adapted for use, and goes to the local town to buy lunch. They are so chuffed with themselves. Where before in foster care they had been wrapped in cotton wool, not allowed to take risks. The carer slowly did the walk with him, then half the way and now they are accessing the town, on their own so can have the same freedom as we do."
- Prior to a SLC being approved to support a person, the SLC's home was assessed for any potential risks.

Staffing and recruitment

- There were sufficient staff in the office and shared lives carers available to support people's needs.
- The service had a robust selection and recruitment system in place to ensure only staff and SLCs with the appropriate skills and attributes were employed.
- The selection process involved potential SLC's application being presented to an independent panel to be approved. The registered manager was reviewing their procedure and considering how to 'Validate' SLC after a specific period of caring for someone. They told us they were considering when to re-present SLC's to the panel to ensure they continued to meet the required standard set by the provider.

- People were supported by office staff and SLC's who had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Using medicines safely

- Where people required support to manage and administer their prescribed medicine this was detailed in their care plan. People were supported to manage and where assessed as able to, administer their own medicines.
- Shared lives carers had received training on how to safely support people with their medicines.
- We looked at records relating to prescribed medicines. Although records completed did not suggest people had not received their medicines as prescribed, staff told us they did not audit the physical stocks. They had identified this prior to the inspection, and we saw this had been added to the regular checks they carry out when they visit the persons home.
- Staff and SLC's regularly reviewed people's medicines through regular reviews with their GP and relevant health professional.

Preventing and controlling infection

- Shared lives carers we spoke with knew the importance of maintaining good home hygiene.
- Shared lives carers (SLCs) told us they supported people to understand about how they could prevent infections. For instance, SLCs encouraged people to brush their teeth and wash daily.
- Shared lives carers who supported people with the preparation of food had received appropriate training to ensure they understood how to promote food safety.

Learning lessons when things go wrong

- The service supported office staff and SLCs to identify when incidents and accidents needed to be reported.
- Systems were in place to cascade learning across the staff team from incidents. Staff were able to recall previous incidents and the discussions that arose to review their practise. One staff member said, "We always review any incidents, talk about whether we got it right, and make changes if we have to."
- They went on to provide an example by saying, "One of the things we are talking about at the moment is the banding assessment we use. It looks at their [People's] needs and provides a funding stream to tell us how much support they need. We banded [Person] wrongly, and the shared lives carer is finding it difficult and needs more support. So we will change it and learn from why and how it happened."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to a person being matched with a SLC, a full assessment of their care needs was carried out.
- The registered manager received an initial referral from the referring authority, then completed their own assessment. This was used to help match the person to a SLC.
- People were then matched to a particular SLC where they would also meet them and be given an opportunity to ask any questions about the SLC, their home, family and so on. Once the assessment was completed, a panel reviewed the information and made a final decision.
- Staff and SLC's supported people to communicate using a variety of techniques and technology. This ensured people's views were central to the assessment process.

Staff support: induction, training, skills and experience

- Office staff and SLC were provided with training appropriate to their role. Staff felt well supported by the registered manager and told us they received frequent supervision where they could review their performance and set objectives. One staff member said, "[Registered manager] is very supportive. Any help I need or extra training I want they will help me organise it. I feel really well supported and love my job."
- Staff told us they also held group supervisions regularly. One staff member said, "We pick a topic and pick someone to share things in the team. I have learned so much through doing that. We have done medication, personal evacuation plans. [Registered manager] is good and listens."

Staff said they were supported to attend additional training to offer support to SLC's and people. One staff member said, "As a whole are seeing more people with mental health being referred so it is an area we need to develop." We saw plans were in place to support staff with developing this area of their practise.

Additionally, staff were encouraged to attend conferences and talks on a variety of subjects.

- Shared lives carers gave us positive feedback about the training offered and the support they received from staff. One SLC said, "The shared lives scheme is fantastic support to me and [Person]. Anything I need is available to me. The staff are always on hand and very approachable."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in

their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA.

- The registered manager, staff and SLC's were aware of the need to act within the code of practice for the MCA and how to obtain people's consent.
- The registered manager had referred one person to the local authority (LA) as they were concerned about the arrangements for managing their finances. They felt the arrangement created a conflict of interest with the SLC concerned. The registered manager told us they were waiting for the LA to assess this decision, however it was clear they understood the decision process and legal obligations relating to areas such as DoLS and Court of Protection matters.
- Documented assessments and subsequent decisions demonstrated that people's views had been fully considered prior to a decision being made.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan.
- People were encouraged to live a healthy lifestyle and make healthy choices about what they ate. People's nutritional needs were monitored by staff and the SLC, and referrals made to the appropriate professional when required.
- One SLC told us, "[Person] knows what they like to eat, we sometimes cook things together to get them interested in other things."
- People were supported by a range of health professionals and specialists. When people needed to access services such as the GP, staff and SLC were quick to refer them. One SLC told us about some of the difficulties they had recently faced with the GP, and how staff had been very quick to support them and resolve the issue.

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

- Office staff and SLCs worked together to ensure people received effective care and support.
- There was good communication across the office staff and SLC's who had built a good rapport with one another. Changes in people's needs were recorded and acted upon in a timely manner.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- Staff and SLC's spoke about people in a passionate, kind and caring manner. They told us that nothing was too much trouble for them. One SLC said, "[Person] is growing as a person every day, they have such a diverse range of needs that make them who they are."
- People were well supported by their shared lives carer (SLC). One SLC described how they had supported one person to be part of their family.
- People were encouraged to be part of the local community they lived in.
- People and their SLCs worked together along with staff to ensure their aspirations and goals were met.
- It was clear from the discussions with SLCs, staff and professionals that everyone involved in providing care and support to people were committed to providing a strong person-centred culture

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

- People were central to developing their care plans and could decide what care and support they needed.
- Where people were not able, or did not wish, to express views about their care and support their SLC and health professionals were involved where appropriate. This helped to ensure the care and support the person received was appropriate for their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff and SLC understood what was meant by respecting people's privacy, dignity and independence.
- People's independence was central to the support provided. When staff initially began working with a person and their SLC, uncovering what people could do themselves was central to the support plan. This approach to promoting people's independence was visible through regular reviews of people's care.
- People were supported by an advocate when necessary to support them with making decisions about their care and support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People received a personalised service from their shared lives carer (SLC) and office staff.
- Care plans detailed people's care preferences to enable staff to provide them with personalised care to meet their needs. Care plans were reviewed at regular intervals and updated whenever changes to people's care needs were identified.
- People were fully involved when matching them to a SLC. This was to ensure people and the SLC shared many of the same interests, so they could meet not only their support needs, but also social needs.
- People had active and busy lives supported by the SLC's. People were supported to attend college, day centres, and schemes for people with disabilities. They were also able to spend their time engaged in activities and hobbies. One SLC said, "We are taking [Person] to Disneyland Paris and together we are doing lots of research about it. [Person] does a lot with college, they are learning the basic skills, literacy, repeating back phrases, learning how to communicate really. We do one to one cookery, [Person] likes to look at the animals, so we tried to get them to horse ride, not very successfully, but we keep trying. We have a caravan, [Person] loves going to the caravan park, [Person] just loves the entertainment."
- People were involved in the development of their support plans which detailed people's personal preferences, likes and dislikes. People's culture and religion was also reflected.
- Staff and SLC's identified people's communication needs by assessing them and implementing strategies that enabled people to communicate. Office staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- People who were supported with long-term and short-term arrangements were treated as part of the SLC's family. One SLC told us "[Person] had a very unsettled time before coming to us. I think that part of why they are developing so well now is because [Person] is part of our lives and family. The other kids treat [Person] just the same, and I think that socialising and acceptance has done wonders."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and SLC's identified people's communication needs by assessing them and implementing strategies that enabled people to communicate. Office staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.

Improving care quality in response to complaints or concerns

- The service had systems in place to deal with complaints or concerns. Copies of the complaints procedure were made available to people and SLC's.
- The registered manager kept a record of complaints or concerns raised and responded in a timely manner when complaints were raised.
- SLC told us they would not hesitate to raise a concern themselves or on behalf of a person, and had confidence in the scheme to resolve any issues in a timely manner.

End of life care

- At the time of the inspection no person required support with end of life care needs.
- The registered manager said they could provide this level of care if required and training was available to support staff and SLC approach.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Continuous learning and improving care

- There was a clear vision and culture with the service led by the registered manager.
- There was an open and transparent culture at the service which staff confirmed this. Staff we spoke with were well informed about the vision for the service and challenges.
- There was a focus on people's strengths and working in partnership with people to develop confidence and independence.
- Shared lives carers (SLC) health professionals and staff told us the service was well managed. They said the registered manager was proactive and visible, and led their team well. One health professional said, "It's a solid and dependable service, the leadership and responsiveness of [Registered manager] is very good. We are very happy to work with them."
- The registered manager, staff and SLC's were aware of their responsibility around duty of candour. One staff member said, "It's about accepting that things go wrong and being honest about it. We say we are sorry, and look at how to make sure it doesn't happen again."

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

- There was a registered manager in post. The registered manager and provider kept themselves up to date with legislation which affected the care industry. SLC's and staff had clear lines of responsibility to effectively manage the support people required.
- Systems were in place to monitor the quality of the service provided. Each person and the shared lives carer (SLC) were contacted regularly by both phone and in person to check how the placement was going. Each person had a formal review of their care and staff were able to review areas such as medicines, cleanliness, incidents, safeguarding etc.
- The registered manager, staff and SLC's were aware of what to report. Providers and registered managers are required to notify us of certain incidents or events which have occurred. We checked our record and found we were notified when required.
- The provider had policies and procedures in place which reflected best practice or national guidance.
- People's records were accurately maintained and office staff used passwords to access computer records to maintain security.

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

- Shared lives carers and the people they supported were invited to scheme events and had opportunities to be involved in the development of the organisations plan.
- Office staff maintained regular contact with SLCs and the people they supported. One SLC said, "Office staff are really on the ball, I just sent an email and they are straight on the phone."
- There were opportunities for people and their representatives to share their views about the quality of the service provided via spot checks and quality visits undertaken by the registered manager.
- Surveys were sent out to people, SLC's, staff and other stakeholders to gather feedback about the quality of the service provided.
- Regular team meetings were held for staff to share their views about the service, or to discuss changes or improvements.

Working in partnership with others

- The scheme was part of Shared Lives Plus, which is the national member organisation where updates were provided to scheme members of any changes affecting shared lives arrangements. All staff and the registered manager were aware of current changes.
- Staff were encouraged to attend conferences and development events to develop their knowledge and networks. Staff told us of a recent event they had attended which had helped broaden their awareness, which they then shared with staff upon their return.