

St Anne's Community Services

St Anne's Community Services - Shared Lives

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

St Anne's Shared Lives is based in Leeds and recruits carers who can offer a home to an adult with learning disabilities. St Anne's Shared Lives match carers to people needing support. They are responsible for the recruitment, approval, supervision and training of these carers. Shared Lives schemes offer an alternative to both residential and more traditional care at home services for people who need personal care and support with their day to day lives. The Care Quality Commission (CQC) regulates the provision of personal care for people who use the service. At the time of our inspection there were 72 people who used the service and 106 shared lives carers providing their support.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People told us they felt safe and well supported. They said they were treated well. Robust and safe recruitment procedures were followed to ensure only carers who were suitable to care and support people were recruited. The provider had procedures in place for safeguarding and these were followed to protect people from abuse. Carers were provided with guidance and training about how to support people to safely receive their prescribed medicines. Detailed guidance was in place to advise carers about how to manage identified risks whilst supporting people to make choices and maintain their freedom and independence, where possible.

People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible. Processes to ensure carers acted in people's best interests in line with the Mental Capacity Act 2005 (MCA) were in place and followed. Carers we spoke with had an understanding of the principles of the MCA..

Carers were provided with a range of support and training to enable them to fulfil their role. This included training courses, home visits, telephone support and regular group meetings with other carers. People were supported to maintain good health and nutrition. Carers were aware of people's dietary requirements and any support they needed with their food and drink. People's healthcare needs were identified and they received regular input from healthcare professionals to maintain good health.

People told us they were happy living with their carers, enjoyed the homely environment and spoke enthusiastically about activities they enjoyed with their carers. This included holidays; both in the UK and abroad, outings to local pubs, playing pool and dog walking. People were treated with dignity and respect and their independence was encouraged. Carers spoke with warmth and fondness about people who used

the service. It was clear good relationships had been formed and people were valued as individuals. All interactions we observed between people showed kindness and a caring approach.

People's support plans were comprehensive and identified people's needs, wishes and goals. Reviews took place to ensure people remained happy with their carers and to provide an opportunity to identify any changes in needs so these could be addressed. The registered manager had given written information to people who use the service, their relatives and the shared lives carers about how to make a complaint. The registered manager ensured they regularly met with people who used the service and carers in order to identify any possible concerns.

The registered manager and project workers were knowledgeable and experienced in the management and day to day running of the shared lives scheme. People who used the service, carers and relatives spoke highly of their commitment to the success of the service. They were described as approachable, helpful and a source of inspiration and information.

The quality of the service was monitored by regular visits and reviews of people's care. We saw action was taken to address any areas identified for improvement. Feedback about the service was also sought through questionnaires. Feedback was positive about the service and support people and their carers received.

The provider made sure the registered manager and project workers were kept up to date on current good practice in shared lives schemes. The registered manager and project workers attended regional and national forums to share and identify any practices they could incorporate to further improve services.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

St Anne's Community Services - 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 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 11, 21, 22 and 24 May 2018 and was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice prior to the first day of the inspection. This was because the registered manager and the project workers spend time in the community supporting shared lives carers and we needed to be sure that someone would be available to speak with us.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed a range of records. These included five people's care and medicines records. We looked at five carer's files and two project workers files relating to their recruitment, supervision, and training. We viewed records relating to the management of the service and a variety of policies and procedures.

During the inspection, we met and spoke with three people who used the service, three carers and three project workers. We also spoke by telephone with two people who used the service, four carers and two relatives.

Is the service safe?

Our findings

People told us they felt safe living with their carers. Comments we received included; "He (carer) is the best carer I have ever had", "I am very safe and well looked after" and "I never feel unsafe or scared of anything." People told us their confidence had grown since being placed with their carers and this had helped them to feel safer when out and about. Some people had been supported by the provider and carers to undertake a course on safe use of the internet and social networking web sites. We saw both carers and people who used the service had participated in this. Relatives told us their family members were safe in their placements. One relative said, "I have no qualms about anything; everything is just fine."

Project workers and carers received training in safeguarding and knew to report any concerns. The provider had safeguarding policies and procedures in place. Lessons had been learnt from safeguarding concerns identified. For example, procedures and guidance around self-management of people's finances had been reviewed when there had been a concern and behavioural support plans had been put in place when behaviours that challenged the service and others were apparent.

Systems were in place to identify and reduce the risks to people who used the service. Project workers were responsible for carrying out individual risk assessments and environmental risk assessments focussed on the safety of the home people lived in with their carers. Detailed risk assessments covered areas such as, moving and handling, medicines and independent travel. Carers were familiar with the risks people faced and could speak confidently about what they did to keep people safe but also maintain their independence. Risk assessments were reviewed regularly and updated when needed.

The provider had robust recruitment procedures in place. Prospective carers completed a comprehensive application and medical, professional and personal references were obtained. A Disclosure and Barring Service (DBS) check was completed and this was repeated every three years. The DBS provides criminal record checks and a barring function to help providers make safer recruitment decisions.

There was a comprehensive assessment and approval process that all prospective carers went through prior to being accepted as a carer for the service. The applications for suitable prospective carers were presented at a panel, made up of health and social care professionals, along with shared lives carers and experienced shared lives personnel from shared lives schemes in other areas. Once carers were approved, the registered manager and project workers commenced the process of matching people who were interested in using the service with a compatible carer. Carers spoke highly of the recruitment and assessment process. One carer said, "It was very thorough, but I feel that is what is needed." Another said, "It was a long process but a very important process to make sure the right people are matched."

There were enough carers to safely meet people's needs. For some people, short periods of respite were organised in a manner that enabled people to maintain continuity and stay with other carers or providers they were familiar with. The registered manager completed a work load analysis to ensure there were enough project workers to provide the level of support needed for carers and people who used the service. This was reviewed regularly.

People received their medicines safely. The service had policies and procedures regarding the management of medicines. Carers confirmed they received training in medicines management. The records for the project worker's visits to people's homes showed they checked medicines were safely stored and administered. Carers told us they would report any concerns such as changes in medicines support or missed doses of medicines to the registered manager or project workers. Records we looked at confirmed this to be the case. People who used the service told us they received the support they needed with any medicines. Records showed people were encouraged to maintain their independence with medicines administration. One person said, "I see to my own tablets, collect them myself too."

Arrangements were in place to manage people's finances. Carers were aware of their responsibilities in relation to managing people's monies; and told us they kept records of expenditure. We saw project workers checked these records when they undertook home visits and documented where any improvements were needed. Carers said they received good support from project workers in helping them set up systems to record people's expenditure.

Accidents and incidents were recorded. Any necessary action had been taken by the registered manager and measures put in place to minimise the risk of reoccurrence. Comprehensive health and safety checks were conducted of carer's homes to ensure the environment was safe. We saw project workers checked on the cleanliness and hygiene of the homes people lived in, to make sure people were not placed at risk of infection and cross contamination. Where shortfalls had been found, the project workers supported carers to make necessary improvements so that people lived in clean and comfortable homes.

Is the service effective?

Our findings

People were supported by staff and carers who had the right skills and knowledge and were supported in their role. Carers confirmed they received training to keep their skills and knowledge up to date. Carers were extremely knowledgeable about the people they supported. Some had cared for the person who lived with them since they were a young child. A relative told us they thought carers were very well trained.

People using the service told us their carers knew how to give them the care and support they needed. They told us they received support but were encouraged to be as independent as possible. Records we looked at showed people were encouraged to reach their goals and aspirations. For example, one person was noted to have become more sociable since living with their carer. They were regularly going out to a local pub to play darts with their carer and the carer's friends. Another person had been supported to take on household activity such as making their own bed and doing some gardening. A third person had become less nervous and was enjoying independent travel within the local community, was doing some of their own shopping and had learned to tell the time.

Training and support was comprehensive and included; safeguarding, medicines, emergency aid, person centred care and anything specific or individual to people's needs such as moving and handling. Carers and project workers spoke highly of their training and support. One carer said, "The person centred care training was brilliant; really made you think about people as individuals." Another carer said, "Training is great and you get to meet other carers which is fantastic." Project workers also received training to ensure their practice remained up to date. Carers told us the project workers carried out regular visits and they were able to discuss any points and go through any training needs. One carer said, "At the start of the placement I asked for more visits to make sure I was doing ok and that was not a problem." Project workers received monthly supervision meetings with the registered manager to discuss their caseloads and any training or support needs they may have. Project workers said they received good support and had never before worked in such a supportive environment.

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. The procedure for this in community settings is via application to the Court of Protection.

The registered manager told us the majority of people using the service had capacity to make decisions for themselves. They said if someone was identified as not having capacity, this was referred to the local authority so correct procedures could be followed including a mental capacity assessment and referral to the Court of Protection. Records indicated these procedures had been followed where needed. Carers understood people's rights to make choices and knew how to make sure they had people's consent to provide care and support.

People's health support needs were documented in their care records. Carers and project workers liaised well with relevant health and social care professionals so people were able to access specific support to meet their needs, for example if people needed input from occupational therapists, psychologists or speech and language therapists. A project worker told us they had recently helped to support a person who used the service in hospital. This meant the carer had been able to take a break from caring for the person at the hospital and the person had been supported by a familiar person.

The registered manager told us they were currently introducing Health Action Plans. This meant people who used the service had a document about their health care needs, medical history and how they communicated their needs. This could be shared with health care professionals during routine appointments and in the event of emergency circumstances. We saw some people's plans had been completed.

People were supported with their nutrition and hydration needs. Support plans provided guidance for carers to ensure the person was appropriately supported with their eating and drinking. People told us they had good meals and plenty of variety. One person said, "My dinners are very good, I enjoy them."

Is the service caring?

Our findings

Without exception, people spoke highly of their experience and told us they were very happy with their carers. Comments we received included; "I could not have better carers, they are great", "I am treated very well, no concerns at all", "I feel comfortable, we get on great" and "[Name of carer] is just the best, I love [name of carer]".

We noted that a number of people using the service had lived with their carers for many years and were very settled. The registered manager told us they ensured people were matched with the most suitable carers according to their needs and preferences so positive caring relationships could be developed. Carers we spoke with all talked about the people they supported using terms of affection and warmth. When we spent time with people and their carers we saw very positive, supportive and inclusive interactions. There was plenty of laughter and fun and carers were cheerful in their support to people. We saw carers treated people as equal partners which showed how much they valued people who used the service. People were comfortable with their carers and showed confidence in their communication with them. We also saw project workers had developed positive relationships with people.

Carers told us they enjoyed their role. A number of carers said being a shared lives carer had been 'the best thing I have ever done.' Carers told us they enjoyed being able to 'make a difference' to people's lives and spoke positively of how people had developed their skills since living with them. One carer said, "I just love to see the progress [name of person] makes. I feel so proud of them."

Carers and project workers had excellent knowledge of people's needs. They knew their likes, dislikes, support needs and things that were important to them. Carers told us they placed great emphasis on promoting and maintaining people's independence. Care records contained detailed information about how carers could support people's independence. Carers understood people's rights to be treated with dignity and respect. They told us they always encouraged people to express their own choices and views.

People we met looked very well cared for, which is achieved through good standards of care. Carers provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs such as how people liked to dress and hobbies they liked to engage in. Carers gave examples of how they ensured people's privacy and dignity were respected.

People said they felt listened to and were involved in planning their own care and support. One person said, "We have reviews where we talk about everything." Carers said they felt fully involved in care planning and reviews. Some carers, who had been providing care for people since they were children, said they were able to take the lead in planning care and support and project workers understood and respected this.

The registered manager told us that where people had any specific religious or cultural needs they would try to match them with carers who were happy to respect any religious and cultural needs. We saw evidence of this in people's records.

Is the service responsive?

Our findings

People's needs were assessed by the registered manager and project workers prior to them using the shared lives service. This helped to ensure the service was appropriate for them and their needs could be met. People and their families, when applicable, were fully involved in this process. Health and social care professionals were also consulted. Carers told us about the process used by the provider to introduce people to prospective carers. They said the introductions were arranged at a pace that suited the person and the carer. We saw this included meetings, visits and overnight stays.

Following assessments, care plans were developed outlining how people's needs were to be met and included detailed information and guidance for carers about how each person should be supported. These were comprehensive and covered every aspect of their care and support. This included; support with medicines, personal care, mobility, meals, health and sleep. People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. For example, what type of toiletries people liked to use, where they liked to go for a haircut and how they liked to be supported when bathing or showering.

Care records we looked at had been regularly reviewed and updated when changes had occurred. There was a system of six monthly review in place to ensure all information was up to date and any changes were documented.

At the time of the inspection the provider was not supporting any person with end of life care needs. The registered manager and project workers were aware of how to contact health care professionals who would support people with any end of life care needs.

People were supported to follow their interests and hobbies and were involved in a wide range of activities. People told us they enjoyed the activities they were involved in and spoke of trips out, attendance at sporting activities and the gym, meals out and playing pool or darts at the local pub. People spoke about friends they had met through their shared lives carers, and it was clear this had enriched people's lives. One person said, "We have such great fun." Some people had been supported by their carers and project workers to gain paid employment. A carer told us, "It's great [name of person] is just like any other young person; working and finding their way in the world." People told us of holidays they had planned with their carers. They spoke with great excitement about this, and it was clear they had been involved in the planning of the trips. People were also supported to keep in contact with family and friends. We saw people's records had details of how this was managed and maintained if that was what people wanted.

There was a complaints procedure in place which included timescales for responding to complaints. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they wanted to complain or raise concerns. However, none of the people we spoke with had had cause to raise concerns and were happy with the service they received. There had not been any complaints raised at the service for a number of years. The registered manager maintained a log of compliments they had received on the service. These included a letter from a local dignitary who had

written to the service following their attendance at a shared lives event. They had commented; 'I had a wonderful afternoon meeting your lovely carers and clients. It was clear the partnerships you help to develop result in real friendships and companionship.'

The provider had made some written information easier to understand for people who required this. We saw the complaints procedure was written using pictures to aid people's understanding. The registered manager told us information could be made available in other languages or formats if required.

Is the service well-led?

Our findings

There was a registered manager in post. They were supported by project workers and an administrator. 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 registered manager had many years' experience working with people with learning disabilities in a shared lives setting. The majority of the project workers had worked at the service for several years. The registered manager and project workers were passionate and enthusiastic about shared lives and the benefits of this type of service for people with learning disabilities. The registered manager used networking opportunities to raise the profile of the service to encourage more people to train to become carers and to raise awareness of shared lives for people with learning disabilities. The registered manager said they believed people experienced a good life in shared lives and were able to lead the life of their choosing by having consistent support from individual carers.

We saw the registered manager and project workers had excellent knowledge on the needs of people who used the service and it was clear they were well known to people. We found the registered manager and project workers to be caring and very committed to providing a good quality person centred inclusive service.

People and their carers spoke positively about how the service was managed. Comments we received included; "Everything is very well organised", "There is always the support you need" and "Never had any problems if we needed to speak to anyone." The provider held quarterly 'carers' and 'clients' meetings. This enabled people to be kept up to date and contribute to the running of the service. Carers told us they found these meetings invaluable and a good way of meeting other carers. Carers also told us they were kept well informed and updated with information about the service and what was expected from them.

The registered manager monitored the quality of service through regular visits to people and their carers and through the six monthly reviews of people's care to ensure the service was meeting people's needs. They also carried out finance audits and made sure project workers were checking people's medicines records. The registered manager identified learning to drive continuous improvement and manage future performance more effectively. For example, action was taken if people's reviews were behind schedule. Senior managers carried out regular audits and checks to ensure the quality of the service was maintained. Any identified actions were developed into an action plan and the registered manager ensured these were addressed.

There were systems in place to monitor safeguarding concerns, accidents and incidents. The records we looked at showed the provider took steps to learn from these events and put measures in place to reduce the risk of re-occurrence. Project workers told us they were kept well informed on any 'lessons learned' from incidents within the service and the wider forum of all the provider's services.

People who used the service and carers were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their carers. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2017 and these showed a high degree of satisfaction with the service and support received.

The provider demonstrated they effectively worked in partnership with other organisations. They were members of the national Shared Lives Plus organisation and attended conferences and meetings run by this organisation, which is a national advisory body for shared lives schemes. The provider also worked with other shared lives schemes, sharing good practice and panel expertise for carer recruitment. We saw from people's records that a number of health and social care professionals were involved in people's care and support planning. This demonstrated a multi- professional approach.