

# Knowsley Metropolitan Borough Council

# Knowsley Community

# Partnership Scheme

## Inspection report

c/o New Hutte Neighbourhood Centre  
Lichfield Road  
Halewood  
Merseyside  
L26 1TT

Tel: 01514432060

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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

This was an announced inspection, carried out on 11 and 15 February 2016.

Knowsley Community Partnership Scheme is a Shared Lives Scheme operated by Knowsley Council. The scheme recruits, approves and trains shared lives carers who provide accommodation in their own homes to adults who have a learning disability.

The service has a registered manager. 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 last inspection of Knowsley Community Partnership Scheme was carried out in November 2013 and we found that the service was meeting all the regulations we assessed.

People who used the service felt safe and had trust in their carers. Shared lives officers and carers knew how to respond to any concerns they had about people's safety. They had access to safeguarding procedures which they understood. Shared lives officers and carers had received training to help them deal with emergencies and they were confident about responding to an emergency situation.

Risks people faced were assessed, identified and planned for. This included environmental risks and risks associated with tasks and activities people took part in. Risk management plans which were in place ensured people could take responsible risks as part of an independent lifestyle.

People were supported by carers and shared lives officers who were appropriately trained and supported. The matching process ensured people were placed with carers who were able to meet their needs. If additional support was needed to meet people's needs the provider ensured there were systems in place which enabled this. Carers were positive about the support they received and felt they had the appropriate training and support to carry out their role.

Carers and shared lives officers had completed training and understood the requirements of the Mental Capacity Act 2005 (MCA). They knew the main principles of the Act and showed good knowledge of the Deprivation of Liberty Safeguards (DoLS) and when a DoLS may be required.

The recruitment process for shared lives officers and carers was safe and thorough. Carers went through a screening and matching process to ensure they were of suitable character and had the skills and knowledge to provide people with safe care. People spent time with their potential carers and families before making a decision to live with them.

People felt well cared for and their privacy and dignity was promoted and respected. People's

independence was encouraged, they pursued their interests and hobbies and took part in daily tasks around their home. Information about people's rights was made available to them in an accessible format.

People had a person centred support plan which was developed based on comprehensive assessments. Support plans which included the management of risks informed carers about how they were to support people successfully. People's preferred methods of communication, routines, likes and dislikes, wishes and preferences were included in their support plans.

There was an open and positive culture within the service whereby people felt able to discuss anything about the service. The registered manager and shared lives staff work well as a team to resolve any issues which arose. There were effective systems in place to monitor the quality of the service people received. The views of people who used the service and carers was obtained as part of monitoring the quality of the service. Plans were developed and clearly described what actions were required to improve the service and who was responsible for ensuring the actions were followed through.

## 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.

Shared lives officers and carers understood how to safeguard people from the risk of harm and abuse.

Risks people faced were identified and managed to help keep them safe.

Recruitment and selection procedures for employing shared lives officers and carers were safe and thorough.

### Is the service effective?

Good ●

The service was effective.

Shared lives officers and carers received appropriate training and support for their roles.

People received the support they needed with their health and wellbeing.

Shared lives officers and carers understood the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was promoted and respected.

Important information about people's rights was shared with them in an accessible format.

People felt valued and their views and opinions were listened to.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were met in a way that they preferred.

People told us that they took part in a range of hobbies and interests that they enjoyed.

There was a complaints procedure available to people and carers. People were not afraid to make a complaint if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and positive culture within the service and the registered manager and staff worked well together to the benefit of people who used the service and their carers.

There were effective systems in place to monitor the quality of the service people received and to make improvements.

# Knowsley Community Partnership 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.

We inspected the service over two days on 12 and 15 February 2016. Our inspection was announced and the inspection team consisted of an adult social care inspector. We gave the registered provider short notice of the inspection as we needed to be sure someone would be in at the office.

On the first day of our inspection we visited the office. Whilst at the office we met with and held discussions with five people who used the service, six carers, two shared lives officers and the registered manager. We looked at the care records of six people who used the service and records relating to the management of the service. On the second day of our inspection we held telephone discussions with three carers and two people who used the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

# Is the service safe?

## Our findings

People who used the service told us they had a lot of trust in their carers and that they felt safe with them. People also told us that they would not hesitate to tell someone if they had any concerns about their safety. People's comments included; "I feel one hundred per cent safe" "My carer is the best, I have no worries. I feel very safe with them [carer]" "She [carer] treats me perfect" and "I would get in touch with the office and tell them if anyone treated me badly".

A copy of Knowsley's policy, procedures and practice guidelines to protect vulnerable adults from abuse, was held at the office. Information about safeguarding procedures was also detailed in handbooks which were issued to people who used the service and their carers. Shared lives officers and carers confirmed that they had completed safeguarding training and records confirmed this. Shared lives officers and carers gave examples of the different types of abuse and the signs and symptoms which may indicate abuse had taken place. They were confident about recognising potential abuse and understood the processes for reporting any concerns. They said they felt confident that any concerns reported would be dealt with properly. A shared lives officer described how they dealt with an allegation of abuse reported to them by a person who used the service. Their action in response to the allegation was in line with the registered providers safeguarding procedure. A record was maintained of allegations of abuse which had been raised and they showed that appropriate action was taken. For example, they had been referred onto the appropriate agency for investigation and action was taken to ensure people were safe.

Risks people faced were assessed, managed and reviewed. A risk management plan was developed based on the outcome of the risk assessments. The plans provided carers with information about how to support people to take responsible risks as part of their daily lifestyle, with the minimum necessary restrictions. Risk management plans covered daily activities including managing finances, independent travel and self-administration of medication. Health and safety checks which were carried out regularly on the carers' home ensured people who used the service lived in a safe environment.

The registered provider had a recruitment policy and procedure which they followed for recruiting shared lives officers and carers. Appropriate checks were undertaken before shared lives officers began work or carers began providing a service; this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff or carers are not barred from working with vulnerable people.

There was a process of approval in place to ensure that carers were suitable for their role. This included a health and safety check at the carers home. Each carer was also required to go through a vetting process that included checks on their suitability to work with people, the specific training required prior to being approved and the taking up of references. This ensured the safety of everyone involved in the process. Carers confirmed the selection process was robust. One carer told us, "The approval process was very thorough; It took four months before I was approved because of all the checks which were carried out".

The support people needed with obtaining and taking their medication was recorded in their support plans

and they had a medication administration record (MAR). MARs detailed items of medication which people were prescribed and the times they were to be administered. Carers told us that they were provided with medication training on an annual basis and that they also had their competency checked following each training session. Records also showed this. During the monitoring visits shared lives officers checked the competency and efficiency of carers in medicines management and administration. They checked that records were completed accurately when required. There was a system for reporting medication errors. People who used the service told us they got the help they needed with their medicines and that they always got their medicines on time.

There were four shared lives officers who were based at the office. The shared lives officers said this was sufficient to manage the scheme, monitor placements and offer support to carers and people who used the service. They were also supported by the registered manager and an administrator. Carers said they could always get hold of a shared lives officer if they contacted the office and were provided with the name and contact number of who to contact outside office hours. Carers told us that they had used the out of hour's service and had always got a response as well as the advice and assistance they needed.

Shared lives officers and carers had access to the registered providers health and safety policies and procedures. They had completed training in topics of health and safety including emergency first aid, fire awareness and infection prevention and control. They told us that they attended regular refresher courses to update their knowledge and understanding in relation to health and safety matters. Carers gave examples of how they would respond to an emergency situation. One carer said "If I was concerned about [X] health I would call their GP or an ambulance, depending on the situation".

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Carers were aware of their responsibility to report any accidents or incidents which involved the people they supported.



## Is the service effective?

### Our findings

People told us they made decisions about their own lives and that their carers or shared lives officers were always happy to give advice if they asked. People said that they received all the support they needed with their health and wellbeing. People's comments included; "X [carer] always asks me if it's ok when they help me" and "They [carer] will come to the doctors with me if I ask".

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

Policies, procedures and information including advice and guidance in relation to the Mental Capacity Act (MCA) 2005 and DoLS was made available to shared lives officers, carers and people who used the service. The documents were available in easy read formats. Shared lives officers and carers had undertaken training in relation to the MCA and DoLS and they understood what their responsibilities were in relation to this. They knew the main principles of the act and the need to respect decisions of people who used the service. People who used the service told us they made every day decisions about their lives and that they knew they could ask for help in making bigger decisions if they needed to. Care plans included information regarding people's capacity to make decisions. Capacity assessments had been undertaken and provided details of who had been involved in this process. An application for a DoLS had been made in respect of people who may potentially have their liberty restricted. Records showed the process was on-going and a record was held in people's care files of all correspondence and information submitted to the local authority.

Shared lives officers received training and support relevant to their roles and responsibilities. This included training in mandatory topics. Other more specialist training in relation to the work they carried out and people's needs was also completed by shared lives officers including; dementia care, epilepsy awareness and understanding diabetes. Shared lives officers entered into a supervision agreement with their line manager which set out both parties responsibilities for the supervision process. Records showed that all shared lives officers had received supervision in line with their agreement and an end of year review of their performance and development (PDR). These sessions provided shared lives officers with an opportunity to discuss matters about their work such as their progress and achievements and future training and development needs.

Carers received appropriate support and training for their role. Carers confirmed that they had a named shared lives officer who visited them every eight to twelve weeks as part of the services on-going support and monitoring of the placements. Carers said if they needed additional visits these could be arranged

outside the planned visits. They said they felt well supported by the team and had completed a lot of training relevant to their role. Carers completed a range of training as part of the application and selection process, including value base and dignity training. Carers completed regular training in mandatory topics and training relevant to their roles and responsibilities and the needs of the people they supported. Training completed by carers included; safeguarding, health and safety, managing epilepsy and medication. Carers told us that they completed a lot of training which they had found beneficial. One carer said, "There have been times when I have mentioned training that I would like to do and it was arranged". Carers were provided with a handbook giving information on all aspects of the service, including the aims and objectives of the service and key policies and procedures.

Carers were positive about the shared lives officers and said they got excellent support from them. Their comments included; "They are invaluable", "They provide essential support and I know I can pick the phone up anytime for help and advice" and "They are amazing. I don't know what I'd do without them. They are so understanding and supportive".

The dietary needs of people who used the service were assessed and detailed in their support plans. This included food likes and dislikes and any specialist dietary requirements. Foods people should avoid for medical reasons were also detailed. People who used the service said they were given choices about food and drink and that they had plenty to eat. They also said they were involved in shopping for food and with the planning and preparation of their meals. People said they often chose to eat out at local restaurants, pubs and cafes and had takeaway meals.

People received appropriate support with their healthcare needs. Support plans provided carers with information about people's healthcare needs and the support they were required to provide. Carers had supported people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. People's care records included the contact details of health care services they were registered with including their GP, dentist and optician, so carers could contact them if they had concerns about a person's health. A record of appointments people attended was kept and included outcomes of the visits and any follow on appointments. Carers were confident about what to do if they had immediate concerns about a person's health. They told us they would carry out the necessary first aid and call for emergency assistance if needed.

# Is the service caring?

## Our findings

People told us that everyone who worked for the scheme was caring and polite. They told us that they felt valued as a person and that their views and opinions were listened to and respected. Comments people made included; "They [carer] do the best for me, I couldn't ask for better" "X [carer] is very nice and kind and helps me a lot" "I love my carer, she treats me the best" "Everyone in the office are great. They always have time for you. I can pop in anytime for a cuppa and a chat with them". "The office staff make me feel good about myself".

The matching process ensured people were placed with a suitable carer. Detailed assessments of people who used the service and carers were carried out as part of the matching process. This helped to identify people's needs, wishes and preferences and the carers suitability to provide a placement for the person. People were involved in choosing where they wanted to live and who with. They were given the opportunity to meet with their prospective carer and family members at their home prior to making a decision about moving in with them.

Signed agreements had been drawn up for each person's placement and they detailed the roles and responsibilities of the shared lives scheme and the carers. The agreement covered details of the persons care plan, confidentiality, safety as well as the promotion of privacy and dignity. This ensured people who used the service received a person centred approach, tailored to their individual needs.

People had a say in how they wanted their bedroom decorated and they personalised them with their own items of furniture and other personal belongings. People had access to other parts of their carers home such as living areas, kitchen and gardens. Some people told us they had their own lounge where they could spend time alone and meet with their friends and family in private.

People told us they felt part of the family they lived with and that they had been given the option to get involved in day to day family life. People were encouraged to maintain relationships with their family and friends and to keep in touch with them. Carers understood the importance of this and respected people's relationship choices. Information about relationships which were important to people and how they were to be supported, were recorded in the persons support plan. There was also relevant information about their past life and family history. People told that they regularly spent time with their family and their carer had always supported this.

Carers showed a really good understanding about the people they supported and they spoke about them with warmth and affection. Some carers had originally fostered the person when they were a child. When the child had reached adulthood they had chosen to take up a shared lives placement with their carer.

We met with people who used the service and carers on the first day of our inspection. They told us they had been contacted with an explanation about the inspection and offered the opportunity to meet with us at the office to share their experiences about using the service. People and their carers were welcomed by the registered manager and shared lives officers who offered them refreshments. There was much laughter and

banter which was enjoyed by all. This showed relationships amongst people, their carers and the scheme staff were positive and friendly and that people knew each other well. People who used the service were given the opportunity to speak with us in private which some did and others were happy and agreed for their carer to take part in the discussion. People were not afraid to express their views and opinions and carers encouraged and supported people's involvement in all aspects of conversation. One carer offered to leave the room so that the person they supported could talk with us in private.

People's independence was encouraged in all aspects of their lives. People told us they got involved in day to day tasks such as cleaning, laundry, cooking and shopping. People said there were no restrictions placed upon them, for example they chose when they retired to bed and got up each morning. One person said, "My carer does remind me to get up sometimes because I have to go to work but I have told her to do that because I'm not good at getting up of a morning".

Information was made available to people in an easy read format so that those who had difficulties reading could easily access important information about the service and their rights. Documents made available to people in an easy read format included; how to complain, the mental capacity act, a guide to the human right act, safeguarding adults with a learning disability, the equality act, deprivation of liberty safeguards and the schemes service user guide. People confirmed that they had access to easy read information and they told us it helped them to understand things which were important to them.

The service ran a service user group. They also and produced a monthly service user involvement group newsletter as a way of involving people in the running of the service and keeping them up to date with important matters which affect them. The meetings were an opportunity for people to meet as a group to discuss the service they received, get updates and put forward any ideas for change or improvement. People told us they enjoyed the meetings as they were an opportunity for them to meet with other people who used the service. Minutes from the meetings which were made available to people, showed that the meetings were well attended and that people who used the service fully participated in discussions about the service and were given an opportunity to express their views and opinions.

## Is the service responsive?

### Our findings

People told us their carer knew them well and met all their needs. They also told us that they had a say in how their care and support was to be provided and had agreed to any changes made to their support. People's comments included; "My carer knows me a lot and what I like and don't like" "I am looked after properly, just the way I want to be" and "I have my support plan at home and I know what's in it and when it is changed".

People's needs were assessed, identified and planned for. Before people began to use the service a detailed assessment of their needs was carried out to ensure the service was right for them. Assessments were obtained from other health and social care professionals and used as part of the registered providers overall assessment to determine if people's needs could be met by the service. Support plans were developed based on assessments of people's needs and a copy of them was kept at the person's home. People who used the service and relevant others such as their representatives were involved in the assessment and care planning process. Care plans were presented in an easy read format with information provided in large print, pictures and symbols. People said they found their support plans easy to understand because of the way they were presented.

Support plans were person centred and covered everything that carers needed to know about the person and how to support them successfully. For example; the support people needed with communicating, managing their money, keeping well and healthy, personal care, taking medication, relationships and getting out and about. We spent time with people looking at their support plans and they told us they had helped with them and confirmed that the contents of them were a true reflection of them and their needs.

People's preferred method of communication was included in their support plan along with the details of any support or communication aids they needed to help them express their views and opinions. For example, the use of sign language, communication passports, gestures and objects. Clear guidance was available to enable carers to recognise and support people if they were feeling sad, angry or in pain.

Regular reviews of people's care and support were carried out to ensure their support plans remained current. Shared lives officers visited people at their homes as part of the services ongoing monitoring and reviewing of placements. People told us that they were notified in advance of their reviews which enabled them to prepare for them or change the time or date if needed. One carer told us there had been an occasion when they identified a change in a person's needs so they had contacted the office and arranged for a review to be brought forward. The carer confirmed that their shared lives officers had responded promptly to this request by arranging a review within a day or two.

People were actively involved in their local community and they engaged in activities of their choice. One person told us that they had a day job which they really enjoyed. They said they either spent their evenings at home watching TV or listening to music or they attended social clubs with their friends. Another person told us that their carer was helping them to seek part time employment. People told us they never got bored and that they lead busy and active lives, which their carers supported. People talked about holidays which

they had been on and holidays they had planned for the future.

People knew how to complain and they said they would not be afraid to complain if they needed to. A complaints policy and procedure was made available to people who used the service, carers and office staff. An easy read version of the complaints procedure was included in handbooks given to people and their carers. People and carers confirmed they were given this information and they said they would complain if they needed to. One person said, "I'm very happy with everything at the moment but would definitely tell someone at the office if I wasn't". A carer said, "Without a doubt I'd complain and I am very confident that it would get sorted". At the time of our inspection the registered manager confirmed that no complaints had been raised about the service. However she talked us through the process for dealing with a complaint should she receive one and it was in line with the registered provider's procedure. Shared lives officers were confident about dealing with a complaint should one be raised with them. They said they would try if possible to resolve the complaint to the person's satisfaction but if they were unable to do this they would support the person to make a formal complaint.

## Is the service well-led?

### Our findings

People who used the service, carers and shared lives officers spoke positively about the registered manager and the way she ran the service. Their comments included "Lisa is approachable and supportive", "She is always on the end of the phone if you need her", "Yes I like the manager she's a good laugh and makes me happy" and "I've never had a problem with her. She listens and gets things done". People and carers were also very positive about the shared lives officers. A carer said, "They contribute massively to the running of a fantastic service and I have nothing but praise for them and X [administrator] she is so nice and helpful" and another carer said "They run a very tight ship. All I can say is that it's a well-run service which is down to a team effort".

The service had a registered manager. 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.

People who used the service, carers and the shared lives team felt there was an open culture within the service and they felt comfortable approaching the registered manager with anything they wanted to discuss. The registered provider had a whistleblowing policy, which was made available to all employees. Shared lives officers and carers told us they would not be afraid to raise any concerns they had and that they would do so without any hesitation.

The registered manager and shared lives officers attended regular team meetings which enabled them to get together as a group to discuss things such as the people and carers they supported, changes to the service and information and updates relevant to their role. Shared lives officers said they found the team meetings a useful way of sharing information and ideas. An agenda was drawn up prior to team meetings and any issues which had arisen and were not included on the agenda were identified as 'hot spots' and discussed. Minutes of the team meeting were taken and shared with any members of the team who were unable to attend. A shared lives officer described how the team worked together to find a solution to an unexpected issue which became apparent outside of team meetings, they referred to this as 'The solution circle'. They said the team got together at the earliest opportunity and shared ideas about how best to resolve the issue.

People who used the service and their carers were invited to put forward their views about the service they received. This was done in a number of different ways, for example during review meetings, service user group meetings and via questionnaires which were sent out to people and carers. Questionnaires invited people who used the service and carers to rate on aspects of the service such as; the support they received and the quality of the service. The results of questionnaires were analysed as a way of identifying any improvements needed. The results from the latest survey undertaken in 2015 were all positive. Comments included; 'The support I receive from the team is beyond expected. They are always there for advice and support when needed', 'I have no problems at all. My officer is brilliant', 'I have 24 hour support from my officer if I need it', 'I go to the meetings and make my feelings known there. Everything is brilliant and no

need for complaints' and 'Any problems we have they are always there'.

There was a range of audits (checks) in place to assess the quality of the service people received. They included checks on care records, people's finances and medication. Shared lives home visits were also carried out as part of monitoring the quality of the service people received. The visits were carried out to enable the registered provider to understand the needs of people who used the service and their carers. They were part of the culture of openness, continuous improvement and to ensure responsibility and accountability at all levels. Audits were carried out by shared lives officers during their visits to carers and people who used the service. A record of all checks was kept and the results were used as part of the registered providers overall assessment of the service. The registered provider carried out an annual commissioning service review and formulated a plan of action based on their findings. The action plan for 2016/17 showed a number of recommendations, deadlines for completion and who was responsible for the action. An improvement plan for 2016/17 which was in place took account of the recommendations highlighted in the service review and other actions which had been identified through the quality monitoring systems, to further develop the service.