Kingston upon Hull City Council

Hull Shared Lives Scheme

Inspection report

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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 announced inspection took place on 17 May 2018.

The Hull Shared Lives Scheme coordinates placements for adults needing support with living skills and personal care. It recruits, trains and supports shared lives carers, who provide long and short-term or respite placements for people, giving them the opportunity to experience independent life and support in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Hull Shared Lives Scheme receives regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection of this service we found there was a breach of the Health and Social Care Act (Regulated activities) Registrations 2014, regulation 17, Good Governance. The registered provider had failed to put effective auditing and governance systems in place to monitor and improve the quality and safety of the services provided.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good. At this inspection we found people's care records contained all relevant information to maintain their safety and robust quality assurance checks were in place. We found the necessary improvements had been made to meet the relevant requirement.

The service had a registered manager in place. 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 was open and transparent. Quality assurance checks and audits were taking place to help to maintain or improve the service. Recruitment and medicine management was robust.

People were protected from harm and abuse. Safeguarding concerns were reported to the local authority, which helped to protect people.

Training was provided to staff and shared lives carers so all parties were skilled and had the relevant knowledge to provide care and support. Supervisions and appraisals were undertaken for staff.

People's mental capacity was assessed. If people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice were followed to protect people's rights.

People's preferences for their care and support were known and adhered to. Care plans and risk assessments were in place to help shared lives carers provide person-centred care and support in line with people's preferences. People's diversity, privacy and dignity was protected.

Care was provided to people by carers. The care provision was overseen by staff who made sure people's needs were met. People's nutritional needs were assessed and monitored if there were concerns. Health care professionals were contacted for help and advice to help maintain people's wellbeing.

A complaints policy was provided to people in a format that met their needs. Compliments were received about the service provided.

The registered manager had an open door policy and was available at any time. Meetings were held and people's views were sought about the service provided. Feedback received was acted upon. Staff meetings were held. The registered manger was undertaking activities to promote the service in the area by giving presentations and working with other social and health care services. Good practice guidance was in place and was followed by staff.

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.

Checks of essential safety and care records were undertaken to protect people's health and wellbeing. Staff were trained in promoting people's safety. Accidents and incidents were monitored.

Staff reported safeguarding concerns. Issues raised were investigated to help protect people from harm and abuse.

Medicine management and recruitment procedures were robust.

Is the service effective?

Good

The service was effective.

Training was provided to maintain the skills of all parties. Supervision and appraisals were undertaken for staff to monitor their performance and skills.

People's mental capacity was assessed. People were not deprived of their liberty unlawfully.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff were aware of people's individual needs and choices in relation to their care and support.

People's diversity was respected and they were treated with kindness dignity and respect.

Information was stored securely to protect people's confidentiality.

Is the service responsive?

Good

The service was responsive.

People's views and experiences were adhered to regarding the way the service was provided and delivered in relation to their care. People were encouraged to undertake activities, develop their social life and hobbies.

People's needs were responded to and relevant healthcare professionals monitored people's health and wellbeing.

Complaints information was provided to people in a suitable format and they were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

Quality monitoring had been improved, checks and audits were undertaken to monitor all aspects of the service provided.

People's views were sought and feedback received was acted upon.

Statutory notifications were sent to the Care Quality Commission as required.

Hull Shared Lives 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out to see if the breach of regulation found at the last inspection had been resolved.

The inspection took place on 16 May 2018 and was announced. The inspection team included one adult social care inspector and an assistant inspector. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in. We visited the office location to see the staff and review care records and policies and procedures.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. Prior to our inspection we asked for feedback about the service from the safeguarding and commissioning team at Kingston Upon Hull City Council, which we received. We used all this information to help us make a judgement about this service

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

During the inspection we spoke with two people who used the service, two shared lives carers (people not employed by the service. They will be called carers throughout this report), three shared lives officers (who will be referred to as staff throughout this report) and the registered manager. We visited one person receiving a service in their shared lives placement with their consent, accompanied by staff. We also telephoned people receiving a service and their carers to gain their views.

We looked at a selection of documentation relating to the management and running of the service. We looked at three people's care records, minutes of meetings held with people using the service, shared lives carers and shared lives officers. We reviewed three staff recruitment files and supervision records, staff training information and rotas. We inspected quality assurance checks and audits, policies and procedures, safety records, complaints and compliments.

Good

Is the service safe?

Our findings

People receiving a service told us they were safe in their placements. One person said, "With mum [shared lives carer] I am very safe. With medicine, there is always no problem." Another person said, "Yes, safe."

At the last inspection in April 2017, we found staff had no current care plan for one person in regards to their epilepsy and there was a lack of monitoring of health and safety documentation for MOT's and car insurance. At this inspection we found these issues had been addressed.

We looked at three peoples care files and spoke with the staff and carers about risks to people's wellbeing. For example, epilepsy, falls, choking, pressure damage to skin due to immobility and maintaining safety in the community. Carers were aware of the risks present to the people they supported. Staff re-assessed the risks present during reviews of people's care that occurred every three months and this information was updated as people's needs changed. We found people were encouraged to remain as independent as possible, even if there were risks present.

Risks in the carers' homes were assessed, recorded and reviewed, for example the risk of fire and from cleaning chemicals present in the home. We saw people had personal protection plans in place for how to evacuate their home and information about how cleaning chemicals were to be stored to maintain people's health and safety.

We saw if any accidents or incidents occurred the registered manager monitored this to look for patterns or trends. They also sought advice from relevant health care professionals to help to prevent further issues from occurring.

People were protected from harm and abuse. Safeguarding procedures were in place to inform staff and carers how to protect people and safeguarding training was provide for all parties, which was repeated periodically to help to protect people. We saw safeguarding issues raised were reported to the local authority safeguarding team for investigation. The registered manager understood their responsibilities to report concerns. One carer told us, "I would report safeguarding issues to the office, if I had concerns.The staff we spoke with told us they would report issues straight away, one said, "I would raise issues, not a problem."

The registered manager monitored staffing levels to make sure there was enough skilled and experienced staff available to support people and their carers. Staff we spoke with confirmed there were enough of them to support people and carers. They said if the service was to continue to grow more staff would be needed, one member of staff said, "We have enough staff for the scheme presently." Since the last inspection the service had gained additional administration support.

We found staff recruitment was robust, as they completed application forms, provided references, and had a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine whether an individual is suitable to work with vulnerable adults. Once this information was

received an induction process was commenced at the service.

Carers also had to fill in an application form, provide references and have a DBS check. Only after these checks had been undertaken and their application had been approved by an assessment team called the Panel were they introduced to people wishing to use the service. Carers had to undertake compulsory training to helped them learn how to deliver safe care to people they supported.

Audits and checks were undertaken by the registered manager and staff. These included care file audits, health and safety checks and audits of certificates relating to shared lives carers homes and transport. Checks of equipment used were also undertaken. Issues found were followed up. A business continuity plan was in place which informed staff about the action they must take if an emergency occurred, such as a power failure or fire to make sure the service continued to be delivered safety.

We spoke with the staff and carers about medicine management. All parties confirmed safe handling of medicine training was provided. People's medicine was audited during three monthly reviews that were held. People being supported had medicine administration charts (MAR) in place and their photograph was present to help clarify people's identity, known allergies were also recorded. Carers we spoke with told us how medicines were ordered, stored, administered, recorded and disposed of to maintain people's safety.

The provider had policies and procedures in place about monitoring the control and prevention of infection. The registered manager told us personal protective equipment (gloves and aprons) was not routinely provided to carers, but said this would be supplied if it was requested. We provided further advice about maintaining infection control to the registered manager.

Good

Is the service effective?

Our findings

People we spoke with told us their placements met their needs effectively. They confirmed their carers provided the care and support they required. One person said, "I am looked after well and I make my own decisions." Another person said, "I'm looked after." People confirmed they lived the life they chose.

We looked at the training undertaken for all parties which covered for example, health and safety, first aid, safeguarding, medicine management, Deprivation of Liberty (DoLS) and The Mental Capacity Act (MCA) 2005. Other subjects such as dementia care, autism and epilepsy were covered. This ensured the staff and carers had the skills they required. The carers' knowledge was tested to make sure training had been understood. Staff we spoke with told us there was plenty of training and one said, "There is quite a lot of training on offer, a lot of mandatory courses."

Training was provided to shared lives carers about the matching process that took place and shared lives carers had to demonstrate they had the right caring characteristics, knowledge, skills and experience to support people matched to them before a placement was agreed.

The matching process was holistic and covered every aspect of the potential shared lives carers' background, life, circumstances and skills. The compatibility of the shared lives carer and person requesting support was assessed by the panel, which determined the suitability of both parties. Once the shared lives carers application was signed off people who had been matched with them were introduced over time to ensure all parties were compatible. A shared lives carer told us, "I had to fill in an application form and go to panel. There were lots of questions and forms and I attended training." Another said, "I feel supported and I love supporting people. We get very good help and anytime I want support I get it."

The registered manager undertook regular supervisions with the shared lives officers, which allowed further development or training needs to be discussed. Yearly appraisals were being undertaken to review the staffs' performance.

The MCA provides a legal framework for making specific 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 specific 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. People who used the service had been supported to make their own decisions. Staff and carers understood the principles of the MCA and DoLS. If people lacked the capacity to make decisions for themselves best interest meetings were held to protect people's right and Lasting Power of Attorney's (LPA's) were also considered to protect people's rights.

We found best practice guidance was used and embedded in the provider's policies and procedures to ensure care and support provided to people was in line with current good practice guidelines.

People's dietary needs and preferences were recorded and healthy diets were promoted. If a person was at risk of choking their shared lives carer received relevant training to help reduce the risk. Carers reviewed people's dietary needs along with relevant health care professionals to ensure their needs were met.

People we spoke with told us their independence was promoted and they had access to appropriate outdoor space. One had access to a hot tub at home and a swimming pool was being considered. People we spoke with said they spent time together as a 'family' and enjoyed their lives with their shared lives carers.

Good

Is the service caring?

Our findings

People we spoke with said they were cared for. One person said, "Yes, looked after." Another person said, "It is brilliant. I am included in the family and we do things as a family. I am well cared for."

The Shared Lives Scheme is a national scheme that promotes people to consider opening up their home to people they may be able to support that otherwise would be in residential care or may be isolated. People using the Hull service told us they were treated as family by their carers. The registered manager told us, "Years ago we were the last resort that people thought about, now they ask us earlier or first because the service is known for being caring."

People wishing to use the scheme had to apply and be assessed for their suitability. People applying to become carers had to apply and the staff reviewed applications received to see if applicants had a caring nature or skills before they were considered for placement in the matching process. People wishing to use the service had carers matched to their holistic needs, personality hobbies and interests. This helped the matches that were created to be successful. Carers had demonstrated commitment to caring for people for the right reasons and have caring attributes.

People wanting to use the service were given information in a suitable format so they would understand what the scheme could offer them. This also occurred for people who wished to be a carer. Information about local advocacy services was provided if needed help to raise their views.

People who wished to use the scheme were matched with carers and only then were both parties able to meet. This took a period of time and the process was tailored to meet the needs of all parties, and gave everyone time to get to know each other and develop friendships or bonds that would grow during the placement. We found some people using the scheme had been placed with their carers for many years. It was clear from people we spoke with that this scheme was truly enriching the lives of both parties.

We visited one person in their placement with their carer. We saw and heard about how they were supported and observed they were an integral part of the family. There was great compassion, warmth and respect between both parties. We saw the person being supported had their diversity respected and celebrated. It was clear the carer provided a loving, caring home and this had empowered both parties.

People we spoke with supported by this scheme told us they felt comfortable, were less stressed and their health and wellbeing had improved due to the support they received. They said they enjoyed their lives and were well cared for. One person told us, "This scheme is very good, I am looked after very well." We asked another person is they felt cared for and they said, "Yes." We went on to ask if they were happy with their carer and they said, "Yes" (and smiled and laughed).

People were treated with dignity and respect by all parties. People we spoke with told us their privacy was respected and they had their own bedroom. Staff

People told us people were involved in making decisions about their care with support from their carer. We saw evidence which confirmed this. People visited GP's, dentists, hospital appointments to promote their health and wellbeing.

We saw people were encouraged to live their life and to keep in contact with their families, with help and support from their carer. People were encouraged to consider attending college or developing their hobbies.

Carers we spoke with told us they enjoyed caring for the people they supported. One said, "I like a big family, and this is a really good scheme. Doing this is so rewarding. I love it." Another said, "I love supporting people."

We saw confidential information was stored securely in the office and computers were password protected to maintain data protection. A confidentiality policy was in place, which the staff and carers followed to maintain people's privacy.

Good

Is the service responsive?

Our findings

People told us their wellbeing needs were met and they were supported to undertake activities and maintain their hobbies. One person said, "I like to go out for walks, see my mates and go to the beer garden. If I am unwell they [carer] acts on this." Another person said, "I'm looked after well." They went on to tell us about activities they enjoyed (showing us photographs) and saying, "I go(horse) riding."

We saw referrals to the service were received from the local authorities and other services such as child services or the fostering and adoption scheme. People had their needs assessed prior to them being accepted onto the scheme. The assessment process was undertaken over a period of time and was tailored to each person's individual needs. Information gained was used to create care plans and risk assessment for people. This required their input, reading support plans from the local authority, contacting referring agencies and speaking with health care professionals that were involved in people's care. This ensured people's full and current needs were understood.

We found people's care records were personalised and individual and described their diversity. They were dated when created by staff and when changes were made. They contained relevant information for example, people's likes and dislikes for their care and support, goals they wished to achieve, information about their past medical history, contact details of relevant health care professionals and information about supporting family and friends. People's emotional or mental health needs were described if people exhibited behaviour that may challenge how their shared lives carer should support them. We saw, people signed their care records to say they agreed with their content and the care and support to be provided. Staff we spoke with said, "We draw up a service user plan. They are practical plans, for example how to help with brushing teeth, what people like to eat, risk assessments for cooking. We look at people's current skills; this information is person-centred. We look at this on our reviews."

People had risk assessments that described risks to their health and wellbeing. Health care professional were asked for their advice if risks changed or increased, which helped to keep people safe and well.

People using the service had regular reviews and some were conducted without their shared lives carer so people could speak freely, while others were conducted at the placement so the staff could see all parties and assess how people interacted together. People's care records were reviewed and updated. Staff commented, "We get to know people in depth, build up relationships and visit people in their homes and out of their homes" and, "We check the placements are still working."

People's care records confirmed health care professionals were involved in maintaining people's health. For example, speech and language therapists, GP's, occupational therapist, dentists and opticians provided individualised support.

If people being supported by carers displayed anxious behaviour, training was provided to their carers about how to de-escalate the person's anxiety. Carers were provided with name badges so if a person became unsettled whilst out in the community this could be shown to reassure the public their carer was there to

help and support them.

People told us they accessed the community, attend clubs, social events and went shopping. People went on holiday to the seaside and abroad supported by their shared lives carers. Hobbies were encouraged, such as going horse riding and swimming. People who wished to attend college or wanted to work were assisted to undertake this.

There was a complaints procedure in place provided to people in a format that met their needs. It contained details about how to make a complaint and the timescales for resolving any issues. We looked at the complaints received and found they were investigated and resolved. People we spoke said, "I have no complaints. Everything is fine" and when we asked someone if they would be happy to raise a complaint they said, "Happy, yes."

The registered manager told us end of life care was not currently being provided to people. They said if this was required a review would be held to see if it was possible to support the person appropriately in their placement with specialist help and support provided.

Good

Is the service well-led?

Our findings

People we spoke with told us the service provided was good. People receiving said, "It's good" and "The service is brilliant. Staff come to see me. It is the same person, and we have a chat about things. Everything is fine and I am happy."

At our last inspection of this service we found quality monitoring was ineffective in ensuring peoples' health and safety was protected. At this inspection we found the issues had been addressed. The registered manager had a full range of checks and audits in place and these were completed regularly. For example, reviewing care files and risk assessments, monitoring current MOT and insurance checks and car insurance. Audits were undertaken on training and supervision. This helped to make sure the service ran smoothly and any issues found were addressed in a timely way.

The service was supported along with the registered manager by the provider, Kingston Upon Hull City Council. The registered manager reported incidents and accidents, staff recruitment and training undertaken on a computer system that was shared with the local authority, which helped to keep all parties informed. Support was provided to the registered manager regarding recruitment from the local authority's human resources team.

The registered manager had an 'open door' policy in place, so that people using the service, their relatives, and staff could see them at any time. Shared lives carers we spoke with said the service was run to make sure they could gain help and support at any time. There was an on-call system in place outside of office hours. Social events were provided by the service so people using the service and their carers could get together and network with each other and meet informally. Carers we spoke with told us, "The manager and staff are supportive. They provide us with anything you need. The manager has been out and I can ask questions and gain help and advice" and, "This is a good rewarding scheme. The manager and staff are here for me at any time. We have meetings and I am kept informed. I get support with anything."

People's views were gained by questionnaires and through staff visiting people every three months or earlier if necessary. These visits were undertaken to reassess the service being provided was still working for all parties and to review if all the care records required for people were being completed. The registered manager also undertook quality monitoring by visiting people and their shared lives carers to ask them if the service was meeting their needs and to find out if any suggestions could be made to improve the service.

Staff attended regular meetings and raised their views and discussed issues, concerns or suggestions they may have. Knowledge was shared and updates in policies and procedures were discussed to help to inform the staff and ensure the service continued to run effectively. Staff told us "The manager is effective; they listen to us and support us. If we ask for help it's there. They ask our opinions and it is all about teamwork and working together."

The registered manager promoted a team approach and all parties were included. There was a newsletter produced which was distributed to keep people informed of social events, staff news and support available

to people from the shared lives forum meetings that were attended by staff and the registered manager.

Staff told us they all worked together to provide a service that was reliable. Staff understood the management structure in place and told us this was effective. We found there was an open and transparent culture present which promoted the equality and diversity of all parties.

We looked at the quality assurance procedures in place, which included checks and audits of areas such as care files, medicine management, activities, fire safety and health and safety. All the information gathered was analysed and the outcomes were shared with people and staff. We saw action plans were in place which identified action to be taken to address any shortfalls that were found. National good practice guidance was used and incorporated into the provider's policies and procedures, which were updated as required.

All parties were provided with information about what the service could offer them, in a form that met their needs. The registered manager told us, "This service was created to ensure people who did not need to be cared for in a care home had the opportunity to live their life in the community, supported by carers 'family' who cared for them in a way that met their individual needs." People we spoke with told us the service had achieved this and they told us they were happy being supported by the service.

We found the registered manager was building up the service's connections in the local area. For example; they had provided a presentation to health care professionals to inform them about the service and how it could support people. They attended the Guild Hall to promote the service to the Lord Mayor. This helped to increase local knowledge about the service. The registered manager was working with younger people's services to promote timely referrals to ensure people who may be suitable may benefit from considering it and be referred in a timely way. Another event was planned for July 2018 'Cake and Conflab' which was being planned to promote the service further.

Services that provide health and social care to people are, as part of their registration required to inform the Care Quality Commission (CQC) of accidents, incidents and other notifiable events that occur. The registered manager submitted notifications as required which helped us to monitor the service.