Reading Borough Council

Shared Lives Scheme

Inspection report

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Date of inspection visit:
12 July 2018
16 July 2018

Date of publication:
28 August 2018

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 inspection took place on 12 and 16 July 2018, and was announced. Shared Lives is a service which supports carers to provide a home for people who are unable to or choose not to live on their own. They live as part of the carer's family. Carers are not directly employed by the scheme but are paid a fee which is dependent on the amount and type of support they provide to people. Generally, the people who use the service have learning and/or associated disabilities. 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. The service is provided by the local authority.

At the time of the inspection the service supported in excess of seventy people many of whom received the regulated activity of personal care, whilst other people received social and leisure support. 41 carers delivered the service to people.

This was the first inspection completed for the service that registered with CQC in May 2017, following a change in office location. The service had previously been inspected in 2016 and rated good.

The service had an appointed manager who registered with the CQC in January 2018. 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 responsible for two services and shared their time between both. This included the shared lives scheme and a respite service that was separately registered with the CQC.

The service was safe. Shared lives officers (SLOs) and carers were appropriately trained in safeguarding and protecting people from abuse, and were able to accurately describe what action they would take, if they suspected any form of abuse. They had knowledge of and followed health and safety procedures. Risk assessments had been developed that provided guidance to people, carers and SLOs on how to mitigate risk. The risk assessments enabled people to live within the shared lives scheme as part of the community. The risk assessments supported people's integration regardless of their social or physical needs. A robust recruitment procedure ensured staff and carers were safe and suitable to work with and/or provide people with support and care. Carers were trained in medicine management and supported people as required. Audits were completed to ensure that carers were supporting people safely.

People were involved in making decisions about their care and support. They chose where to live, with whom and planned their care and support, with the help of SLOs. People's capacity to make decisions was recorded, if appropriate and necessary. Carers were supported to ensure that they met their obligation to allow people to make choice and decisions about their life. SLOs ensured carers provided people with care that met their individual needs, preferences and choices. People's rights were protected by carers and SLOs who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out

how to act to support people who do not have capacity to make specific decisions.

People were respected and became part of the carer's family. Their privacy and dignity was encouraged and promoted. People's diversity was fully understood and people's carers and support plans reflected their particular needs. People were matched with carers who could offer them a home where any special needs could be absorbed into family life.

The service was well-led by a registered manager who was knowledgeable about the service and the needs of people. Although they managed two services, staff felt they were available. Staff reported feeling valued and supported by the registered manager and this was reflected in the standard of support they were able to give carers. The service monitored and assessed the quality of the service. Improvements had been identified and the service was developing new paperwork to resolve some of the shortfalls identified in audits.

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.

Carers and shared lives officers had the appropriate training and knowledge to protect people from abuse and poor practice.

Risks to people, carers and staff were identified, and appropriate measures taken to minimise the risk.

The service used the local authority recruitment process for both carers and staff working at the scheme. This was robust and aimed to ensure people were protected.

People requiring support with medicine management were supported by trained carers.

Is the service effective?

Good

The service was effective.

Carers and shared lives officers received training and induction to ensure they could provide effective support to people.

People's needs were met in their preferred way.

People were supported to make their own decisions and choices about where they lived, the level of support they received and how it was provided.

Is the service caring?

Good

The service was caring.

People were provided with support by carers who were kind and considerate. People were treated with respect and their dignity was maintained.

People were carefully matched with carers to make sure carers could meet the individual's particular needs.

People were supported to be as independent as possible, whilst being a part of the carer's family.

Is the service responsive?

Good

The service was responsive.

People were offered personalised support that met their specific needs, in the way they wanted and with the family / carer they chose.

People's care needs and the carers' ability to support people were regularly reviewed.

People were always involved in the initial assessment, development of the support plan and reviewing process. Where applicable relatives or representatives were also requested to feedback on aspects of care.

The service had a comprehensive complaints procedure. People and carers knew how to complain and were reassured that the process would be fully followed.

Is the service well-led?

Good

The service was well-led.

Staff felt they were well supported by the registered manager, who had a clear vision of the service and improvements needed.

The service had existing audit documents in place, however these were continually being reviewed and new formats developed to ensure compliance with regulations.

People, carers, staff and others were asked for their views on the quality of care the service offered and their views were listened to.

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 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. As part of this inspection we checked that the provider had met the actions of their reports that were sent to us monthly in response to our last inspection.

This inspection took place on 12 and 16 July 2018 and was announced on both days, to ensure someone would be in the office to meet us and provide access to paperwork. The inspection was completed by one inspector.

As part of the inspection process the local authority were contacted to obtain feedback in relation to the service. In this case, the provider of the service was the local authority. We spoke with different teams that worked within the authority seeking their feedback as part of the inspection. We referred to previous inspection reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law. As part of the inspection process we also look at the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make, in relation to the five domains we inspect.

During the inspection we spoke with the registered manager, the team manager and two shared lives officers. We spoke with two people who use the service and two relatives of people who were authorised to speak with us on their behalf. In addition, we spoke with two professionals, and three carers who support people.

Records related to people's support were seen for six people who use the service. In addition, we looked at a sample of records relating to the management of the service. For example, staff records, complaints, quality assurance assessments and a variety of policies and procedures. Staff recruitment and supervision records for four staff were reviewed and seven carers files were seen as part of the inspection process.

Good

Is the service safe?

Our findings

Shared Lives officers (SLOs) supported carers to keep people safe from abuse. Carers were provided with safeguarding training that was refreshed as needed. SLOs completed the same training course as carers, ensuring consistency of knowledge. The SLOs were able to describe what action they would take if they had any concerns about people's safety or if safeguarding concerns were drawn to their attention by carers. Carers had a full understanding of the importance of their role with regard to keeping people safe. Relatives we spoke with stated that the carers were knowledgeable on how to keep people safe. One relative stated, "I have no doubt my [relative] is safe living with [name]." SLOs and carers were confident that the registered manager or more senior staff within Reading Council would take immediate action to protect people, should the need arise. There had been no safeguarding concerns identified since the service moved offices and since the last inspection of 2016.

Staff and carers received health and safety training to ensure they had a comprehensive understanding of areas of risk. The service had a detailed health and safety policy in place and risks were assessed as required. These contained details for SLOs and carers on how to work safely to minimise risks to themselves and others. In addition, health and safety audits were completed by senior managers within the council to ensure the service was compliant with the policy. Where shortfalls were noted, an action plan was generated with action to be completed within a specific timeframe. We found these had been completed as required.

The service ensured general risk assessments were completed annually and as required. These included lone working, the office environment and the carer's home. The annual reviews of the general risk assessments ensured that the home continued to meet the specific needs of individual's safely. Health and safety information was up dated and disseminated to the carers as required. This information was circulated through emails, letters, phone calls and personal visits.

The service had a comprehensive business continuity plan to ensure people could continue to be supported safely, in emergency conditions. The plan covered a large number of emergency situations. For example, continuing to monitor placements in the event of IT systems failure and placement breakdowns. All aspects of the service were assessed as either critical or not. The plan included actions people needed to take with regard to critical elements of the service and noted who was responsible for what and within what timescales.

People had individual risk assessments which identified any areas which posed a significant risk to them or others. Person centred risk assessments included supporting people to stay safe at home (alone), accessing the community independently and financial matters. They were designed to keep people as safe as possible, whilst allowing and encouraging as much independence as possible. Where applicable, people signed care plans or used other means of consent to the use of specific risk reduction measures.

People were, generally, supported to take their own medicines. A detailed risk assessment was written with a comprehensive risk management plan in place, as necessary. Where people were unable to or it was not appropriate for people to self-medicate, carers administered the medicines. All carers received training in

medicine management as required and were assessed as competent prior to being allowed to administer to people. Annual checks on competency were completed thereafter, with carers being encouraged to take short e-learning refresher courses. Medicine administration record sheets were completed on a daily basis by carers and checked by SLOs during spot checks and during the annual audit of documents. No medication administration errors had been identified since the last inspection. The service had a comprehensive, up-to-date medication administration policy which was reviewed every year by the provider.

People were offered a service only when a suitable carer or carers had been identified, checked, interviewed and appropriately trained. Carers had to be approved by an independent panel that consisted of professionals within different roles associated with adult social care. The SLOs then ensured they met with carers and had telephone contact several times a year. SLOs would meet with people alone, to ensure they were happy with the support that they were being offered and that they felt safe within their home.

People were supported by carers who had been recruited using a system which ensured, that as far as possible, they were suitable to work with vulnerable people. The recruitment procedure was the same as that used to recruit staff employed by the local authority. It included Disclosure and Barring Service checks to confirm that employees and carers did not have a criminal conviction that prevented them from working with vulnerable adults. The service completed character references/assessments prior to the carers being referred to a panel. The panel were provided with statements from the SLOs, the potential carer(s), access to references and assessments. They then met with the potential carers before making a decision, and notifying the service in writing.The service had recently recruited two new SLOs who worked within the local authority services. Their files were not available for us to see as they were retained centrally by the local authority. We were shown evidence of the policy that illustrated what documents were required as part of the check. We found that this was compliant with legislation.

Although carers were not directly employed by the service the registered manager was still able to invoke disciplinary procedures against carers and withdraw their approval to protect people, if necessary. SLOs retained contact with carers and people to ensure they were satisfied that care was provided safely within the home environment, and people's needs were met appropriately.

Carers were provided with basic infection control training and were encouraged to discuss issues related to cross contamination with people living within their home. Each carer had checks on water completed to ensure that legionella was not present, with this being completed as frequently as required.

The service had a record of any accidents or incidents that may have occurred in each carers home. Where applicable these were used to prevent similar occurrences in the future. There had been two incidents recorded in 2018. These were assessed to establish if the carer required additional training or support to prevent similar future occurrence.

The service completed annual audits of people's finances where they did not have capacity to independently manage their finances and required carer support. Carers were required to retain copies of receipts and bank statements to clearly illustrate all expenditure.

The service ensured they complied with Equality Diversity and Human Rights policy (EDHR) and protected people's characteristics and human rights, when pairing them with carers. A thorough review of people's needs were established and carers with a similar experience or knowledge were introduced. The service had a comprehensive equality, diversity and human rights policy in place, that was discussed with carers and SLOs.

Good

Is the service effective?

Our findings

The service ensured that people's legal rights to make their own decisions were upheld and understood by carers and shared lives officers (SLOs). Training in the Mental Capacity Act (2005) (MCA) was provided as part of the induction process. Where required refresher courses were offered to carers to ensure they retained full comprehension of this legislation. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made to the Court of Protection. Currently, no applications had been made as no-one was being deprived of their liberty.

People's support plans were written in conjunction with people to ensure they were able to make their own choices and decisions and to retain control over their lives. The people currently using the scheme had capacity to make decisions about their lifestyles although some required support with finances. We found the support plans were detailed in how people wished to be supported by carers, clearly illustrating where people were able to make choices independently, or complete tasks without assistance. These were reviewed annually or as required by the SLOs, in a joint meeting with the person and carers. Where applicable if the person requested a relative or representative to be present, they were invited to the review. People signed or agreed that they consented to all the support plan.

People helped to identify their own needs and went through an initial assessment stage to understand the service type and be comfortable that their needs could be met by the service. They were involved with choosing the carer, often meeting them several times, in informal surroundings prior to visiting them in their home. If people were comfortable with the carer and they with the person, an agreement, around support was developed.

Support plans included agreements between the service and the carer. These focused on how the service was to support the carer and their well-being. It further detailed what support the carer needed to ensure they maintained the person's human rights and respect their protected characteristics.

People were supported to seek medical advice as and when required. People's healthcare needs were described in their support plans, including the level of support required and what the carer needed to do if the person was not well but not seeking medical support. Details of local practitioners including, GPs, dentists and opticians were noted within the support plans. Where a person required additional support and a referral to a specialist health professional, the carer would seek guidance from a SLO and the appropriate health professional.

Support plans included the people's nutritional needs and included details on how the carer would meet these. People told us, "[carer] makes sure I eat the foods I like, although encourages me to eat less sugar. I

eat more fruit now." The support plan detailed how to support people to eat a healthy diet. Where the person had any specific needs for example, dietary, medical or religious, this was further highlighted, and guidance sought from the relevant professional where applicable. For example, a person with diabetes specific health condition, had this section written in conjunction with the health professional who was supporting the person with this area of their health.

SLOs received and provided robust induction and role specific training. The service had recently employed two new SLOs (although both worked for the local authority in different roles). Carers received the same training as staff and where applicable were required to complete the care certificate. The Care Certificate is a set of 15 standards that new health and social care workers complete during their induction period, as set out by national guidance. Training was refreshed as required. The service maintained a training matrix that identified when carers and SLOs had received the training and when this required refreshing. Carers were provided with their individual training schedule, and were encouraged to complete any outstanding training within an agreed timeframe.

SLOs were supervised every four to six weeks by the registered manager. They felt they were well supported by the registered manager and senior management, acknowledging that their new ideas had brought about positive change. Carers were supported and supervised by SLOs. The carers received three face - to - face support sessions, three telephone sessions and one annual appraisal per year. They were further encouraged to attend carer forums and drop in sessions, that aimed to provide organisational and operational guidance. Where a carer was new, or experiencing problems, the SLO maintained weekly contact with them until both were reassured that the issue had been resolved. Carers told us that they felt part of the team and said, "We work with the SLOs, as part of a team" and, "They are very supportive."

Good

Is the service caring?

Our findings

People told us that their individual needs were respected by carers. Carers further reinforced the importance of understanding equality and diversity when supporting people. One carer, who supported two people, ensured they respected people's choice to practice their faith. Where applicable, one person was supported to attend their place of worship. Shared lives officers (SLOs) received training in equality, diversity and human rights. Additionally, the service was rolling out this training to carers and encouraged them to read and discuss the policy prior to receiving training. Before carers were approved they completed an application form which asked questions about their attitudes to issues such as discrimination, disability and other cultures. They were also asked if they were able and willing to challenge prejudice, discrimination and oppression. Carers' views were checked at the panel stage of the recruitment process. If concerns were identified in responses, carers would not be able to proceed to the next stage until further discussions had been conducted regarding the issue identified. Support plans included areas such as lifestyle choices, religion and culture and noted any support people might need to meet their diverse needs.

SLOs were committed to the scheme and made sure that people were supported by kind and considerate carers who were respectful of people's choice. People told us they were treated with respect and dignity. One person told us, "[name] always knocks on my door, and checks before she comes in." A relative stated, "I have no concerns about how [name] is treated. [Carer] is absolutely wonderful… [name] has come out of her shell thanks to the caring attitude and perseverance of [carer]." Carers gave numerous examples of how they preserved and respected people's dignity. One response given by all carers included, "Ensuring they are treated as part of the family."

People were supported and encouraged to maintain as much independence as possible. The carer agreement stated that carers must, "Offer a supportive relationship which encourages service users to maintain and develop personal skills and interests." Carers provided examples of how people were encouraged to initially explore their interests with them. When the person felt confident enough to, and the activity risk assessed, measures were put into place to commence the activity independently. The service supported carers to allow people to take appropriate risks dependent on their abilities, choices and aspirations. Two professionals we spoke with commented on how the service was committed to, "Allow the person to grow and become independent within their own right," and, "Enable them [people] to find their own place in society."

People and carers were carefully 'matched' to ensure people received care from carers who they felt comfortable with and who were able to meet their individual and specific needs. The approval panel took the 'matching' process into account when finalising their decisions. People and carers met informally prior to making a decision. Initially they were accompanied by a relative and / or SLO. They would visit the carer in their home, often for tea or dinner, prior to making a decision. People who were offered a long-term placement with a carer had a formal 'licence' which gave them accommodation rights and described the rights of the carer. A copy of this was also provided to the carer to detail their rights within the relationship.

People lived as part of carers' families and were involved in day to day activities. One person we spoke with

had been a part of the carers family for 11 years. They went on holiday with the carer and accompanied them on all family events. One relative told us how one person became isolated whilst living in their parental home. However, since the person began residing with the carer they had seen a noticeable difference. The person was described as, "No longer isolated", and "A part of both families".

People were provided with detailed information about the service in user friendly formats. These included easy read documents, picture symbols and simple English presented in larger font if required. Support plans were written using the most appropriate means of communication for both the person and the carer. Where needed, two versions were retained. The service knew the importance of retaining confidential information securely and ensured that this was only available to people on a need to know basis.

Good

Is the service responsive?

Our findings

An initial assessment was completed for all people who were considering or wanted to know further information about the service offered by the shared lives scheme. The shared lives officers (SLOs) provided information on the service, and completed an assessment. This was used to determine if the service could be offered and possible carers to pair with. If appropriate carers were not available they were sometimes specifically recruited to meet the person's identified needs. The service had recently run a recruitment drive on the local radio station to find new carers for people.

Once the assessment and matching processes had been completed, a comprehensive person- centred support plan based on the information obtained through the initial assessment was developed. These were prepared in draft form and then discussed with people and their relatives or representatives where appropriate. The plans contained sufficient information to enable carers to have the knowledge of the care the person required and agreed to. Each section was written from the perspective of the person, and was based on their preferences and methods that carers should adopt when supporting them. Each support plan had sections that highlighted the person's aspirations and targets. Where possible the person set themselves a timeframe to achieve these. During the annual review the aspirations and goals were reviewed. Some people had been supported to achieve goals, whilst others had commenced the journey to achieving their aspirations, with the support of the carer.

People received responsive care and support. Support plans were reviewed annually and/or whenever necessary to ensure appropriate support was being provided. People's needs were met in the way they preferred. Support plans were person centred documents which detailed all areas of care which included decisions, targets and outcomes that people wanted. Plans included areas such as emotional and behavioural support, communication, managing money, personal care, health and welfare and transport and travel.

A formal annual review was completed, that was significantly more detailed. This covered all aspects of support and living, with comprehensive audits completed to ensure the support remained responsive to people's needs. If it was found that the placement was no longer beneficial to the person or the carer, then a meeting was arranged and where appropriate an alternative carer found.

People's likes, dislikes and activity levels were assessed at the initial assessment stage and repeatedly reviewed during each year. Carers were paired based on their shared interests and level of support that could be offered. For example, one carer had a professional occupation that meant they were away from the home for large parts of the day. They wanted to support people who were independent but required company and emotional support in other areas of their life. The service had paired the carer with people with those particular needs. Some of these placements had been in place for in excess of eight years. The feedback was very positive. People reported that they were encouraged by the carer to remain independent, and engaged in joint activities of mutual interest. Another carer we spoke with told us how they encouraged people to try new activities. They spoke of the importance to the person to feel a part of the community, and worked with the person to achieve this. One relative said, "The carer has achieved something we were not

able to do. [name] goes out and participates in activities that we would never been able to support with." One person we spoke with told us how busy their weeks were. Activities included work placements, weekly lunch, attending a place of worship, learning new household tasks, having their nails done, and arranging day trips.

The service had a robust complaints procedure in place which was discussed at the point of commencing the service, with a hard copy provided to both the carer and the person. It was presented in a user-friendly format. The service had received one formal and eleven informal complaints since the last inspection in 2016. Full investigations were conducted into all complaints. The provider had a designated complaints officer who reviewed the complaint and decided whether an internal or external investigation was completed. The service complied with the local authority's complaints procedure. The complaint was fully recorded, with the outcome of the investigation and discussion with complainant recorded. A learning action plan was then developed and appropriate actions were taken to improve the service and/or reduce the risk of recurrence.

The service met the Accessible Information Standards (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. The service ensured that all information was provided to both people and carers in a format that was specific to them. This included pictorial, large font and simple English language.

Good

Is the service well-led?

Our findings

The service had recently seen changes in the staff and management structure. A registered manager had been appointed in January 2018. She oversaw two services for the provider the Shared Lives Scheme and a respite service. Up until recently the registered manager was working two days per week at the shared lives scheme. This had been changed to four days, to enable her to implement the changes she wished to make to the service. The service had also recently recruited two new shared life officers (SLOs). The feedback from staff was positive. They told us that initial changes to the management of the service had meant they had to alter their method of working, however acknowledged this had been a positive transformation. The change in office to a main local authority located office was described as beneficial, as appropriate information could be shared with relevant teams instantly.

The registered manager had completed a comprehensive audit of the service when she commenced her role. She was developing an ongoing audit document, that would enable her to find information, and action plans to illustrate progress at a glance. The development of this paperwork would become easier with the increased days now provided specifically to the shared lives scheme by the registered manager.

The service had existing audit and governance tools in place. This included a monthly internal audit report, quarterly management meetings and records audits by SLOs. The team manager also met with the registered manager to develop targets and monitor the service. The service developed an annual action plan from the audits completed, these incorporated the feedback from people, carers and their families.

People, carers and SLOs were regularly asked their opinions of the care the service offered. The calls and visits made to carers and people provided feedback on the service. This was more formally requested in annual quality assurance surveys and during the annual reviews. In addition, the service had introduced drop in sessions, quarterly meetings with carers, learning forums for information to be shared and professional relationships and support offered to carers. People were encouraged to meet with their SLOs, popping in for coffee or meeting at a place of their choice. They were encouraged to call and speak with the SLOs and provide any feedback that may lead to positive change within the service.

Formal staff meetings took place every six weeks, however SLOs referred to weekly catch ups with the registered manager during which any pertinent information was shared. The staff spoke very highly of the registered manager and shared her vision to improve the scheme and make it more accessible to other people. One SLO stated, "[registered manager] is very straight forward, clear vision of how things should be." Another SLO said, "Very supportive and approachable". One professional we spoke with said, "Hand on heart, no concerns about the professionalism of the team"

The service belonged to Shared Lives Plus, a national organisation which advised of any new initiatives and best practice from schemes across the country. The scheme worked closely with care managers and other professionals to ensure people received the most appropriate care.

Records relating to other aspects of the running of the service, such as staffing, carers and quality assurance

records were retained in computerised secure IT systems. These contained relevant information. The management team understood when and why to send any statutory notifications to the Care Quality Commission. As this was the first inspection at the service since change of address, the previous inspection rating of 2016 was not displayed. The provider was aware of their legal obligation to ensure this was displayed as required by legislation.