

Bristol City Council

Bristol City Council Shared Lives

Inspection report

Room 040, Bristol Community Links South
Langhill Avenue
Inns Court, Knowle
BS4 1TN

Tel: 07810506887
Website: www.bristol.gov.uk

Date of inspection visit:
13 December 2017
14 December 2017

Date of publication:
08 January 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

Bristol City Council Shared Lives service is registered to provide personal care and support to people living with shared lives carers. Shared lives carers are individuals and families who offer accommodation and provide personal care to people using the service. Most people lived with the shared lives carers on a permanent basis with them using another provider for respite care and support for 28 days per year.

The Care Quality Commission (CQC) regulates the provision of personal care provided to people using the service. At the time of our inspection 28 people with learning disabilities were using the service for long term placements, with 15 people using the service for shorter periods of respite care.

The inspection was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. When giving notice we also requested the registered manager make arrangements for us to meet with people using the service, shared lives carers and staff employed by the provider to recruit and monitor shared lives carers. These staff were called shared lives officers.

This was our first inspection of the service since the provider registered this location with CQC on 15 September 2015.

As a result of this inspection we have rated the service as Good.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Managers, shared lives officers and shared lives carers understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely monitor the shared lives arrangements. Checks were carried out on shared lives carers and shared lives officers before they commenced to assess their suitability to care for and support vulnerable people. Where people required assistance with taking medicines this was well managed and people received the support identified in their care plans.

Shared lives carers and shared lives officers received regular supervision and were provided with the training needed to meet people's needs. The registered manager, deputy manager, shared lives carers and shared lives officers understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People were cared for by shared lives carers who knew them well. The care and support they received was

monitored by shared lives officers who also knew them well. People were treated with dignity and respect and their independence promoted. Managers, shared lives officers and shared lives carers had a good understanding of equality, diversity and human rights.

The service was responsive to people's needs and they received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager said they welcomed comments and complaints and saw them as an opportunity to improve the care and support provided.

The vision, values and culture of the service were clearly communicated to and understood by people, shared lives carers, shared lives officers and other health and social care professionals. Systems were in place and implemented to monitor the quality and safety of the service people received and, where shortfalls were identified they were acted upon.

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.

People were kept safe from harm because shared lives carers and officers had been trained in safeguarding and understood their role and responsibilities to keep them safe.

Risks to people had been assessed and plans put in place to keep them safe.

There were enough shared lives officers to safely monitor the care and support people received. Checks were carried out on shared lives carers and officers before they started work to assess their suitability provide care and support to vulnerable people.

Medicines were well managed and people received the support identified in their care plans.

Is the service effective?

Good ●

The service was effective.

Shared lives officers and carers received the training and support required to effectively meet people's needs.

Managers, staff and shared lives carers understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Shared lives officers worked effectively with other health and social care professionals to ensure people's needs were met.

Is the service caring?

Good ●

The service was caring.

People received care from shared lives providers who knew them well.

People were treated with dignity and respect and their independence promoted.

People were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and support.

Comments and complaints were welcomed and seen as providing an opportunity to listen, learn and make changes and improvements.

Is the service well-led?

Good ●

The service was well-led.

Managers, shared lives officers and carers understood and put into practice the vision, values and culture of the service.

The registered manager and deputy were well- liked and respected.

The quality of service people received was monitored and where shortfalls were identified these were acted upon and improvements made.

Bristol City Council Shared Lives

Detailed findings

Background to this inspection

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

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted a range of health and social care professionals involved with the service both before and after our inspection and asked them for some feedback. Their comments have been incorporated into the main body of our report.

This inspection took place on 13 and 14 December 2017 and was carried out by one adult social care inspector. The inspection was announced in order for us to make arrangements to meet with people, shared lives carers and shared lives officers employed by the provider.

We spent time at the provider's offices over two days.

On 13 December 2017 we facilitated a 'focus group'. Seven people using the service attended and participated in this session. A 'focus group' is where people are brought together to provide feedback on their experiences. We also spoke with six people using the service individually at different times of the day.

On 14 December 2017 we spoke with three shared lives officers. These are the staff employed by the provider to recruit, support and monitor shared lives carers. We also spoke with four shared lives carers who directly provided people with the regulated activity of personal care.

Over the course of our two day inspection we spoke with both the registered and deputy manager. We looked at the care records of six people using the service, personnel files and supervision and training records for two shared lives officers and four shared lives carers and, other records relating to the management of the service. We looked at a range of policies and procedures including safeguarding, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included; "The carers help me – they look after you well and I feel safe", "The carers are always there for me, I can talk to them anytime I need" and, "I feel safe with them all the time". Professionals told us they felt people using the service were safe.

People were kept safe from the risk of abuse because both shared lives carers and shared lives officers knew about the different types of abuse and, what action to take if abuse was suspected, alleged or witnessed. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for them to follow with contact information for the local authority safeguarding team. People told us their shared lives carers had given them advice and guidance on the action they could take if they felt they were either at risk or being abused. The service had raised safeguarding concerns with the appropriate authorities and put in place additional measures to keep people safe in the 12 months leading up to our inspection. Shared lives carers and shared lives officers were able to describe 'whistle blowing' and knew how to alert senior staff about any poor care practice.

Risks to people's personal safety had been assessed and plans put in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for assistance with personal care tasks such as bathing and showering and social and leisure activities they took part in. Shared lives carers told us they had access to risk assessments in people's care records and ensured they used them. Talking with shared lives carers and shared lives officers it was clear they had a good knowledge and understanding of people's risk assessments and the measures required to keep them safe. Risk assessments and management plans were regularly reviewed by shared lives officers, with the involvement of the person, their shared lives carers and where required, other professionals.

There was sufficient numbers of shared lives officers with the appropriate skills, experience and knowledge to safely monitor the care provided by shared lives carers. Shared lives carers told us they felt they were able to contact a member of the shared lives team whenever they needed to. Care records detailed when people needed care and support and the arrangements required to achieve this. This had been agreed with people and other health and social care professionals. Care records showed people received the care assessed as needed, when they needed it.

People were protected from the recruitment of unsuitable staff. Recruitment records for shared lives officers contained the relevant checks. Shared lives carers underwent a rigorous selection process which included all relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people.

Some people required assistance to take prescribed medicines. Where this was the case guidance on what to do to keep people safe was in place and easy to use. Medication administration records were maintained

to record that people received their medicines as prescribed. Shared lives carers administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. The systems in place showed people were kept safe from the risks associated with the management of medicines.

The provider had a policy in place for investigating accidents and incidents. This detailed the steps involved and included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. This meant the registered manager and shared lives officers had clear guidance on how to investigate accidents and incidents and learn and make improvements. A policy on infection prevention and control was in place. Shared lives carers told us they had access to the equipment they needed to prevent and control infection.

Is the service effective?

Our findings

People received care and support from familiar, skilled, consistent shared lives carers. People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required.

We viewed the training records for shared lives officers which confirmed they received training on a range of subjects. Each had been in their posts for a number of years and completed regular updates to ensure they remained aware of best practice. The registered manager explained that although no new shared lives officers had been appointed for a number of years an induction process for new starters was in place.

Shared lives carers received training in core areas such as keeping people safe from harm, first aid, medicine administration, infection control and equality and diversity. Training was also provided to ensure they had the knowledge, skills and abilities to meet people's specific individual needs. This included training on epilepsy and the administration of rescue medication and individual moving and handling training. They said they had received the training required to carry out their roles effectively. An induction process was in place for newly approved shared lives carers. We saw this had included some voluntary work if they had little direct experience of working with people with learning disabilities. Each newly approved shared lives carer undertook an induction process based upon the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised programme. The training and induction of shared lives carers was coordinated and monitored by a nominated shared lives officer.

The registered manager told us they were in the process of setting up 'e learning workshops' to help shared lives carers who were not confident with using computers. This was because a large amount of the provider's training was completed using computers. They said getting shared lives carers together to complete this would allow them to provide guidance on using the computer programmes and, give them the opportunity to encourage carers to share good practice and learn together.

Shared lives officers told us they felt well supported by the registered manager and deputy. Formal supervisions were used to improve performance and, to assist staff with their career development. Formal supervisions are one to one meetings a staff member has with their supervisor. Shared lives carers said they received support from their nominated shared lives officers. They said this included an actual visit every six to eight weeks or more frequently if they requested one and regular telephone contact. They told us they valued this and found it helpful to discuss any issues or concerns they had in order to help them provide effective care and support to people. We saw written records of these monitoring visits completed by shared lives officers.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Shared lives carers and shared lives officers had received training on the MCA. They understood their responsibilities with respect to people's choices. They were clear when people had the mental capacity to make their own decisions, and respected those decisions.

The care provided to people was closely monitored to ensure their health needs were responded to promptly. Shared lives officers maintained regular contact with people using the service and shared lives carers. This allowed them to provide support, advice and guidance and signpost shared lives carers to relevant health and social care professionals. We saw shared lives carers worked closely with a variety of professionals to ensure people's needs were met. These had included; GP's, Occupational Therapists, Social Workers, Psychologists and Mental Health professionals.

Is the service caring?

Our findings

People told us their shared lives carers were kind, caring and knew them well. Specific comments included; "The carer I live with is fantastic and a fabulous young lady, she is", "They help you with things like going out, which I like. I love it", "I'm in control of who I see and when" and, "I really like it. We're like a family. They help me learn".

Shared lives carers spoke about people with genuine empathy and compassion and demonstrated a commitment to ensuring they received good care and support. During our inspection we were able to observe people interacting with the shared lives officers. We saw a number of positive examples which clearly contributed towards people's well-being.

Managers and shared lives officers worked to ensure people were involved in planning their care and support. The service provided to people was based on their individual needs.

When planning the service considerable care and attention was given to matching people with shared lives carers. Many factors were taken into account including; people's needs, where they wished to live, their likes and dislikes and, their hobbies and interests. This was co-ordinated by a nominated shared lives officer who liaised closely with the person and family or friends important to them, the prospective shared lives carers and other professionals. The registered manager said, "The lifestyle has to work for the service user. So the pre-placement work is crucial and is handled at the service users' own pace, they are never rushed into things".

The provider had a policy on equality and diversity. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with shared lives carers and shared lives officers it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

Promoting people's independence was viewed as a key component of the service provided. Care plans stressed the importance of encouraging people to do as much for themselves as possible. When speaking with shared lives carers, they were aware of people's level of independence and were able to demonstrate how they supported them to maintain this. People told us, "I've learnt to get the bus on my own", "I go out on my own and am learning to cook and do my washing" and "I moved to my carers from my mum and dad's to be more independent and I've learnt a lot already. I lost my bus pass earlier but (Shared Lives carer's name) helped me apply for a new one online".

Shared lives carers told us how important they felt it was to ensure people's privacy was respected and their dignity maintained. They told us how they sought consent from people before they commenced any care tasks and, explained how they ensured people's privacy was maintained at all times when supporting them with personal care. Prior to commencing care with people were given information on how the service was organised and who to contact if they had any questions. This information was made available in pictorial and easy read formats.

People's care plans contained information on family and friends important to them. Guidance was provided for shared lives carers on how to support the person to maintain contact with their family and friends. Shared lives officers ensured relevant information was appropriately shared with people's relatives.

Throughout our inspection we were struck by the caring and compassionate approach of both the shared lives carers and shared lives officers. Morale was positive and they were enthusiastic about the service they provided. Shared lives officers we spoke with told us they would be happy for someone they loved to be cared for by the Shared Lives service.

During the focus group we conducted, people explained to us that shared lives carers were entitled to a break themselves. As a result of this, people told us they stayed with a different shared lives carer for 'respite'. They said this meant the shared lives carer could have a break. People who lived with another person at the shared lives carer's home told us this also meant they could have a break from each other. We saw this arrangement was well managed by the shared lives officers. It was clear through this discussion that people using the service had a real empathy with and care for the shared lives carers they lived with.

Is the service responsive?

Our findings

The service provided was person centred and based on care plans agreed with people. People's needs were assessed and plans put in place to meet their identified needs. These were regularly reviewed and updated when required. Care and support records were held at the agency office with a copy available at the shared lives carers address.

Care and support plans provided a good picture of them as individuals, identified their needs and gave clear guidance on how their needs and wishes were to be met. People were involved in devising and reviewing their care and support plans. Other health and social care professionals had been consulted and their advice built into people's plans. Shared lives carers said the care plans held in their homes contained the information needed to provide care and support.

People gave a number of examples of how the service they received had helped them. They said, "I have lost loads of weight. I have been on holiday with (Shared lives carers names) to France and Turkey. I go to watch Bristol City and play five-a-side football. Sometimes we take the dogs out too. I'm very busy. I've come on a lot", "I've lost four stone. I feel fitter, I'm walking more and I eat better" and, "Me and my carer are in a choir together. We also do sewing. I do a lot more now than I did. It's good".

Shared lives carers spoke with passion about the service responding to people's individual needs. They said, "(Person's name) now has a work placement in a charity shop and loads of other activities throughout the week. She has really grown in confidence", "It really works. They (the shared lives officers) spend time pairing people properly. They place people in environments and with people that suit them. As a result people really benefit".

Shared lives officers also gave examples of how the service had responded to people's needs. They said, "We got psychology input to help one person overcome their hoarding of things. We all worked together and this is much better now. I'm really proud of (Person's name). It's like someone's waved a magic wand. I'm really proud of the shared lives carer's perseverance", "(Person's name) has really gained in skills. Before the service started the shared lives carers shadowed them at their family home. I think this really helped" and, "We were able to arrange bereavement training and support for people that I think really helped".

We saw staff the service responded to people's changing needs and worked closely with other professionals to ensure these were met. Shared lives carers and shared lives officers recognised the importance of supporting people to engage in their local community to prevent social isolation. When talking with them they stressed the importance of working together and spoke about a 'community' of interested parties including people using the service, shared lives carers and shared lives officers. We saw in people's care records they were assisted to attend many different activities consistent with their hobbies and interests.

People had a 'hospital passport' in place. These provided a detailed overview of people and were designed to be used if they were admitted to hospital. They would provide hospital staff with essential information to help support consistency in care and promote people's safety. The provided emergency contact numbers,

previous and current medical history, current medicines, people's capacity and communication needs.

People were supported to voice their views and opinions on the service they received. Service user forums were held four times a year. We looked at the record of the two most recent meetings. These had been well attended and the minutes produced using pictures and easy read text. We saw people's views had been recorded and suggestions made acted upon.

The provider had a clear procedure to follow should a complaint or concern be raised. People we spoke with said they felt able to raise any concerns they had with the registered manager, deputy, shared lives officer or shared lives carer and that these would be listened to. We saw the provider had not received any complaints since they registered with CQC. However, the registered manager told us they would value any comments and complaints received, seeing them as a way to improve the service provided to people.

Is the service well-led?

Our findings

The registered manager, deputy and shared lives officers had a clear vision for the service. They saw the shared lives provision as a desirable alternative to residential care provision for people. They explained people were able to benefit from a person centred service that gave them safety and security within an ordinary domestic environment.

A business plan was in place with measurable targets to measure the successful growth of the service. This defined the aims of the service, the values that underpinned it and its financial sustainability. Clear agreements were in place to manage placements. These included an agreement between the provider and the shared lives carer and, an agreement between the person using the service and the shared lives carer. These defined the roles and responsibilities of each party and were overseen by the nominated shared lives officer.

The provider had established a 'panel' to oversee the approval of new shared lives carers. This panel consisted of interested professionals with experience of shared lives provision and people using the service. The nominated shared lives officer completes documentation then supports the prospective shared lives carer to attend a panel meeting where their application is considered. If successful the carer is available to offer their services to people when matched to them

Without exception those we spoke with felt these agreements and processes along with the supportive relationships that had been developed meant the service was able to work towards its vision and put its values into practice.

Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. The management structure was clear and effective. Shared lives officers we spoke to understood their roles and responsibilities and spoke positively about the leadership and management of the service. They said the registered manager and deputy were approachable and could be contacted for advice at any time. Specific comments included; "(Registered manager's name) is really good, always available on the end of the 'phone", "Both (Registered manager's name) and (Deputy manager's name) are accessible, approachable and supportive" and, "We have a good experienced team that is well managed".

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Monthly meetings were held for the shared lives team, which included the managers, shared lives officers and their administrative support. We saw minutes of recent meetings and noted these concentrated on how the care and support provided to people was to be sustained and, where identified, improved. Meetings

were held with shared lives carers four times a year. We saw the registered manager had tried a number of different venues and holding meetings at different times in order to maximise attendance. We looked at the record of the two most recent meetings. Shared lives carers told us they found these meetings helpful, in keeping up to date with changes and maintaining contact with other shared lives providers.

The provider was a member of a national body that acted as an 'umbrella' organisation. They did this by producing and distributing guidance on Shared Lives services. All shared lives staff (officers and carers) were provided with access to the online resources available. The registered manager also attended the regional south west meeting arranged by this body.

Quality monitoring systems were in place and used to monitor the service being delivered. These included the written records of monitoring visits carried out by shared lives officers, auditing of care plans and communication records and feedback from informal sources. These audits showed the registered manager carried out a regular analysis of key areas to identify themes, trends and areas requiring improvement.

Accidents, incidents and safeguarding alerts were appropriately reported by the service. The registered manager investigated these thoroughly. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service and others. For example, environmental risk assessments had been completed by shared lives officers for each shared lives carers property. These assessments identified actions taken to improve the safety of the environment.

The policies and procedures we looked at had been regularly reviewed. Shared lives officers we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available.

At the end of our inspection we gave feedback to the registered manager and deputy on our findings up to that point. They listened carefully to our feedback and were clearly committed to learning in order to further improve the quality of the service provided.