

Southend Borough Council

Shared Lives Southend

Inspection report

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Essex
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12 May 2016

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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

The Inspection took place on 20 April 2016 and 12 May 2016. It was unannounced.

Shared Lives Southend is registered to provide personal care to adults with learning disabilities in the Southend on Sea area. They provide a range of support options including long term placements, respite placements, emergency placements, transitional placements, holidays and day care support. There were 39 people using the service at the time of this inspection however, five of these people required support with personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their support in a way that ensured their safety and welfare. There were sufficient numbers of Shared Lives (SL) carers who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for monitoring medication practice.

The registered manager, Shared Lives (SL) worker and SL carers had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Shared Lives (SL) carers had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had service user plans and risk assessments in place to ensure people were cared for safely.

People had sufficient amounts to eat and drink to meet their individual needs. People's care needs had been assessed and their service user plans provided SL carers with the information needed to meet people's needs and preferences and to care for them safely. People's healthcare needs were monitored and SL carers sought advice and guidance from healthcare professionals when needed.

Shared Lives (SL) carers were kind and caring and knew the people they cared for well. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities and interests of their choosing. Advocacy service were available and in use where people needed support to express their views.

People were confident that their concerns or complaints would be listened to and acted upon. The registered manager provided Shared Lives (SL) carers with very good information and contact details together with links to external organisations to ensure that the service continually improved. There was an effective quality assurance system in place to monitor the service and to drive improvements.

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 protected from the risk of harm. Shared Lives (SL) carers had been safely recruited and there were sufficient suitable, skilled and qualified SL carers to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by Shared Lives (SL) carers who were well trained and supported.

The registered manager and Shared Lives (SL) worker and carers had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully by Shared Lives carer who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided Shared Live (SL) carers with enough

information to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People who use the service and their Shared Lives (SL) carer had confidence in the registered manager and shared their vision.

The registered manager provided Shared Lives (SL) carers with very good information and contact details together with links to external organisations to ensure that the service continually improved. There was an effective quality assurance system in place to monitor the service and to drive improvements.

Shared Lives Southend

Detailed findings

Background to this inspection

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

This inspection took place on 20 April 2016 and 12 May 2016. It was unannounced and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

Of the 39 people using the service five people received personal care on a daily basis. However, many other of the 39 people were eager to tell us about their experience of Shared Lives Southend, so their views are included in this report.

We spoke with 17 people who used the service, one of their relatives, the registered manager, the Shared Lives Worker and four main carers. We reviewed four people's care files and three carers' recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and compliant records.

Is the service safe?

Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure when living with their Shared Lives carer (staff) and when participating in and going out on activities and trips out into the local community. One person said, "I always feel safe when I am with my carer. I am happy staying with them." Another person said, "All is well, I have no worries. I would like to live here forever." One professional told us, "The Shared Lives team are committed to providing a safe service to shared lives recipients and their families." Another professional said, "I have worked with people using this service and can say that I know of one person who has lived safely and happily in their placement for some years."

People were given information about safeguarding and how to deal with the situation if they felt they were at risk of harm or abuse. Shared Lives carers (staff) had received regular training and updates in safeguarding people. All of the staff we spoke with had a good understanding of safeguarding the people they cared for. There was detailed information in the staff handbook and the Shared Lives (SL) worker regularly reviewed staff's training and knowledge. The registered manager and SL worker and staff had a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for the SL worker and staff to refer to when needed.

Risks to people's health and safety were well managed. Staff were able to tell us about the risks to people's health and safety. They described the risk and told us of the strategies that were in place for dealing with them. For example one SL carer had a thermostat fitted to their bath tap so that the person sharing their life could run a bath safely for themselves. The service user plans included reference to each risk and what had been agreed to manage them. We saw that there were risk assessments and management plans in place for a variety of risks such as choking, road safety, security and shouting at others. The management plans clearly described the actions required, who by and when. This showed that people were kept safe and that risks to their health and safety were minimised.

There were sufficient staff to meet people's needs. Some people told us that they lived at home with their own families, but enjoyed respite stays with their SL carers. The registered manager told us that there were currently enough SL carer's for the people who needed them. One relative told us, "It is a marvellous safe service and they (Shared Lives) always seem to be able to accommodate my relative's needs." Other people told us that they lived with their SL carer and that they felt happy in the relationship they had with their SL carer and their family.

The recruitment process was lengthy. People wishing to become a SL carer needed to go through a robust assessment process. This included a range of assessments, checks and final approval from the Shared Lives panel. This provides independent scrutiny of the Shared Lives scheme and ensures SL carers are fit to work with vulnerable people. The SL carer's recruitment files showed that all of the appropriate checks had been carried out which included a criminal records bureau check with the Disclosure and Barring Service (DBS), evidence of fitness and written references. SL carers were then issued with a Carers Agreement (CA) which clearly set out their contract with the Shared Lives scheme. The CA included information that the SL carer was obligated to comply with. This included the Code of Conduct for Social Care Workers and the Health

and Social Care Act 2008 for Shared Lives Schemes. Shared Lives carers told us the recruitment process was thorough. One professional said, "The recruitment process is robust and ensures that only appropriate SL carers are recruited into the service."

People's medicines were managed safely. They told us that where they needed help with their medication the SL carer made sure they took it properly. One person said, "My SL carer reminds me as I would forget to take my medication if they didn't." Another person said, "I just need a bit of help with taking my tablets and they (SL carer) help me with them." The service user plans provided detailed information about the level of help each person required. Some people were able to take their own medication and look after it safely. Others needed some help, for example with containers or creams and others needed their SL to completely manage their medication. The service had clear policies and procedures for all the various levels of medicine management and there was clear guidance in the SL carers' handbook. There was a good system in place for checking medication which included regular checks on the system and practice of the SL carer to ensure administration was safe. People received their medication as prescribed.

Is the service effective?

Our findings

People were cared for by staff (Shared Lives Carers) who felt supported and valued. They told us that they had been well prepared before offering a service to people. The assessment process meant that SL carers had a thorough induction which was in line with the Skills for Care common induction standards and included the training necessary to meet people's needs. The SL worker told us that there were discussions taking place about the induction process and whether or not all SL carers or just those new to care would need to undertake the Care Certificate. They said that as the Care Certificate required a SL carer's practice to be observed it may be difficult to complete in a Shared Lives setting. One SL carer told us, "The scheme managers support me well. I receive regular supervision about every six weeks. The managers are readily available when I need any support." Another SL carer said, "I feel supported by the scheme. I was even able to contact them in the night when I had a problem. I call that very good support." Other professionals shared their views with us about the service and told us, "The service is driven by dedicated knowledgeable and skilled staff." And, "Shared Lives (SL) carers are supported trained and monitored and are encouraged to contribute to the improvement of the service."

Shared Lives carers had the knowledge and skills to care for people effectively. People told us that they felt SL carers were well trained. One person said, "My SL carer is brilliant, they are very good at what they do." Another person said, "My SL carer is very clever. They know just what I need and how to help me." SL carers told us, and the records confirmed that they had received a wide range of training appropriate for their role which had been regularly updated. One professional told us, "If a SL carer needs a particular training, for example diabetes training the team will source that training, which I feel makes them a very safe and effective service." Some SL carers had undertaken a professional qualification in care such as a National Vocational Qualification (NVQ). People were cared for by well trained and supported SL carers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that their SL carer always asked for their consent and that they were involved in all decisions about their care and support. One professional told us, "We have joint worked and shared information with consent of each individual to ensure that everything was agreed." Mental capacity assessments had been carried out where necessary. The SL carers' handbook contained detailed information about consent, the MCA and DoLS. There were links to other organisations guidance to support SL carers in understanding Mental Capacity and the Cheshire West deprivation of liberty judgement. The handbook included the relevant laws and provided some examples of how a person could be deprived of their liberty in a Shared Lives arrangement. This showed that where people were not able to make every day decisions the service made decisions in their

best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. In a Shared Lives arrangement people are part of the family unit and they share their meals with the family. This meant that if the family went out to a restaurant or café the person would go with them. People told us that their SL carer may also support them with cooking and shopping. People were very positive about the mealtime experiences living with their SL carers and their families. One person said, "We sometimes go out for a meal and a show and I can choose what I want to eat and if I don't like anything I would say so." Another person told us, "I always enjoy my food and I take a packed lunch when I go out. I get as much food as I want." People's service user plans clearly described their likes, dislikes, dietary needs and preferences when it came to food and drink. People's weight, where necessary, had been monitored to ensure that they kept healthy.

People's healthcare needs were met. They told us that they saw a variety of healthcare professionals such as the dentist, optician, chiropodist and the doctor. People told us, and the records confirmed that they got the support they needed to help them to remain healthy. One professional told us, "At times I work very closely with [registered manager and SL worker's names] to support them with peoples' physical health issues. They regularly ask me for advice and support and act positively on any advice given. They have very good links with other services such as SEPT (South Essex Partnership Trust) Learning Disability services, intensive support and Speech and Language and Occupational Therapy teams." Their service user plans included detailed information about their health needs and how they were to be met. People had a Health Action Plan and a Hospital Passport in place. A health action plan helps people to record and manage their health and any long term conditions. It reminds people about their annual health check-ups and is a diary of their health appointments. A hospital passport provides nursing and hospital staff with information about the person if they are not able to communicate verbally themselves. It includes things such as how the person communicates, what medication they take, how you can tell they are in pain and any emergency contact numbers. It also includes things that are important to the person and how to keep them safe. This showed that people received the support they needed to keep themselves healthy.

Is the service caring?

Our findings

People told us that their Shared Lives (SL) carers were kind and caring. One person said, "They (SL carer name) treat me well. They help me to do the things I want to do." Another person told us, "I enjoy living here; we do things together like shopping and cooking." A SL carer told us, "I love having [service user's name] here with my family. It has made a positive difference to our lives and [person's name] has many abilities which I support them to develop." People told us how they enjoyed their respite visits with their SL carers. One person said, "They [SL carers name] treat me so well, they are very kind and caring and help me to keep independent. I am going on holiday with them later in the year and am really looking forward to it." A relative told us that they were confident that their relative's SL carers were kind, caring and treated their relative with the dignity and respect they deserved. All of the professionals we asked told us that the scheme's management were very caring, approachable and understanding. One professional said, "Because they [management team] are so kind and caring SL carers and service users feel comfortable to seek help if needed." Another professional told us, "The management team have been very supportive and understanding of the work that I do as a therapist. It is such a great service."

It was clear through our discussions with people who used the service and their SL carers that they had positive caring relationships. People told us that their SL carers knew them well and treated them with dignity and respect. People said that their SL carer encouraged and supported their independence. One person told us, "I am learning to do things for myself such as my washing, ironing and cooking meals and I sometimes do my own hoovering." Another person said, "I go to a lot of clubs with my SL carer and their family. I also do a lot of sport, which I enjoy." One SL carer said to us, "The experience of my Shared Lives arrangement has been great it has been good for [person's name] and it has enriched our family life."

People had discussed their religion and culture and recorded their needs in their service user plans. People told us that their SL carer supported them when they wanted to go to church. The SL worker told us that should people require special diets for either health or religious purposes advice and guidance would be sought from the relevant source. People's religious faith was respected and their cultural needs had been met.

People were supported to maintain their independence. They told us that they made choices decisions about what they wanted to do and when they wanted to do it. One professional told us, "People are being supported to lead very active and family based lives. Since using the Shared Lives service they have developed greater levels of independence and increasing levels of choice in their lives." People were encouraged and supported to attend social clubs and day centres where they retained as much of their independence as possible. Where people travelled independently they carried an emergency 999 card. An emergency 999 card provides important personal and medical information and includes a photograph of the person. The service user plans contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

Before a Shared Lives arrangement began people's personal life history was discussed and recorded by the social worker involved in the person's care. SL carers were able to tell us about peoples past lives and

experiences. They said that although some people had problematic birth families they were a very important aspect of the person's life so they supported the relationships accordingly. One SL carer told us about the extra support they provided when the person they were supporting lost their mother. They had helped the person to re-build their relationship with another family member. This helped the person to keep in contact with their birth family and showed that the SL carer did all that was possible to support the person through a very difficult time in their life.

People told us, and the records confirmed that they had access to advocacy services where needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. One advocate told us, "I am an independent advocate and have been involved with the Shared Lives Southend team on and off for several years. I only work a few hours a week, but am happy to comment on my experience with the team. I certainly feel the service is caring and safe. The team get really involved with the Shared Lives carers and the people using the service. I would certainly recommend the service and have no issues regarding the effectiveness of its impact."

Is the service responsive?

Our findings

People had received a full assessment of their needs prior to moving into their Shared Lives arrangement. They told us that they had discussed their needs with their social worker and their birth families. They said that their social worker had asked them about all areas of need, which included accommodation and personal support needs, friends and family contacts, education, training and/or occupation. One person said, "My social worker asked me about everything. They asked me about my religion and my health and what I wanted to do in the future." Another person told us, "They [social worker] checked if I needed any special things to make my life better." One professional told us, "The service has definitely improved the lives of the people I have joint worked with. I feel this is due to their knowledge of the scheme, the assessment process and matching the service user to the most appropriate individual SL carers, while offering individual support and guidance to all."

After the initial assessment the registered manager and Shared Lives workers work together to find the best possible match of a Shared Lives (SL) carer for the person. This process is known as 'matching' and is where a person is matched to a SL carer after important information is gathered to work out which SL carer would best suit the person's needs. Many areas had been taken into account in the matching process including the person's known risks, the person's culture and/or faith and the facilities and accommodation. The next step was to share the information between the SL carer and the person to see if it met all of their needs. If people wanted to meet up, an introduction was made. People told us that as part of the initial process they visited the SL carer's home and met all of their family. One person said, "I went for a meal with my SL carer and their family before I decided to move in." Another person told us, "I was able to stay overnight to see if I liked the room and they [SL workers] asked if I had any questions." Some people told us that they used the Shared Lives scheme for respite and for short breaks. One person said, "My family get tired so I go to stay with my SL carer to give them a break. I am going on holiday with them [SL carer] this year and I am really looking forward to it as we have loads of fun."

Where people lived with their SL carer they had a licence agreement which was in a written and pictorial format to help them to understand their and their SL carer's responsibilities. The agreement showed the room they occupied, their charges, fire safety and the health and safety rules that had to be complied with. All of the agreements that we viewed had been signed by both the SL carer and the person using the service to confirm their agreement to the licence.

People had detailed pictorial service user plans in place that covered all areas of their care. One person told us, "I worked on my service user plan with the SL worker to make sure that it had everything I needed in it." Another person said, "I wrote in my plan about what makes me get angry or upset and we [SL worker] agreed on the help that I needed to calm me down." The service user plans we viewed contained good up to date information about the person to enable their SL carer to care for them safely in the way they wanted. They included details about things that were important to people such as how they made family contact. They asked if people preferred to use the telephone or to text or write to family and friends or if they would rather visit people. They included information about people's health, religion, culture, communication and self-determination. They identified what people liked to do when they were not at home during the day, the

evening, at night and at weekends. The service user plans had been regularly reviewed and updated to reflect any changes to people's needs. People received personalised care that was responsive to their individual needs.

People told us that they were kept occupied. One person said, "I go to the night club sometimes and I like being in the choir." Another person told us, "I do a lot and I go out a lot. I go to Zumba class and I like bowling." Another person said, "I am learning to do things for myself and can do my own washing and ironing. I am also learning to cook and I go shopping with my SL carer to buy my food." Other people told us about their part time jobs, college courses and voluntary work in a charity shop. A SL carer told us, "[person's name] is full of firsts...first time on a train, first time in a caravan and first time on a boat." People were supported to follow the interests and hobbies of their choosing.

People told us that they were regularly asked for their views and opinions. One person told us that they had reviews where they were able to discuss changes in their service user plan. Another person said they would speak to their SL carer or their SL worker if they wanted anything done differently. People had signed their service user plan, their licence agreement and all had a copy of the Service User Guide to explain what the service offered them. Professionals told us that people were fully involved in partnership with them in all areas of their care.

People knew how to complain if they were not happy with the service. One person told us, "I would tell [registered manager's name] if I was not happy with anything either at home with my SL carer or anywhere else." Another person said, "I know what to do if I don't like something and I know it is important for me to speak up. I would tell someone if I was worried about anything." A relative told us that the service was good at dealing with any concerns and they did so quickly. There was a good complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. There had been no complaints made about the service since the last inspection. The registered manager told us that minor complaints were dealt with at source. For example one person had mislaid their bag (with their medication in it) while being transported home from their day centre. On investigation it was found that the bag had been left at the day centre and the concern was quickly resolved before it became a problem. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

Is the service well-led?

Our findings

The registered manager has been in post since the service was first registered. People told us that they were approachable and supportive. One professional told us, "The registered manager and the Shared Lives (SL) worker are both very approachable and committed to the work they do. Communication between them and other services is excellent." SL carers said that they got good support from the scheme managers [registered manager and the SL worker]. They told us that the scheme managers often did tasks that social workers should have undertaken such as liaising with the Court of Protection to sort out financial responsibilities. This ensured that people received the financial help they needed much quicker. Shared Lives (SL) carers told us that they were well supported by the registered manager and SL worker. They said that scheme managers were readily accessible, for example one SL carer told us that they worked during the day during their pre-approval training so day time training was difficult to attend. They said that the scheme managers had found them some on-line training and tested their knowledge through the supervision process. This meant that the SL carer was able to improve their learning without delay so that they could support people better.

The registered manager and the SL worker are the management team and they had a good knowledge about the people using the service. People spoke about them positively and said how nice they were. One person said, "They [registered manager and SL worker] are so nice and easy to talk to. I know them both well and they know me and what I am like." There was an open door policy where people, their relatives and SL carers could speak with the registered manager or the SL worker whenever they wanted to. People had confidence in the scheme's management team. There were clear whistle blowing, safeguarding and complaints procedures in place. People and their SL carers were confident about implementing these policies. The statement of purpose set out the aims of the scheme. These were 'to promote the right of individuals to live an ordinary and independent life in the community and to enjoy all the rights and responsibilities of citizenship. People to have the opportunity to share the daily life of the SL carer and to live an ordinary domestic life in the same kind of home as others in the local community.' People told us that the service lived up to this aim. One professional told us, "One person had communication difficulties and the speech and language therapist team were asked for help to improve communication during changes in the person's life. The SL worker gathered information and produced an easy read step-by-step guide leading to a successful overnight stay for the person and improving their ability to communicate their feelings. Other professionals were positive about the service and said, 'I can only say great things about the Shared Lives team', 'A great service that should be available to all areas of the South East,' 'An excellent service,' and 'I would recommend this service to any potential service user and or carer. I believe they score high in all areas of quality and safety'.

People told us that they were actively involved in making decisions about how to improve the service. Regular service user meeting had been held and people met with advocacy groups to discuss their views and opinions about the service. In addition to meetings people had regular reviews and the SL carers had regular support and monitoring visits. This gave everyone the opportunity to participate in the continual improvement of the service. The registered manager told us that they were in the process of setting up a carers support group to enable more opportunities for people to become involved.

There was an effective quality assurance system in place where people's views had been sought at every review. The registered manager had analysed the information and responded appropriately by carrying out any necessary actions. They had undertaken regular audits on the service's systems and processes through the reviewing and assessment procedures. People told us that they received an excellent service that met their expectations.

Personal records were appropriately stored in a locked cabinet in the service's office when not in use but they were accessible to Shared Lives staff, when needed. The records we viewed were of good quality, person centred and very detailed and informative. Service user plans, the service user guide and the statement of purpose were all available in an easy read format to enable people's understanding of the documents. The registered manager had access to up-to-date information and guidance and the SL carer's handbook included useful contact details and links to other organisations' guidance. For example the Social Care Institute of Excellence, the Law Society, the Department of Health and Healthwatch Southend.

People received a very good quality service that met their individual and changing needs.