

London Borough of Ealing Shared Lives Scheme

Inspection report

Ealing Shared Lives
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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 

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission which looks at the overall quality of the service.

This was an announced inspection. We told the provider two days before our visit that we would be inspecting their service.

The service met all of the regulations we inspected against at our last inspection on 14 January 2014.

Ealing Shared Lives is a shared lives placement service, which recruits and supports paid carers to provide family based placements for adults with learning disabilities within the carer's home.

Placements can be long-term with the adult living with the carer as part of their family, or as respite care which can range from a few hours a week, overnight or longer stays.

Summary of findings

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the time of our inspection seven people were in long term placements and five people received respite sessions which varied from spending one afternoon a week with a carer being supported with social activities, to regular overnight stays.

People using the service told us they felt safe and the carers treated them well. We saw that support plans and risk assessments were regularly reviewed by staff and the person using the service.

We saw carers had been trained in the requirements of the Mental Capacity Act 2005 (MCA) and they had a good understanding of the principles of the Act.

We saw the service had clear and detailed recruitment procedures which included a two day information event and an assessment of an applicant by a panel including people using the service and social workers.

Carers completed a range of training defined as mandatory by the provider in addition to any course identified to support the specific needs of the person using the service.

The carers we spoke with felt they had the appropriate training and support to carry out their role. People using the service told us they were happy with the carers they lived with. They reported their carers respected their privacy and treated them with respect.

We saw the support plans were comprehensive and included information on how to meet people's religious and cultural needs, the activities they took part in weekly and on how to resolve any behaviour that could be challenging.

The manager attended regular shared lives network meetings and conferences to identify examples of good practice to ensure the service was providing a good quality of support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safeguarding adults' policies and procedures were in place and all the carers we spoke with confirmed they had completed safeguarding training.

People had support plans and risk assessments that were regularly reviewed by staff. They and their relatives were involved in the development and review of their support plans.

The service had appropriate recruitment and disciplinary procedures in place.

Carers had been trained in the requirements of the Mental Capacity Act 2005 and those we spoke with confirmed they understood the principles of the Act in relation to their roles.

Good



Is the service effective?

The service was effective. Carers had completed a range of training which had been identified as mandatory by the provider in addition to any course identified to support the specific needs of the person using the service.

Carers received regular supervision and annual appraisals to ensure they were providing appropriate and effective support to people using the service.

Carers told us they felt they had appropriate training and support to carry out their role.

People using the service had annual health checks with their General Practitioner (GP) and regular visits with other health professionals to help maintain their general health and wellbeing.

Good



Is the service caring?

The service was caring. Support plans included information on people's personal history and the people that were important to them. This enabled staff to understand the background of the person they were supporting.

People felt staff respected their privacy and promoted their dignity in the way they provided support.

Good



Is the service responsive?

The service was responsive. The support plans and risk assessments were reviewed annually or if any changes to the person's support needs or to the placement were identified.

People using the service were invited to a regular forum to meet people using other services in the borough to discuss the support they received and any other issues.

The service sent a questionnaire to people using the service every year to gain their feedback on the support they received.

The service had a complaints policy and procedure which was provided in an easy read format.

Good



Is the service well-led?

The service was well-led. Any incidents and accidents were recorded and the manager would carry out any investigations, develop an action plan and carry out on-going monitoring of the situation.

Good



Summary of findings

A quality assurance group was held annually to enable carers to discuss the service and the support they received from management.

Feedback from the 2014 group indicated they felt they had good levels of support from senior staff.

The manager attended regular shared lives network meetings and conferences to identify examples of good practice.

Shared Lives Scheme

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited the service on 4 August 2014. The inspection was carried out by one inspector. During this inspection we spoke with the registered manager and a carer employed by the service. We also contacted a carer by telephone to obtain their feedback following the inspection. We visited two people who used the service at a theatre group they attended to obtain their views on the support they received. We looked at the support records of two people using the service and the personnel records of two carers.

Before our inspection we reviewed information we held about the service and the Provider Information Return. 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.

Is the service safe?

Our findings

People told us they felt safe and the carers treated them well. The service had policies and procedures in place to respond appropriately to any concerns regarding the care being provided to people. We saw the service used the local authority's safeguarding adults' policy and procedures and carers completed safeguarding training annually. The manager told us people using the service were given a booklet about safeguarding called 'Say no to abuse' which was produced by the local authority. The carers regularly discussed with people how to raise concerns, what to do in case of an emergency and personal safety.

We saw the policies and procedures used by the service in relation to the Mental Capacity Act 2005 (MCA). Carers we spoke with confirmed they had recently completed their annual MCA training and they understood the principles of the act. People using the service could make decisions about their life, but if required carers could make decisions in the best interests of the person.

The manager explained that, as part of the regular visits to the carer's home, staff would check to ensure the person using the service was receiving the correct benefits. Also, if the service had been given authority to support the person with their finances, the manager would monitor the management of the personal money of the person to prevent financial abuse.

We looked at the risk assessments for one person during our visit. The risk assessments covered the range of daily activities and possible risks including travelling, using the kitchen, medication and finance. We saw that risk assessments had been carried out where people were engaged in specific activities identified by the provider as higher risk such as the person going on holiday or using taxis. The risk assessments also identified actions to minimise the risk faced by the person using the service.

The provider had arrangements for health and safety checks on the carers' home to be undertaken during the supervision meetings held every two months. These checks ensured people using the service were living in a safe and maintained environment.

The service had clear and safe recruitment and disciplinary processes in place. Recruitment of carers was not just based on previous experience but also the applicant's character, skills and knowledge. When they received an enquiry from a member of the public about becoming a carer staff would visit the person to discuss the application process and carry out a home check to ensure the person lived in the borough and had a suitable accommodation. Applicants were invited to attend a two day course to find out about the shared lived scheme and the role of the paid carers. The application was then processed and various checks were carried out including a criminal records check, references, finances and a health assessment. The personnel files of carers we looked at confirmed this. These assessments were carried out to ensure that any person placed with the carer would be safe and protected from possible risks including the carer being in ill health or possible loss of their home through repossession.

An assessment report was produced and was sent to a panel that included people using other learning disability services within the borough, a senior staff member and social workers to assess the suitability of the applicant to become a carer. When approved the carer would then be matched to a person depending on the type of placement and care they wanted to provide.

In addition to checks being carried out in relation to the property including mortgage finances, insurance and contacting the landlord if the property was rented, the carers had a criminal records check carried out. These were renewed every three years and during the visit we saw the dates for renewal were recorded on a spreadsheet to enable the manager to monitor when carers need to complete a new check.

The manager told us that if any concerns were raised relating to the behaviour of a carer there were disciplinary procedures in place to deal with these and to ensure people continued to be supported by suitable carers. These included the carers being referred back to the panel to be reassessed as an approved carer. During our visit we saw the disciplinary policy and procedure used by the service.

Is the service effective?

Our findings

People were cared for by carers who had appropriate support and training to do their job. The carers told us they felt supported by the shared lives team and had appropriate training to carry out their role. Staff said, "When we need them the shared lives team are there" and "Support is fine with a lot of contact. If we need something we know they are here".

The provider had identified a range of mandatory training courses. New carers completed the mandatory training as part of their induction. Carers completed annual refresher training courses including safeguarding adults, the requirements of the MCA 2005 and medicines management. Health and safety, infection control, fire safety and food hygiene courses were completed every three years. Carers also completed additional training identified as necessary for providing safe and appropriate support for the person using the service. A carer we spoke with told us they could also suggest training that they felt would help to provide appropriate support. Both carers told us that they had completed a range of training courses but one commented that even though the training they attended was good some of the sessions were not always relevant to their role as it was part of the wider local authority training programme that was provided for staff working in a range of social care services.

We looked at the training records for the carers which were part of the spread sheet used to monitor the service. The records indicated which courses had been completed by carers and when refresher training was due or booked. The manager explained that the training accessed by the carers was provided by the local authority. There could sometimes be a delay in people completing refresher courses due to availability of places and that most carers worked full time so found it difficult to attend training sessions during the day. We saw that most carers were up to date with the training identified as mandatory by the provider or dates were identified for booked courses.

New carers had a six month probationary period but this would not start until a person had been placed with them for either long-term or respite support.

Carers providing long-term placements had supervision sessions with their manager every two months with respite carers having supervision every three months. During our

visit we saw the notes from a carer's supervision session with their manager. Discussions about the placement, any learning or actions identified following training and other issues were recorded in detail in the notes of the supervision session.

All staff had an annual appraisal. During our visit we saw copies of detailed appraisal notes including any identified training needs and discussion about the support they provide.

The service arranged quarterly carers' meetings to discuss any changes in procedure, legislation and any issues that have arisen. We saw copies of the minutes taken from the recent meetings which had been circulated to all the carers so if they were unable to attend the meeting they were aware of what was discussed.

The manager explained that they aimed to match the person using the service with a carer with similar likes, dislikes and background. If there were no suitable carers available for either long term or respite placements the person was placed on a waiting list. This prevented the person using the service having to move once settled to a more appropriate placement or get to know new carers providing respite care.

We saw the dietary requirements for each person using the service were detailed in their support plans. We spoke with the carers about how they responded to people's individual dietary needs. One carer told us they had developed a weekly menu with the person living with them which was based on their favourite meals and they also went out for meals. The person helped with the preparation of meals and tidying up afterwards. Another carer told us they were aware of the personal and religious requirements relating to meals when providing respite care. They told us that the people they also provided long term support could choose their meals both at home and when they visited restaurants.

The manager told us that all the people using the service had annual health checks with their General Practitioner (GP). They also had annual checks with other health professionals including dentist and optician. People using the service had health passports detailing any health issues and treatment. All medical appointments were recorded in the person's health records which were stored electronically at the provider's office. The carer would accompany the person to medical appointments if

Is the service effective?

identified as a support need in their assessments. A person using the service could also ask the carer to go to

appointments with them even if this was not an identified support need. During our visit we saw the electronic health records for four people using the service which showed a record of their health care.

Is the service caring?

Our findings

People told us they were happy with their carers. They said "My carer is lovely" and "The carers are really nice." We saw people's support plans included information about the person's background and the contact details for their next of kin.

People using the service had a meeting annually with a person from a different organisation to discuss their support and were able to give feedback about whether they felt their privacy and dignity was respected by their carers. The carer was not present during the meeting to enable the person to discuss their feelings and any concerns freely. We saw copies of the notes taken during two people's meetings. In the notes people were asked if they felt valued and if their dignity and choices were respected by the carer. They also discussed the activities they took part in both at home and in the community and if the carer knew what they liked and disliked. If the person raised any issues or concerns about their care during their meeting the manager would discuss them further with the person and any required actions would be taken.

The manager told us that when they visited the carer for their two-monthly supervision session, they would try to arrange their visit for when the person using the service was available whenever possible.

Whenever possible people were encouraged to make decisions about the care and support they received, and

their daily lives. If the person needed additional support to make decisions which could involve complex information they could ask for support from their carer, social worker or access lay advocacy services. The people we spoke with told us they knew they could access an advocacy service but felt they could talk to their carer about anything and were happy with the support they received. The carers told us that the people they supported had access to advocacy services but had not wanted to use it.

People told us they felt that the carers treated them with dignity and respect. One person said "I have been with my carer for a long time, I am part of the family and this is my home". We asked the carers how they protected and maintained the person's privacy and dignity. One carer explained that they would always call out before going upstairs to ensure that people were dressed. When they went to wake the person in the morning they would not enter the bedroom but just knock on the door. The other carer told us that people were treated with respect and like a member of the family.

When we looked at the staff records we saw carers had signed a carer's agreement which outlined the roles and responsibilities of both the shared lives scheme and the carers they employ. The agreement included sections on confidentiality, providing support according to support plans and risk assessments and ensuring the safety of the person whilst promoting their privacy and dignity.

Is the service responsive?

Our findings

People told us the carers they lived with or who provided respite care for them knew about their wishes and support needs and cared for them accordingly.

The manager explained that people were referred to the service through the community team for people with learning disabilities. If a person expressed interest in accessing the service their social worker would do an initial assessment of their support needs. Staff visited the person to explain about the service and carried out a detailed assessment to ensure the service could provide an appropriate level of care and support to meet the person's needs. The staff would also meet the person's relatives to discuss how the service could help provide appropriate support. For long term placements the person using the service would meet with the carer as often as required for them to feel comfortable. This would then progress to overnight stays and then a weekend. The placement would not start until both the person using the service and the carer were happy and service ensured the person's needs could be met appropriately and safely.

The manager told us the support plans and risk assessments were reviewed annually or sooner if any changes in support need or to the placement plan were identified. Additional information from other people involved in the person's care was also included in the support plan for example relatives, social workers and any day services they attended. The person using the service was involved in the development and review of their support plan. The person signed the support plan and a copy was kept in the carer's home and in the office. A copy was also sent to the person's social worker.

We saw the support plans included information on the person's religious and cultural needs as well as any communication needs including any languages spoken. The support plans also included information on possible behaviour that could be challenging, what might cause it and what the carer could do to support the person to reduce the risk of it occurring. The monitoring records of people showed that all the support plans had been

recently reviewed and were up to date and this information was confirmed when we looked at the support plans for two people in long-term placements and two people with respite support.

The people using the service were invited to a forum meeting every two to three months along with people who used other services provided by the local authority to discuss their support and any other issues. The manager would be told about any suggestions or issues identified through this forum relating the shared lives service and identify any actions required.

We saw that a questionnaire was sent out to people using the service annually to obtain their views about the service and the support they received. The information from the questionnaires was reviewed and an action plan developed if required to address areas that required improvement.

As part of the support plans we saw that each person had a detailed weekly schedule for activities so the carer knew how to support people in this area. It included details about the type of activity, time, the means of transport the person would use and if they needed to take anything with them.

The manager told us they had developed a close relationship with the day services used by people using the service to gain feedback about the person's experiences at the centre and to better tailor their care and support. We saw that this information was recorded on a contact sheet and was taken into account when developing and reviewing support plans and risk assessments.

People we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk to their carer and social worker about anything. We were shown the provider's complaints policy and procedure. The forms used by people wishing to make a complaint were in an easy to read format. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received. People were also reminded of the complaints process and what to do if they do not feel safe as part of the annual independent meeting which was held without the carer present.

Is the service well-led?

Our findings

Carers we spoke with told us they felt the service was well-led. They said “The manager is brilliant”, and “The support is fine, there is a lot of contact with them. If we need something we know they are there”.

The service had a registered manager in place. During our visit we saw that the manager was aware of the support needs of all the people using the service and could describe the types of placements and respite care provided by the carers.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred the carer would contact the service as soon as possible. A record form was completed with the details of the accident or incident, the information was added to a spread sheet and in the person’s file. A copy of the form was also sent to the person’s social worker. If required, an investigation was carried out by the manager and an action plan was developed. The manager would carry out on-going monitoring of any actions implemented to reduce the risk of the incident or accident occurring again and to ensure that the person’s support needs were appropriately met.

The service enabled the carers to give feedback on their views on how the service was provided. A quality assurance

meeting for carers was held in April 2014 which was supported by an external consultancy company. We saw a copy of the report and the carers had commented that they felt they had good levels of support from scheme workers, they found them dependable and always followed up on enquiries and problems effectively.

The manager showed us a spread sheet which they used to monitor the records relating to the people using the service to ensure records were kept up to date. The spread sheet was used to record each person’s contact details, dates of support visits and when the support plans were due to be reviewed. The records for the most recent meetings, assessments and the person’s support plan could be accessed directly from the spread sheet to ensure that staff received up to date information relating to the person’s support needs.

The provider had a numbers of ways to improve the service people received. For example the manager identified good practice in use by other shared lives schemes and took this into account when reviewing their own service. They told us that they attended quarterly shared lives network meetings with other services across London where they discussed and exchanged good practice. They also accessed an online discussion group which was run by a national network for shared lives carers and providers, to discuss good practice. The manager also attended the national conference for shared lives services.