

Nottingham City Council

Nottingham Shared Lives Service

Inspection report

Loxley House
Station Street
Nottingham
NG2 3NG
Tel:0115 876 5846

Date of inspection visit: 24 September 2015
Date of publication: 29/10/2015

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 an announced inspection of the service on 24 September 2015.

Nottingham Shared Lives aims to provide people using the service with the opportunity to be part of the family and community of a Shared Lives carer. Carers are employed by the service to provide either a long term or short term placement. People that used the service were living with a learning disability, autism, or had

communication needs. At the time of our inspection 32 people lived in a long term placement and 28 people used the service to receive a short break known as respite.

Nottingham Shared Lives is required to have 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

Summary of findings

‘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. At the time of our inspection the service had a registered manager.

We inspected this service in September 2014 and found at this inspection the service was compliant with the regulations we looked at.

At this inspection people we spoke with and the feedback received from professionals said carers provided a safe environment. This included care and support that met people’s individual needs safely. Whilst people received their prescribed medicines we found that action was required to ensure safe practice was maintained. Medication records were not audited in a timely manner and carers had not received observational competency assessments of administering medicines. The registered manager took immediate action to address this.

The provider had a robust and safe recruitment procedure in place that ensured people were cared for by suitable carers. Carers were appropriately supported, which consisted of formal and informal meetings to discuss and review their training and support needs.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA.) This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person’s liberty and freedom is not unlawfully restricted. We found people’s human rights were protected because the MCA were understood by the registered manager and carers.

People were supported with their dietary and nutritional needs and supported to access both routine and specialist healthcare services.

People that used the service and feedback from professionals told us that they found the carers to be caring and compassionate. People were supported to lead full and active lives. This included participating in a variety of activities, interests and hobbies. Carers understood people’s needs and what was important to them.

People’s support plans included information about what was important to them including preferences and routines. People and significant others such as the person’s social worker were involved in the development and review of support plans. Carers provided a service that was responsive to people’s individual needs showing a person centred approach to care and support. People had access to information about how to make a complaint and people we spoke with told us who they would talk to if they had any concerns.

People that used the service including feedback from professionals were positive about the leadership of the service. Carers and staff within Nottingham Shared Lives were described as very supportive, approachable and knowledgeable about people’s needs.

As part of the providers quality assurance checks people had been asked for their feedback about the service they received. Systems were in place that checked the quality and safety of the service people received.

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 is safe

The provider had a robust and safe recruitment process to ensure suitable carers were employed. Carers had received safeguarding training and knew how to recognise and respond to abuse correctly.

Risks associated to people's needs had been assessed and risk plans were reviewed.

Some improvements were required to ensure medicines were handled and administered safely.

Good



Is the service effective?

The service is effective

People were appropriately supported with their dietary and nutritional needs. Carers supported people to maintain good health and access healthcare services including specialist healthcare support.

People received support from carers that were appropriately supported and trained and understood their healthcare needs.

The Mental Capacity Act 2005 was known and understood by carers and support staff within the organisation meaning people's human rights were protected.

Good



Is the service caring?

The service is caring

People told us staff supported them appropriately and were kind, caring and respectful.

People's individual needs were known by carers who provided care and support in a way that respected their individual wishes and preferences. Information about Independent advocacy services were available for people should they have required this support.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service is responsive

People's needs were assessed before they started using the service and were involved as fully as possible in contributing to the planning of their care and support.

Plans of care were in place and these were detailed and focused on the person. Preferences and what was important to people was known and understood by their carers.

People received opportunities to share their experience about the service including how to make a complaint.

Good



Is the service well-led?

The service is well-led

Good



Summary of findings

Systems and procedures were in place that monitored and improved the quality and safety of the service provided.

Carers understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Carers had confidence in the support staff within the organisation and felt well supported.

Nottingham Shared Lives Service

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 24 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector.

Before the inspection we reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority for their feedback about the service. Questionnaires were sent to

people that used the service, carers and community professionals for their feedback about the service. We received two questionnaires back from people that used the service, five from carers and four from community professionals.

On the day of the inspection we met with four people that used the service. Some people had communication needs that meant their feedback about all aspects of the service was limited in parts. At the provider's office we met with the registered manager, a social worker and three community care officers. We looked at four people's care records and other documentation about how the service was managed. This included policies and procedures and information about the training carers received. We looked at the provider's quality assurance systems. We also gave other carers the opportunity to participate in the inspection by leaving our contact details.

Additionally after the inspection we spoke with six carers by telephone to gain their views and experience of the service.

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm.

Feedback received from people that used the service told us that they felt safe from abuse and harm when they were supported by their carer. One person told us, “[Name of carer] is lovely, she keeps me safe.”

Carers told us they had received training on how to protect people from abuse and harm. Records reviewed confirmed this. Carers also said they reported any concerns to the staff at Nottingham Shared Lives if they had any concerns.

One carer told us how they had experienced some concerns out of office hours and reported their concerns to the police. They also told us that they could contact the local authority’s emergency duty team. This is an out of office emergency service available to respond to emergencies including safeguarding issues. Another carer said, “Shared lives workers do their utmost to really get to know potential carers before they are accepted on to the scheme, this is to protect people using the service.”

We spoke with a social worker in the Nottingham Shared Lives team who told us of the action they took if concerns of a safeguarding nature were reported. This included working with the local authorities safeguarding team. We saw examples that confirmed what we were told. The provider also had a safeguarding policy and procedure.

Risks were assessed and management plans were put in place where risks were identified, this included risks to people that used the service and the environment. One person that used the service told us how risks associated to their needs were assessed and managed. An example was given about how their physical health had changed and that for their safety; their bedroom was moved to downstairs.

Carers told us how they supported people to manage and reduce risks. One carer gave an example where there had been concerns identified about a person accessing the community independently. They told us, “We all had a meeting and decided what we could do to minimise the risk but without placing restrictions on [name].” This was a good example of how the person had been involved in discussions and decisions and their choice and control had been respected.

We spoke with a social worker in the Nottingham Shared Lives team who told us of the reporting process for any accidents and incidents. These were recorded which explained what had occurred and the action taken to reduce further risks to the person. Emergency plans were also in place to ensure people’s safety. For example, if a situation arose that prevented the carer supporting an individual; a second carer had been identified.

There was sufficient staff deployed appropriately to meet people’s individual needs and keep them safe. People spoke positively about their carers and that they were always available to meet their needs. One person said, “[Name] helps me out, she sure does.”

There was a detailed and robust recruitment and selection process for carers. This involved a comprehensive assessment of the applicant’s health, fitness and suitability to become a Nottingham Shared Lives carer. Additionally, this included checks on criminal records, references, employment history and proof of ID. All applications were subject to approval by a panel chaired by an independent panel member.

Some people we spoke with who used the service received support from their carer to take prescribed medicines. People told us that they received their medicines at the same time daily and some people could tell us what their medicines were for.

The provider had a policy and procedure for carers of Nottingham Shared Lives to administer, manage and store people’s medicines safely. However, we found that this policy and procedure was not fully adhered to. For example, the policy stated that carers should have competency observational assessments of their practice following medicine training. This is usually annually or more frequent if required. However, there was no evidence that this had happened and the social worker and registered manager we spoke said these had not been completed. Medicine review records completed by carers to confirm people had been supported with their medicine as prescribed by their GP were audited annually, not at the frequency stated in the policy. Whilst there was no evidence to suggest that this had impacted on people’s safety there was a potential risk that it could.

We discussed these concerns with the registered manager. They took immediate action and during our inspection

Is the service safe?

contacted the local clinical commissioning group medicine management team for advice. A meeting was arranged to review the providers practice and policy to ensure it followed guidance and best practice.

Is the service effective?

Our findings

People were supported by staff that had received appropriate training and support to do their jobs and meet people's needs. Feedback received from people that used the service told us that their carer knew how to give them the care and support they needed. One person told us, "[Name] is lovely, they help with everything."

Carers told us that they received regular training opportunities and that they were well supported by the staff at Nottingham Shared Lives. One carer said, "We receive letters advising us of the training available. I've recently been offered epilepsy and first aid." Another carer told us, "The training and development is of a very high standard and more than equips us to face any challenge that we may face." All carers spoke positively about the support they received from the support staff. One carer said, "We have yearly formal meetings where we discuss how things are going, but the support is always there, I can't praise the staff enough for the support and quick response they give."

We spoke with the social worker within the Nottingham Shared Lives service that told us how people were matched with carers. They said, "The matching and linking of people to carers is very carefully thought through." They added, "There are lots of things that are considered and we have referral meetings where we discuss people's needs and the experience and skills of carers to get the best possible match."

We saw examples where carers had received an annual formal support meeting. This included a review of the carers support, training and development needs. Where action had been identified this was recorded and we saw an example that a request for specific training had been acted upon. In addition records confirmed that carers received regular contact and support from the staff within the service.

People's human rights were protected because carers were aware of the Mental Capacity Act 2005 (MCA) and The Deprivation of Liberty Safeguards (DoLS).

The MCA protects people who do not have mental capacity to make a specific decision themselves about their care and treatment. Carers showed an understanding of the principles of this legislation and gave examples of how people's human rights were protected. For example a carer

told us about a person who was unable to give consent to a specific decision relating to their healthcare need. They told us how a best interest decision was made and by whom.

Where people lacked mental capacity to make specific decisions about their care and support care records showed that appropriate assessments and best interest decisions had been made and recorded. This showed how the decision was made, who was involved and that least restrictive practice had been considered.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to protect people where their liberty or freedom to undertake specific activities is restricted. Due to legislative changes in 2014 that affected people being supported to live in the community appropriate action had been taken to ensure people's human rights were protected.

People we spoke with gave examples of how consent was gained before care and support was provided. This included involvement in discussions and decisions about how they received their care. We saw examples where people had signed support plans that showed they had given consent to the care and support that was provided.

Carers gave examples of how people in their care were offered choices and were involved in day to day decisions.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People told us that they received a choice of foods and that they received sufficient to eat and drink. One person said, "[Name] does the cooking, I get plenty, I like porridge." People also confirmed that they had snacks and some people could make themselves a snack and drink independently.

Carers told us that they provided meals that were based on people's preferences and dietary needs. Some people had specific health conditions such as diabetes; carers told us how they supported people to eat a nutritional and well balanced diet. One carer said, "We give choices but have a duty of care to support people to eat healthily." Examples were also given of how some people had been supported to manage their weight and had attended a slimming group with the support of their carer.

Is the service effective?

We saw from the sample of care records we looked at that support plans included information about people's food and drink preferences and if there were any needs with regard to nutrition and diet.

People were supported to maintain good health and have access to healthcare services. People told us that their

carer supported them to attend health appointments and hospital outpatient appointments. Records looked at confirmed people's healthcare needs had been assessed and plans were in place of how these were to be met.

Is the service caring?

Our findings

Feedback from people that used the service told us they were happy with the care and support provided by their carer. Additionally, they described their carer as caring and kind. One person said, “We get on well together. [Name] supports me with everything.”

Carers we spoke with demonstrated they had an in depth knowledge about people’s needs, personal histories including their preferences. This included concerns about people’s wellbeing. One carer told us, “I know the people I care for and ensure the right support is provided.” Another carer said, “I treat [name] the same as any family member, respect and kindness is a given.”

From the sample of care records we looked at we found people were supported to lead active and full lives based on what was important to them. For example, some people were supported to maintain regular contact with their relatives, friends or other important people.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us that they were invited to review meetings where they were asked about the care and support provided. One person said, “We have review meetings, [Name] supports me and I’m asked if I’m happy with everything.” Another person told us they had a yearly meeting with their carer, staff from the day service they attended and their social worker. They said they liked these meetings and felt involved.

The social worker and carers employed by Nottingham Shared Lives Service told us annual review meetings were arranged that included the person that used the service. Records confirmed these meetings were arranged as described.

People that used the service and their carers had information available that advised them of what they could expect from the service. This also included information

about independent advocacy services. An advocate is an independent person that expresses a person’s views and represents their interests. The social worker that worked for the service gave us an example of when a person had been supported by an independent advocate.

People received care and support that respected their privacy and dignity and where independence was encouraged. Feedback from people that used the service and professionals were positive about how privacy and dignity was respected and independence promoted. A person that used the service told us about the voluntary work they did and how they maintained their independence wherever possible. This included attending some health appointments independently. Another person said that they helped with some domestic jobs around the house and that they accessed their local community independently. All people we spoke with were included in the home they lived in and were treated as part of the family.

Feedback from a professional included, “I have met several of the carers and have never had any reason to be concerned that they are not respectful or promoting the wellbeing of the individuals they support.”

Carers we spoke with gave examples of how they respected people’s privacy and dignity. One carer said, “I knock on [name’s] door and wait for an answer before entering.” Another carer said, “[Name] is treated no differently than anyone in the family, we include them the same by offering choices, include them in discussions and decisions and respect their wishes.”

We found support plans clearly detailed the person’s strengths and independence was promoted. For example, people had been included in discussions and decisions about the level of support they required. Where concerns had been identified these were discussed with the person and the support changed to accommodate these needs whilst still promoting the persons independence.

Is the service responsive?

Our findings

People received care and support that was focused on their individual needs preferences and routines. People we spoke with told us how they were supported by their carer to lead their life as they wished. People told us about their interests and hobbies and how they got involved within their local community. One person told us, “My carer has taken me on holiday abroad. I also do voluntary work.” Another person said, “My carer takes me to the seaside, I like to listen to my music.” An additional person told us about the social clubs they attended and how they went shopping in their local community independently.

Carers spoken with gave examples of how they supported people to receive a responsive and personalised service. This was based on people’s preferences, interests and what was important to them. Carers told us how people were included in assessments and the development and review of their plans of care. One carer said, “We receive detailed information about people’s needs and have conversations with the person about how they want to be supported.”

Feedback from a social care professional included, “I have access via my links with a day service to users of the Shared Lives Service and I am very satisfied that the people I am able to talk with are happy and the scheme is of real value to those who need a family environment.”

From the sample of people’s care records we looked at, support plans included information about needs, preferences, routines and what was important to the person. Additionally people’s religion and spiritual needs were recorded. We also noted that information included

promoting choice and independence. The social worker we spoke with that worked for Nottingham Shared Lives told us that this information was reviewed with the person and their carer. This supported the carer to provide a responsive service based on up to date information that respected the person’s wishes.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. Feedback from people that used the service told us that people knew how to make a complaint and that they felt confident the service or their carer would deal with it well. One person said, “I would speak with [name of carer] if I was unhappy.” Another person said, “I would tell [name of carer] what’s on my mind.”

Carers said that Nottingham Shared Lives had a complaints procedure and that this information was shared with people that used the service. They said that any concerns raised by people were reported to the support staff within the service. Additionally, they said that they also responded to any concerns raised by people that they could resolve themselves. One carer said, “[Name] tells me if they are unhappy with the care and support provided. We work together to resolve any problems.”

The provider had a clear complaints policy and procedure and this was available in an appropriate format for people with communication needs. Since our last inspection we saw two concerns had been raised with the service. We saw from records looked at that these concerns were responded to immediately and resolved quickly. Records detailed the action taken and the correspondence the service had had with the person that raised the concerns.

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. People that used the service and their carers were positive about the service. A carer told us, "If it were not for finding Shared Lives in Nottingham I dread to think of the outcome for a young man we cared for." Another carer said, "As a full time carer for shared lives I feel the team are very supportive to our residents ensuring quality of care is delivered."

Carers had a clear understanding of the provider's vision and values for the service. One carer said, "We provide a family living environment that is caring, supports people's independence, life style choices and provide a safe environment."

Feedback from professionals included, "I have found the shared lives service to generally be of a high standard, with service users' needs being met." Additional comments included, "The carers I am working with currently are very open, honest and transparent."

People that used the service and their carers gave positive feedback about how the service was managed. A carer told us, "I get regular training and support in all aspects of my role as a carer, and would recommend this service to others." Another carer said, "I have nothing but praise for the team from admin to social workers they are really the best team you could wish for to support you."

Feedback from professionals included, "I have found the team to be approachable and when there have been concerns or issues we have worked together to resolve these as quickly as possible." Additional comments included, "The team work hard to maintain standards and support both carers and those placed in the service to ensure a high standard of service."

The service had quality assurance systems in place that monitored quality and safety. People that used the service and their carers told us that they were given opportunities to share their experience about the service as a whole and how it met their individual needs. The service had strong communication links and had developed positive partnership with others such as commissioners of the service. A professional told us, "The team work well with the learning disability team resulting in some very good placements enhancing the lives of vulnerable people."

The provider enabled people that used the service to share their experience about the care and support they received by an annual satisfaction survey. Records looked at showed that this survey was sent to people earlier this year. We saw the returned responses received by the provider dated July 2015. We noted that people were positive about the service they received.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

A social worker in the Nottingham Shared Lives team told us that accidents and incidents were analysed for any themes and patterns. This information was shared with relevant others such as health and social care professionals. Where placements broke down the social worker told us that a review meeting was held to look at what went wrong and why to enable future learning.

The provider had quality assurance systems in place that monitored quality and safety including outcomes. For example, this included checks on health and safety issues within placements. A carer said, "The office checks we have appropriate house insurance and car insurance." Risk assessments, support plans and daily records were also monitored.