Islington Social Services

Islington Council Shared Lives

Inspection report

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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

Islington Council Adult Placement Shared Lives Scheme provides long term or short break placements for adults with learning disabilities or mental health problems within family homes. The families provide the day to day care and support to the adults who are placed with them. At the time of our inspection 14 people were using the shared lives and 7 people were using the short breaks service.

The service is run by Islington Council social services department. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection took place on 3 and 17 December 2018 and was announced. The provider was given 48 hours' notice because the location provides a community based care service and we needed to be sure that someone would be available to speak with us. At our previous inspection on 8 January 2016 the provider met all of the legal requirements we looked at.

At our last inspection on 9 and 12 May 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
At this inspection we found the service remained Good.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

People and Shared Lives carers told us they felt safe using the service and no one had any concerns about letting someone know if they ever felt unsafe. There were detailed procedures in place for responding to any care and welfare concerns and we noted none had been raised since our previous inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used the service had a variety of support needs. In all cases people were enabled to maximise the degree of autonomy and independence they could exercise in living their day to day lives. Any risks associated with people's needs were assessed and the action needed to reduce risks was recorded. Risk assessments were updated regularly and did not place restrictive limitations on the reasonable risks that people were free to take.

Staff and Shar3ed Lives carers [these were the people providing support for people in their own home or in the community] respected people's privacy and dignity and worked in ways that demonstrated there was diligence at ensuring this. People's preferences about how they wanted to be supported were recorded and carers worked very well at respecting these preferences and enabling freedom of choice. There was a continuing commitment to promote independence and community involvement which was not restricted by procedures or systems. Invariably people believed that the service was very caring, and a lot of trust existed between people using the service, family carers and staff working for the service. The ethos of care and support is notable across the service and underpins the way in which the service promotes shared lives as a positive model of care.

Care plans were compiled in a way that demonstrated these were designed to reflect each person's unique personal needs and lifestyle. The appropriate guidance for meeting each person's needs was in place and care was regularly reviewed.

The training records of staff and Shared Lives carers showed that training considered mandatory by the provider had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. We found that staff supervision was regular. Shared Lives carers had readily available access to support as and when they needed this aside from times they were visited by staff of the service or attending planned carer meetings.

The comments people made demonstrated that people were able to complain and felt confident to approach staff and management of the service if they needed to.
People who used the service, Shared Lives carers and stakeholders had a range of opportunities to provide their views about the quality of the service. Their views about how the service was run were respected and were taken seriously.
Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Islington 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.

The inspection took place on 3 and 17 December 2018 and was carried out by one inspector. Our first visit was to speak with the manager and staff as well as review records. Our second visit was arranged with the helpful assistance of the service to meet with people using the service and Shared Lives carers. Before the inspection we looked at the information we had about the service. We reviewed the completed Provider Information Return (PIR). The PIR 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.

Before the inspection we looked at notifications that we had received and any communications we had with people about the service. This included the local authority safeguarding and commissioning teams as well as other health and social care professionals.

We gathered evidence of people's experiences by talking with four people using the service, nine Shared Lives carers, one care co-ordinator and the authority's head of in house provider services. We also received e mails with feedback from four carers who were unable to attend the feedback event that we held.

As part of this inspection we reviewed five people's care plans. We looked at the medicines management, staff training records [including Shared Lives carers], appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring, audit information and safety records.

Good

Is the service safe?

Our findings

A person using the service told us, "My carer is a really good person" and "It's my home, they are my family."

Shared Lives carers had no safety concerns about the shared lives service. They felt able to raise anything of concern not just about the people they supported but also anything else that may put people at risk of harm.

There was an organisational policy in place that told staff, Shared Lives carers and people using the service how to be safe from abuse and what to do if any concerns arose. In conversation with staff and Shared Lives carers it was clear from what they told us that they were very aware of, and had training about, protecting people from abuse. Records we were shown demonstrated that staff and family carers had completed training in these areas and it was the policy of the provider to keep learning under review and to monitor that best practice was being followed.

We looked at the recruitment and selection records for the four Shared Lives carers who had been recruited since our previous inspection, no other service staff had been recruited since. These showed that the provider had effective systems in place to ensure that Shared Lives carers were safe and suitable to support people in their family home and in the community. Background checks included criminal record checks, references and interviews. No one was permitted to support people until satisfactory checks had been received, including checks on other family members who may also be living with them. A panel of independent professionals from the authority then considered applications before deciding upon their approval.

People told us that staff at the service were available and always responded to any contact they made with the service. Outside of weekday office hours people could contact the authority's duty social work team in the event of an emergency, although no-one we spoke with told us they had ever needed to do this.

People's needs were assessed taking into consideration general and specific risks. These assessments were specific to each person's lifestyle choices and the level of support that each person required. We found that risk assessments were being reviewed regularly.

Where medicines were administered, with Shared Lives carer support, we found that agreements were in place and training had been provided to ensure this was managed safely. Five people using the service needed this support that involved reminding and checking that medicines had been taken which was then recorded. One carer showed us the records they kept which were fully completed and we also looked at two other medicines records on people's care plan files. The provider had a policy and procedure in place, which was currently being reviewed. This policy covered different types of medicines administration, the procedure and agreement to provide assistance and for maintaining records of medicines administration. This showed that proper and safe systems were in place to protect people from potential risks associated with needing to take medicines.

Good

Is the service effective?

Our findings

A person using the service told us, "I look after my money and I know what it's for." The person went on to tell us how their carer supported them to do this. Other people using the service said, "When I was very ill my carer helped me" and "I know how to travel on my own, my carer helped me and I can go on buses and visit my [relative]."

Shared Lives carers told us that they had regular support from the service and staff always responded to them. A carer told us "I just wanted to bring to your attention how much good this scheme does for people. [Person they support] definitely would not be their happy self today if it were not for this scheme." One carer in particular told us about the support they received from the service when a person became ill. They said, "Throughout 2017 and up until their funeral we felt fully supported by Islington Shared Lives who were in regular contact."

The staff member we spoke with as well as the Shared Lives carers told us about their knowledge and skills and how the training provided was suitable to meet the needs of whoever they supported. The provider offered both mandatory and optional training courses. Mandatory training covered core skills and knowledge for staff and carers such as safeguarding, communication, mental capacity and equality. The service considered care needs of each person with the training needs of the Shared Lives carer providing support, for example any potential awareness needed if people suffered with any physical condition or required support to manage their own behaviours. The matching process was very well managed, this helped to ensure that carers had the necessary skills and knowledge to provide highly effective support.

The provider had a system in place for individual staff supervision. Shared Lives carers were supported through very regular contact with the service, monthly meetings, telephone conversations and visits to discuss how each placement was going. A small number of people were supported in placements that were quite distant from the local authority. We were shown information about how these placements were supported and as an example a Shared Lives carer had been linked with a local carer network in the area of the country where they lived.

The member of staff we spoke with told us they had regular monthly supervision and as the service was quite small there was in any case daily communication about the service and people's needs. Staff appraisals were happening at least annually, and the performance of staff was regularly reviewed in terms of their day to day work and training needs. The registered manager told us that a system for annual appraisal of carers was also being discussed with Shared Lives carers with a view to introducing a process for this to begin later this year. There was, however, an annual; review system in place and we looked at four examples of these. These procedures helped to ensure that people were supported by staff and carers who were themselves also supported to carry out their roles and continually review their practise.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

We were told by the registered manager that no-one using the service was subject to deprivation of liberty safeguards and all had capacity to be involved in making decisions. People were supported in some situations for example managing day to day finances, where support enabled people to continue to make decisions. The provider had effective systems in place to safeguard people's finances and to verify that these were managed appropriately.

Meals were prepared by Shared Lives carers and more often than not included the person living with them as a means of enhancing life and independent skills. People's specific preferences were known about and respected, as we were told by people themselves and their carers.

People's healthcare needs were known about and responded to effectively. Care records demonstrated that the service, and provider, worked in a multi-disciplinary way, ensuring those who used the service had access to healthcare appropriate to their needs. Information included the most effective means of communication, current health status and other information of importance.

Good

Is the service caring?

Our findings

One person using the service told us, "I live alone but my carer is always there if I need them." Another person told us "They [the carer and their family] are my family we have lived together for 32 years."

Shared Lives carers told us "I love doing this, I just love it" and "I have no issues about the service it is very caring." Someone who had more recently become a carer with the service told us "I am very pleased with how things have gone, it is so great to be able to care for people in our own community." A third carer who contacted us by email said, "This type of care is about the person feeling and being part of your life and this is why it works so well."

People who used the service had a variety of support needs. In all cases people were enabled to maximise the degree of autonomy and independence they could exercise in living their day to day lives. This approach helped to ensure that people could maintain skills they already possessed as well as being provided with opportunities to develop new skills. For example, one person told us about how they were gaining in confidence at travelling on their own but knew how to contact their carer if they needed to. Another person told us about how they now managed their own money, and this had been with the help of their Shared Lives carer who encouraged them to do this. Staff and carers told us that they strived to ensure that people were supported to do as much for themselves as possible, the views that people shared with us demonstrated that this aim was important for everyone whether they required support or caring for people.

The maintenance of important relationships was valued, and a lot of effort was put into enabling this to happen. Two Shared Lives carers told us that the people they supported had been living with them for over 30 years. They also told us they viewed their relationships with those they were supporting as family relationships and not only being Shared Lives carers. This view was echoed by all of those we met.

Another example of how relationships were supported is that one carer was supporting their nephew since they became an adult and the service had been highly supportive in enabling this to happen. Another Shared Lives carer told us that they were supporting someone they had fostered as a child and again this was enabled to continue with the support of the service.

We were struck by how a caring ethos, putting people at the heart of how they were involved in their own care, was at the core of how people were supported across the service. This was also the case for those who were providing care and the service, as well as the provider, valued Shared Lives carers highly and acknowledged how important they were in helping people to live their lives and strive to achieve goals. For example, one person told us about how they were engaged in employment and that they had done this for many years always being supported by their carer. Other people we met had a range of goals that they had achieved, from travelling more independently, to attending college classes and courses to a range of leisure activities, one person in particular telling us about how they were involved with a local football club. It was evident that people were encouraged to set goals and supported to achieve aspirations. Shared Lives carers told us that they felt the service really cared about people and staff employed by the service were highly praised.

People's support plans included information about their cultural and religious heritage. We found that staff and carers knew about people's unique heritage, this was respected, and people were supported to maintain their cultural and religious preferences, keep in contact with family and friends and maintain positive relationships. As referred to earlier, people were supported by Shared Lives carers who knew them well, were sometimes members of their birth family or who had grown up in the care of the people that continued to support them.

Good

Is the service responsive?

Our findings

People using the service told us about things they did and that they always had the support of their carer. No one made other specific comments but overall it was evident that the support they needed was responded to.

A Shared Lives carer told us "I am extremely happy that we are able to keep caring for the young man we have raised since childhood, and that Islington Shared Lives made it possible for him to remain where he is a much loved and cared for member of our family. I would recommend Islington Shared Lives Scheme to anyone, I think they are fantastic.

Other Shared Lives carers told us about the meetings they attended, their training and the ways in which the service was readily able to respond to anything that arose.

People's independence was promoted. Apart from supporting people in daily living tasks the carers also supported people to take part in activities. As an example, we looked at some care plans which described employment and educational activities using other services as well as leisure time activities.

Care plans showed that care was planned in detail and was responsive to people's needs. For example, we saw details of people using the service setting long or short-term life goals. For some this would be achieving far greater independence even to the point of being able to live away from their carer's home, to others who may still need to do so but were still encouraged to set aims and objectives. The Shared Lives carers we spoke with knew the people they supported very well, for example in one instance for over forty years, and carers were diligent at responding to people's support needs.

Planning and responding to care and support needs was evidently viewed as a joint effort and was at the forefront of how the service was provided. Care records showed detailed evidence of liaison and communication between people using the service, their families (as appropriate), advocates, Shared Lives carers and a wide range of health and social care professionals.

People who spoke with us and their Shared Lives carers told us they knew about the complaints procedure and would use it if they needed to, although no-one told us that they had ever had to. There was confidence among people about contacting the service whenever they needed to and told us there was always a positive response whenever they did. There was a guide for people using the service about how to make a complaint in an easy read format which included words, pictures, signs and symbols.

Advocacy services could also be used although invariably people would seek the support of their Shared Lives carer. The record of complaints showed that three complaints had been made in the last twelve months, each fully resolved, along with thanks to staff and a carer ceasing their role as a carer.

The provider had detailed policies regarding end of life care, although rarely required for this service. We were told by a Shared Lives carer how well they had been supported during the time that a person they used

to care for had become terminally ill and had passed away.

Good

Is the service well-led?

Our findings

People using the service did not talk specifically about how the service was managed but did tell us about how good relationships with those that supported them was. Invariably, Shared Lives carers were also pleased with the way the service operated and that positive changes had been made and communication was far better than they had previously experienced. As an example, a Shared Lives carer told us "I find Shared Lives staff easy to talk to and feel happy to contact them anytime should we need them."

There were monthly meetings which Shared Lives carers were asked to attend. Some told us this could be difficult at times due to other commitments, but they did have contact with the service.

The provider operated an on-call system for out of hour's issues that arose. This operated seven days a week between 17:00 and 09:00 and all day at weekends. This was managed through the authority's out of hours duty system who were able to access details about people's current care and support needs on an electronic care planning system.

The provider regularly consulted people who used the service, their carers and others about the development of policies and about their views of the service. The service has, since the previous inspection, issued feedback questionnaires and we viewed some of these. These were from the middle of 2018 and the feedback was reviewed by the service provider and response to things that people said was provided. This demonstrated that the service listened to people and acted to improve the service considering what people had said.

Feedback was also obtained at meetings, visits and other day to day conversations with people using the service and their Shared Lives carers. The feedback received by us during this inspection both in conversations and e mails we received continued to demonstrate a high degree of satisfaction about how well the service operated. People also felt listened to and that the service was open and transparent.

In discussion with the registered manager during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. Each member of staff working for the service had specific roles and responsibilities for different areas. They were required to report to the registered manager who then reported to the provider about the way the service was operating and any challenges or risks to effective operation of the service.