

London Borough of Hackney

# Hackney Adult Placement Scheme

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 16 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a shared lives care service and we needed to be sure that someone would be in. At our previous inspection on 14 January 2016 we found the provider was meeting regulations in relation to the outcomes we inspected.

Hackney Adult Placement Scheme is a Shared Lives service, formerly known as Adult Placements. This means adults who may have learning disabilities or mental health needs receive care and support provided by individuals, couples and families who have been approved and trained for that role. The service is run and managed by the London Borough of Hackney. At the time of our inspection, there were approximately 32 adults using the service, supported by 22 shared lives carers.

A new manager had recently started at the service and they were in the process of applying to become the registered manager of the service. 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 using the service told us they liked their living arrangements and they were happy. They were able to lead independent lives with the appropriate level of support and encouragement from their shared lives carers. They were involved in making decisions related to their care, including having a choice about the placement and giving their opinions about the type of placement they would like.

Shared lives carers told us they enjoyed their roles and they were able to forge lasting and meaningful relationships with people. Many had been shared lives carers for a number of years and were aware of the expectations of the role and how to support people in an appropriate manner.

People received support in relation to their food, general health and medicines. This was at a level suitable for their needs, some people were more independent than others but the level of support required was identified during the assessment process and subsequent reviews.

Shared lives carers were recruited in a safe manner, the provider followed guidance from shared lives plus in this regard. Shared lives carers were not always supported to update their training. We found significant gaps in the training records that we saw. Formal supervisions did not always take place either.

A thorough assessment process was in place which included identifying people's needs, finding a suitable shared lives carer and carrying out risk assessments. People using the service and shared lives carers were given an opportunity to meet and spend time together before coming to an agreement. The wishes of both people using the service and shared lives carers were considered during this process.

Support plans were easy to read and contained person centred information which allowed people to be supported in a manner of their choosing.

Shared lives carers told us there was not much communication from the provider apart from one shared lives coordinator. Vacancies at management level meant that some aspects of service provision such as training and placement reviews had not been fully completed. The provider did not submit statutory notifications to the CQC in a timely manner.

We found two breaches of the regulations in relation to staffing and notifications. You can see what action we have told the provider to take at the back of the full version of this report.

## 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.

Risks to people using the service and shared lives carers homes were identified and managed appropriately.

Recruitment of shared lives carers followed guidance as stated by shared lives plus.

Shared lives carers were aware of their responsibilities with respect to safeguarding people.

### Is the service effective?

Requires Improvement ●

The service was not effective in all aspects.

Shared lives carers did not always receive or update their training on a regular basis as required.

People were able to exercise choice and give their opinions on how they would like to be supported.

The provider met people's support needs in relation to their diet and access to healthcare provision.

### Is the service caring?

Good ●

The service was caring.

People were happy using the service.

People lived independent lives and were supported appropriately.

Shared lives carers demonstrated a good understanding of the role and told us that people were a part of their family.

### Is the service responsive?

Good ●

The service was responsive.

A thorough referrals and assessment process was in place which

meant people and shared lives carers were matched appropriately.

Care plans were thorough, easy to read and person centred.

People were given information about how to raise concerns.

**Is the service well-led?**

The service was not well-led in all aspects.

Feedback from shared lives carers was that support from the provider could be improved.

A lack of management oversight meant that some areas such as training, supervisions and placement reviews were not always monitored appropriately and were not taking place as regularly as expected.

**Requires Improvement** 

# Hackney Adult Placement Scheme

## **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 checked 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 16 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a shared lives service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about the provider, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection we spoke with the shared lives coordinator, the manager and the service manager. We looked at three care records, staff files and other records related to the management of the service including training records, audits and quality assurance records.

After the inspection, we spoke with three people using the service and three shared lives carers.

# Is the service safe?

## Our findings

People were supported by shared live carers who were suitable as appropriate checks had been completed. We looked at the recruitment and initial assessment of people wanting to become shared lives carers. The provider followed guidance from Shared Lives Plus for this process. People that were interested in the role were given information about the selection process. People wishing to become shared lives carers completed an application form and a pre-assessment check was carried out by a shared lives coordinator. Shared lives carers were given information about the scheme, its role, and the aims and objectives. They were given advice about their suitability and their accommodation by the shared lives co-ordinator. The final stage was an interview with a shared lives panel, a panel of three independent people who made a judgement on the person's suitability to become a shared lives carer.

A shared lives carer told us, "I did a DBS, had an interview with the panel, they asked for qualifications, training and how I felt about doing the job." They also said, "[The shared lives coordinator] did the health and safety checks and they also checked the room with the social worker."

We saw records that were kept of pre-assessment meetings that took place, along with evidence of people's application form, CV and details of references that had been sought to ascertain people's suitability for the role.

The Disclosure and Barring Service (DBS) provides information on people's background, including convictions, in order to help providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. We saw that DBS checks were in place for all shared lives carers, there were two shared lives carer's whose DBS were due for renewal under the provider's policy but we saw evidence that these had been chased up with Human Resources to get them updated.

This helped to ensure that shared lives carers were recruited using robust methods.

Risks to people were identified in the support needs assessments that were carried out before they moved into shared lives carers homes. Some of the identified risks that we saw included lack of road awareness, risks of stranger danger and risks of wandering. Risk assessments were completed for any identified risks, these included the severity of the risk and the likelihood of the person being at risk, the control measures in place, and any residual risks. This helped to ensure that risks were managed whilst balancing people's right to make their own decisions.

A health and safety checklist was also completed annually looking at environmental risks around utilities, emergency procedures, domestic safety, kitchen and food, medicines and health. Landlord gas safety records, homecare insurance, travel policies for trips abroad and guidelines such as contact details, medicines and details of their holiday stay and passport details were seen. This helped to ensure that people were kept safe and any risks that were identified were adequately mitigated against.

People using the service said they felt safe living with their shared lives carers. Comments included, "I'm

happy here", "I like it here" and "I'm fine."

Shared lives carers were familiar with the term 'safeguarding' and what it meant in relation to keeping people safe. The provider took action where concerns of a safeguarding nature had been raised and worked with the relevant agencies to help ensure people using the service were kept safe.

Shared lives carers told us they completed medicines administration record (MAR) charts where they supported people to take their medicines. They said these were given to the shared lives coordinator, "[Shared lives coordinator] takes the paperwork, including the medical records and the daily sheets." We saw completed MAR charts that had been completed correctly. Shared lives carers told us, "I complete the medicine charts", "I had medicines training" and "I do all [person's] medicines, [they] need full support with this."

People were assessed when they first started to live with a shared lives carer around the level of support they needed with respect to medicines. There were three levels of support, manage independently, needed prompting or full support. This helped to ensure that people's medicines were managed safely.



## Is the service effective?

### Our findings

People were not always supported by shared lives carers who had received adequate training and support. Although training was available, we found that the majority of shared lives carers had not completed their required training for the year.

The shared lives coordinator told us that the expectation was for shared lives carers to complete six training courses over a year. A range of training courses were available, mainly through e-learning. Shared lives carers were able to choose any six courses that were relevant to supporting the people that lived with them and were therefore individual to them. We reviewed the most recent training matrix and saw that not all of the required training was completed by the shared lives carers. Out of 20 carers listed on the matrix, only five shared lives carers had completed the six allocated training courses for the year.

Supervision were held but not with any regularity or the required frequency. The shared lives coordinator told us, "Supervisions are supposed to be done every quarter in people's homes." Where they did take place, shared lives carers were able to discuss working relationships and details of any training they had attended.

The above identified issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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.

A shared lives agreement form which gave information about the responsibilities of the person using the service, the shared lives carer and the shared lives scheme and the social worker was completed which was signed by all parties, indicating their consent. There was also a separate licence agreement in place between the shared lives carer as the householder and people using the service, the licensee. This was also signed by people using the service, accepting their responsibilities.

The provider documented how people made decisions related to aspects of their care, whether they needed support or if they needed any help to make decisions and how the service could support them.

A document entitled 'keeping safe' was kept which documented any restrictions that had been agreed for their own safety, this included things such as no lit candles in their rooms and ensuring they carried a fully charged phone when outside. People had agreed to these conditions and understood that it was done for their own safety.

Shared lives carers told us that people lived independent lives and they were there just to support them.

They were aware of the importance of asking for people's consent. Comments included, "[Person using the service] needs a lot of prompting with his/her personal care and wearing clothes. I need to take them to unfamiliar places, she/he is OK with places [the person] is used too" and "[The person] goes to leisure centre, by bus by (themselves)." People using the service told us, "I go out on Thursdays to go and see someone. I go by myself", "[My shared lives carer] comes with me to the centre" and "I play cricket."

People using the service told us that their healthcare needs were managed either by themselves or with the support of their shared lives carers.

A section entitled 'Your health' was included in care plans. This contained details of their GP, any health issues, the support needed, their medicines, any written health plans and details of other health professionals involved in their care, such as psychologists.

There was evidence of placement reviews by the Hackney rehabilitation and recovery service. These looked at people's current mental state, physical health, history and current risks, their social history, activities of daily living, social relationships and activities, finances, the view of people using the service and the provider and any recommendations.

People's dietary needs were managed appropriately. Comments included, "I like the food", "The food is quite nice" and "[Shared lives carer] is going to teach me how to cook."

One shared lives carer told us that although the person they supported was not able to cook, they encouraged them to help out by laying the table and doing simple meal preparations.

Shared lives carers completed records that documented what people ate which were reviewed by shared lives coordinators.

## Is the service caring?

### Our findings

People using the service were matched with shared lives carers as closely as possible. The provider took into account people's preferences, any shared interests between them and shared lives carers, the living accommodation available and other indicators that helped to find a suitable placement. Preferences, including cultural and religious requirements were documented in people's care records.

Both people using the service and shared lives carers were given an opportunity to live together and come to a decision as to whether they were a good match for each other. One shared lives carer told us about their experience when they first started to support a person using the service, they said the person came with a family member to meet them first and see their house. They then stayed for a month's trial. They told us, "During this time, we met to discuss how things were going, it was good for everyone."

People using the service told us they enjoyed their living arrangements and were given privacy. People and their shared lives carers explained they led independent lives and had opportunities to pursue activities and interests of their choosing. One person told us how they enjoyed playing cricket and did so regularly. Another said, "When it gets warmer I'll do the garden for [shared lives carer], I'm a gardener." Other comments included, "I'm happy", "Yes I enjoy it", "It's all right here", "I go out, see my friend", "My room has got a TV, I like that", "[My shared lives carer] helps me to wash my clothes" and "I play cricket." Shared lives carers told us, "[Person using the service] used to go college; she/he did a lot of courses", "[Person] was selected by the learning disability cricket team at Middlesex, she/he plays every Saturday."

Shared lives carers treated people using the service as members of their own family. They had all been involved as shared lives or foster carers and supported people for a number of years. This helped them to forge meaningful and long lasting relationships. One shared lives carer said, "[Person] always comes with us on holiday, I take him/her on holiday to Spain with the family." Other comments included, "We go out shopping", "We go to days out, to see a musical", "We've got a sensory area at home and textile walls, she/he loves it" and "She/he goes to day centre four days a week."

Care plans were written in plain English and contained person centred information such as 'a typical day' and what this looked like along with things people liked doing, with a breakdown of the day to day tasks. People's activities and interests were included and other information such as behaviour patterns, what upset people, and if they had any aspirations for the future.

## Is the service responsive?

### Our findings

People's individual needs were assessed and met. There was evidence that the provider requested comprehensive information about people during the referral process for people wanting to use the service, this helped them to have a greater understanding of people's support needs and their lifestyle. The provider considered and documented any existing care plans during the referral process.

We spoke with the shared lives coordinator about the referral process for those people that were considering a shared lives placement. They told us that referrals usually came in via one of the community teams such as the learning disability or mental health teams. They said they would have a discussion with the team to see if the referral was suitable, arrange a support needs assessment, approach shared lives carers and give them all the relevant documents so they had a couple of days to make a decision. A meeting would then be arranged for all parties.

The referral forms were split into two parts, the first part included details of the person, the nature of their disability and the type of household that would be appropriate for them. It also included details of the level of support people required, if any, in relation to finances and their behaviour patterns.

The second part of the referral form was for the person using the service and contained good evidence around how they were involved in making decisions around their support needs and showed that their views were taken into consideration. They were asked questions about why they wanted to use the service, the things they liked, the type of support they felt they needed, the type of home they would like to live in and any religious, cultural and/or language needs that they had and wanted to be taken into consideration when finding a placement for them.

A support needs assessment was carried out by a shared lives coordinator which involved a number of stakeholders including people using the service, their social worker and relatives if appropriate. This included if they had any specific requirements or preferences in relation to their potential shared lives carer. These preferences were in relation to religious, cultural, ethical or gender point of view.

The purpose of the assessment was explained to people and more thorough information was gathered including how they liked to spend their day, if they understood the reason for the referral and if they had any specific challenges they needed support with. People were given an opportunity to provide important details about themselves.

The shared lives coordinator and shared lives carers told us that meetings were arranged where each party got to know each other before agreeing to a placement, this often involved an initial overnight or weekend stay. This afforded people time to see if they were happy with the placement before making a commitment. A trial period was also in place once a placement had been agreed. A shared lives carer told us, "[Shared lives coordinator] gave me the paperwork before [person using the service] came to visit us. We agreed to a trial. [Person using the service] wanted to stay here."

A service user plan was developed following a successful referral. This gave details about the level of support

required in a number of areas including family contact, religion and culture, eating and drinking, talking/communicating, help with money, moving and getting about and personal care. Care plans were signed by both people using the service and the shared lives carer.

Shared lives carers completed activity plan daily diaries. They documented whether people attended their allocated activity days, if they participated in any activities, if they eat their meals, if they had any visitors, did they have any accidents and whether their medicines were up to date. These were completed with a good level of detail in the examples we saw.

Shared lives carers reviews took place; these were not always carried out annually as stated by the manager. During these reviews, shared lives coordinators checked the details of the household, the shared lives arrangements and any changes, actions and learning from the last reviews, feedback about shared lives carers work including complaints and compliments, skills and knowledge required for supporting people and actions for the year ahead.

Shared lives guidance was available for a number of areas including, financial commitments in relation to activities, meals, holidays and clothes and toiletries, infection control, food safety nutrition and hydration and fire safety.

We reviewed the complaints that had been received since the previous inspection of which there had been one. This was still under investigation. People were given information on how they could raise concerns in their agreement. Complaints were also explored during the reviews that took place.

## Is the service well-led?

### Our findings

Shared lives carers told us that their main contact with the provider was via the shared lives coordinator who they praised for their dedication and support. They also said they enjoyed their work, "I'm really happy in my job."

There was only one shared lives coordinator at the time of the inspection and there was a vacancy for one position. The shared lives coordinator also told us they felt overworked sometimes with their workload, which meant that placement reviews and supervisions did not always take place with the expected frequency. However, we did see that the shared lives coordinator attempted to maintain regular contact between themselves and the shared lives carers through case notes documenting any conversations, correspondence and emails. One shared lives carer told us they usually met the shared lives coordinator "Every two months. He takes paperwork with him, the medical records and the daily sheets. He speaks with [person using the service]."

The shared lives coordinator maintained an audits spreadsheet which was used to track each of current placements, including home visits, latest reviews and training.

Shared lives carers were not always satisfied with the support they received from the provider. Comments included, "Not sure how [the shared lives coordinator] managed to be honest. No person apart from [him] has ever phoned", "I can get through to [the shared lives coordinator], he is supportive and the main point of contact", "I get regular phone calls from [the shared lives coordinator]", "I don't really know the management, apart from [the shared lives coordinator]", [he] is very helpful."

Shared lives carers also alluded to a lack of management oversight, they said, "I never met the managers. It took them four months to pay me" and "Before there were more staff, senior officers. Recently [the shared lives coordinator] was the only one left", "I was doing respite and waited four or five months for pay" and "We used to have a lot of meetings but not so much anymore."

Some areas for improvement had been identified by some of the managers of the service which included the integrated learning disability service manager, the business development manager and the manager of the service. We saw the action plan in place for the provider from February 2017 to March 2018. A number of areas of improvement had been identified including processing some shared lives carers applications that were on hold due to a lack of managers and shared lives carers training.

The manager had recently started a few weeks prior to the inspection and was in the process of applying to become the registered manager of the service. The integrated learning disability service manager told us they met weekly for updates and were working through the action plan. All shared lives carers had been invited to a shared lives forum to introduce them to the new manager and to notify them of recent developments within the service.

There had been three safeguarding concerns raised in the past year, from May 2016, September 2016 and

February 2017. The provider failed to notify the Care Quality Commission (CQC) of these in a timely manner.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We highlighted this to the manager of the service who said they would submit these following the inspection. These notifications were sent in to the CQC following the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person did not notify the Commission without delay of some incidents related to abuse or allegation of abuse in relation to a service user; whilst services were being provided in the carrying on of a regulated activity. Regulation 18 (1) (2) (e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of a regulated activity did not receive appropriate training and supervision as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)</p>