

St Anne's Community Services

St Anne's Community Services - 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 

Overall summary

This was an announced inspection carried out on 3 November 2015. At the last inspection in October 2013 we found the provider met the regulations we looked at.

St Anne's Shared Lives is based in Leeds and recruits carers who can offer a home to an adult with learning disabilities. Shared lives organisations match carers to people needing support. They are responsible for the recruitment, approval, supervision and training of these carers.

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

Summary of findings

Project workers and carers understood safeguarding procedures and what to do to keep people safe. They showed good knowledge of safeguarding procedures.

People who used 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 project workers, carers and the person who used the service.

We found that people were kept safe by trained carers and project workers who knew how to support people as individuals. People who used the service were matched with carers who they shared common interests with. If additional support was needed to meet people's needs the provider ensured there were systems in place to enable this. The carers we spoke with felt they had the appropriate training and support to carry out their role.

We saw carers and project workers 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. The registered manager, carers and project workers showed good knowledge of the Deprivation of Liberty Safeguards (DoLS) and how this can affect people in shared lives services.

Staff were recruited robustly and shared lives carers went through a screening and then matching process to provide people who used the service with safe care. People were given time to get to know each other before they began living together.

People who used the service told us they were happy with the carers they lived with. They said their carers respected their privacy and treated them with respect and dignity. They told us they received all the help and support they needed to manage any health or dietary needs.

Relevant support plans and risk assessments were in place to support people who used the service and their carers. We saw the support plans were detailed and included information on how to meet people's religious and cultural needs, the activities they took part in and how to manage any behaviour that could be challenging.

Medicines were managed well and training was provided for carers who were involved in the administration of medicines.

The registered manager audited the service through effective monitoring of visits, complaints, incidents, training and safeguarding. There were systems in place for people who used the service or carers to contact project workers or the registered manager if they needed to.

People who used the service and carers spoke highly of the support they received from project workers and the registered manager.

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.

Project workers and carers understood how to safeguard people. Risk assessments were completed with clear management plans on how risk would be managed.

The service had appropriate recruitment and selection procedures in place for project workers and robust screening procedures for the selection and approval of carers.

People told us that they were happy and safe and felt very well supported by their carers.

Good



Is the service effective?

The service was effective.

Project workers and shared lives carers were suitably trained and supported to provide effective care.

People received the support they needed to maintain good health and wellbeing.

Project workers and 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 caring?

The service was caring

Carers had genuine affection for the people they cared for and people were

very much part of the family. Our observations showed there were caring interactions between people who used the service and their carers.

People felt carers respected their privacy and promoted their dignity in the way they provided support. People told us that they liked where they were living and the carers that supported them.

Carers spoke highly of the caring nature and thoughtfulness of the project workers.

Good



Is the service responsive?

The service was responsive

People's needs were assessed and support planned. People received care that was personalised and individual to them.

People told us that they took part in a range of hobbies and interests that they enjoyed.

There was a suitable complaints procedure for people to raise their concerns and this was supplied to people who used the service in an easy read format.

Good



Is the service well-led?

The service was well-led.

A range of audits and quality assurance systems were used to identify areas of improvement.

Good



Summary of findings

Any incidents and accidents were recorded and the registered manager carried out any investigations, identified trends and put actions in place to prevent re-occurrence.

The provider promoted a positive culture which encouraged people who used the service and carers to help develop the service, through regular meetings and social events.

St Anne's Community Services - 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.

This inspection took place on 3 November 2015 and was announced. We gave the provider short notice of the inspection as we needed to be sure someone would be in at the office base.

At the time of our inspection there were 73 people who used the service and 104 shared lives carers. During our visit we met with four people who used the service and four carers; who all kindly attended the office to meet with us. We spent some time looking at documents and records

that related to people's care and the management of the service. We looked in detail at three people's support plans and three carer's application and approval records. After the inspection we also spoke by telephone with ten carers.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of caring for a person with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People who used the service told us they felt safe and the carers treated them well. One person said, "I am very well looked after thanks. With [name of carers], I feel quite safe." We saw positive interaction during our visit and saw that people who used the service were happy and comfortable with their carers and project workers. Project workers and carers had received training in the safeguarding of vulnerable adults and the records confirmed this. They understood safeguarding and how to report any concerns. They said they felt confident that any concerns reported would be dealt with properly by the registered manager. We saw the registered manager maintained a log of safeguarding incidents and these were reviewed by the senior management team. We saw actions were taken to try and prevent any re-occurrence of incidents.

Risks to people who used the service were appropriately assessed, managed and reviewed. Risk assessments were completed and reviewed on an annual basis or as needed. We looked at the risk assessments for three people who used the service. The risk assessments covered a range of daily activities and possible risks including independent travel, money management and medication. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. There were arrangements in place for health and safety checks on the carers' home to be undertaken during the meetings held with carers every six weeks. These checks ensured people who used the service lived in a safe and maintained environment.

There were effective recruitment and selection processes in place, which included people who used the service on the interview panel. Appropriate checks were undertaken before project workers began work or carers began providing a service; this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff or carers are not barred from working with vulnerable people.

We saw comprehensive records confirming there was a process of approval in place to ensure that carers were suitable for their role. This included health and safety checks of their property to ensure it was safe and suitable for a shared lives placement. Each carer was also required to go through a vetting process that included security

checks on their suitability to work with people, the specific training required prior to being approved and the taking up of references. The registered manager told us that referees were also interviewed as part of the selection process to ensure thoroughness. This ensured the safety of everyone involved in the process.

Carers confirmed the selection process was robust. One said, "They were very thorough, made sure everything about us was right for the person we were matched with." Another carer said, "They took plenty of time over everything, involved the whole family in the process." A third person said, "They match people, that's most important."

Carers were given training in medicines administration and we saw records which showed this. During the monitoring visits we saw that project workers checked the competency and efficiency of carers in medicines management and administration. They checked the records were completed accurately when required. There was a system for reporting medication errors. People who used the service said they were assisted safely with their medication. One person said, "[Name of person] sees to all that, I don't have to worry about it." Carers told us the medication training they had undertaken was very good and covered everything they needed to know. We saw there was a workbook completed through the training that carers kept to refer to. Records showed that the needs of people who used the service were assessed regarding the support they needed with medication and this information was then transferred in to a care plan or risk management plan.

There were four staff, known as project workers working at the service. The project workers we spoke with said this was sufficient to manage the scheme, monitor placements and offer support to carers and people who used the service. They were also supported by the registered manager and an administrator. Carers we spoke with said they could always get hold of a project worker if they contacted the office. One carer said, "They are so efficient and always get back to you promptly if you have to leave a message."

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Carers we spoke with were aware of their

Is the service safe?

responsibility to report any accidents or incidents to the provider. We saw that carers were all trained in emergency aid and this was updated when needed. One carer said, "Excellent first aid training, best ever."

Is the service effective?

Our findings

Project workers told us they received good training and were kept up to date with their skills. Records we looked at showed that all project workers and the registered manager were up to date with their mandatory training which included; emergency aid, safeguarding vulnerable adults, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and equality and diversity. We saw that refresher training was completed as needed.

Project workers also said they had opportunity to undertake specialised training such as a diploma in dementia care, Makaton sign language and positive behaviour support. They said they received regular supervision from the registered manager and they found this very useful support to undertake their job role. All project workers had an annual appraisal. During our visit we saw copies of detailed appraisal notes including any identified training needs and discussion about the support project workers provided.

People were cared for by carers who had appropriate support and training to carry out their role. The carers told us they felt supported by the shared lives team and had appropriate training to carry out their role. The initial training for carers included a number of courses that were undertaken as part of the application and selection process. These included; medication training, safeguarding vulnerable adults, learning disability awareness, values and attitudes, (MCA) 2005 and person centred working. Carers were also provided with a very comprehensive handbook giving information on all aspects of the service. Carers spoke highly of their training. Comments included: "The best thing I have ever done, loved it", "I really enjoy the training, it's never boring, it's fun", "I found it all very satisfying and gave me great insight to the role expected of me" and "The training gave me lots of confidence and we get regular sessions to keep us up to date."

Project workers visited carers every six weeks as part of the on-going support and monitoring of the placements. Carers said they found the six weekly meetings with their project worker 'invaluable'. Carers all described the project workers positively and said they got excellent support from them. One carer said, "You just could not ask for better support;

they are so reliable, always there and have great ideas." Another carer said, "They really listen, they will support us at meetings and, if I need anything I only have to pick up the phone."

The supreme court judgement made in 2014 extended the scope of the Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005 and are a legal process that is followed to ensure people are looked after in a way that does not inappropriately restrict their freedom. If a person is receiving care in a community based environment, arranged by the local authority, the Court of Protection must authorise any deprivation of liberty. The registered manager, project workers and carers understood their responsibilities regarding DoLS. We saw a list had been drawn up of people who may potentially have their liberty restricted. We saw this had been sent to the local authority as the provider had been instructed to do so by the DoLS co-ordinator. Records we looked at showed the process was on-going and the registered manager maintained a record of all correspondence with and information submitted to the local authority.

We saw there were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Carers we spoke with confirmed they had completed MCA training and they understood the principles of the act and the need to respect decisions of people who used the service. People who used the service could make decisions about their life, but if required carers could make decisions in the best interests of the person. Support plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process.

The dietary needs of people who used the service were assessed and then detailed in people's support plans. This included likes and dislikes and any specialist dietary requirements. People who used the service said they had a good diet and plenty of home cooking which they enjoyed. They described carers as good cooks and said they always got their favourite meals. People also spoke about how much they enjoyed a takeaway meal every now and then or eating out in pubs and restaurants. One carer said, "We like to do a bit of everything."

Records showed that arrangements were in place that made sure people's health needs were met.

Is the service effective?

We saw evidence in care records and reviews that carers supported people to attend medical appointments and health checks when needed. Care records sampled showed people's health care needs and how these were to be met. These were documented, and monitored by the project workers. People who used the service said they got good support with their health needs. One person said, "[Name of carer] makes sure I go to all my appointments." It was evident during our inspection when we met with and spoke

with carers and people who used the service that health needs were responded to well. One person who used the service brought a medical issue to the attention of their carer who responded by saying a doctor's appointment would be booked. All of the carers spoke of a variety of visits to the GP, including annual health checks, dentist, optician, consultants, chiropody and learning disability team.

Is the service caring?

Our findings

People who used the service spoke highly of their experience. All the people we spoke with said they liked their carers very much, got on well with them and were happy with where they were living. Comments we received included; “[Name of carers] look after me very well, they are brilliant and we do lots of things”, “I am very happy and I have a lovely home” and “It’s great, I have a good life.” People told us they felt that the carers treated them with dignity and respect and listened to their wishes. One person said, “Everything is hunky dory.”

All the people we spoke with told us they felt they were involved in the day to day family life of the people they were living with. They spoke fondly of their carers and the family members of their carers. We saw that people who used the service were supported to keep in touch with their relatives. One person told us they regularly visited their relatives and went on holidays with them. A carer spoke to us of the importance of assisting people to maintain their family ties and sense of history.

All the carers we spoke with and met with showed genuine affection for the person they cared for. Many carers had fostered the person from a young age and when they reached adulthood had transitioned the placement to shared lives.

During our inspection, people who used the service and their carers kindly came in to the office to meet with us. We saw they had warm, friendly and caring relationships. It was clear that people had got to know each other well. We saw that carers were encouraging and supportive of people who used the service and involved them in all aspects of conversation and interaction. People who used the service told us they were encouraged to be as independent as they could be. One person told us how they enjoyed keeping their room clean and tidy. Another person said they liked to make their own snacks. Carers spoke about how they encouraged people who used the service to be as independent as they could. They said they encouraged people to manage their own money and do household activity such as washing and ironing in preparation for if they moved on to more independent living. We saw people were comfortable in the presence of their carers and were well presented which is achieved through good care standards.

The assessment of carers and the matching process of people who used the service ensured that all were happy with the placement which helped provide a suitable and caring living environment. The project workers or registered manager carried out detailed assessments of people who used the service to identify their needs, wishes and wants. The project workers and the registered manager spent time getting to know people in order to be able to engage in the matching process on their behalf. The project workers and registered manager demonstrated a good knowledge of the needs of people who used the service and it was clear they knew people well. We saw their interactions with people were warm and positive. People who used the service and carers spoke highly of the project workers and registered manager. Comments we received included; “She’s brilliant that one”, “I couldn’t ask for anybody better; so caring, always there and lots of practical and emotional support, it’s superb”, “It’s like having a Guardian Angel. They’re very nice people” and “Can’t speak highly enough about them.” A person who used the service described the office team as ‘good fun’.

The project workers and registered manager were committed to their role of supporting carers and ensuring they had the qualities needed to carry out the role. One project worker described a situation where a person who used the service had developed such a good relationship with their carer that their negative behaviours had significantly diminished. They spoke about how rewarding this had been to experience.

We saw there was information on advocacy services available to people who used the service and carers. The registered manager said there was no-one currently using the advocacy service but they knew how to support people to do so if necessary. People who used the service told us they felt they could talk to their carers about anything they needed to.

We saw there were signed agreements in place which detailed the roles and responsibilities of the shared lives scheme and the carers. The agreement covered confidentiality, providing support according to agreed care plans and risk assessments, safety and promotion of privacy and dignity. This ensured people who used the service received a person centred service, tailored to their individual needs.

Is the service responsive?

Our findings

Records showed that people had their needs assessed thoroughly before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. Assessments involved the person who used the service, their relatives and all health or social care professionals involved in their care to ensure a full and detailed assessment and support plan was made.

The registered manager told us the support plans and risk assessments were reviewed annually or sooner if any changes in need or to the placement plan were identified. Support plans and risk management plans contained details of people's routines and information about people's health and support needs. Information was person centred and individualised. Care records we sampled showed that people's preferred method of communication was discussed and recorded in their care records. This was so they got the support they needed to communicate their needs and choices. People told us the carers they lived with knew about their wishes and support needs and cared for them accordingly. One person said, "[Name of carers] know just what I like to do."

From talking with people who used the service and looking at care records we saw that people had been supported to take part in a range of education, hobbies and interests to meet their individual needs. This included college courses, hiring a hot tub, day centres and holidays. One person who used the service said they frequently enjoyed going out socialising. They said, "[Name of carer] and me like going out for a 'mucky beer' and doing men's stuff." Another person told us they had just enjoyed a holiday abroad with their carer. A third person told us how much they enjoyed the day centre they had been used to going to and were pleased they could still attend this since moving to live with their carer. They also said they were looking forward to a holiday that was being planned to one of their favourite places.

The project workers showed a good understanding of the social needs of people who used the service and all said it was something they reviewed and encouraged through their monitoring visits. One said, "It's good to see people get out and about so much and enjoy life. I love to see people happy."

We asked people who used the service who they would speak to if they had any concerns. They told us that they would speak to their carers or the project workers. One person said, "I have no worries but would speak up if I did." On the day of our visit a person who used the service asked to speak to a project worker in private. Arrangements were made for this to take place. The project workers told us they spoke with people individually when they carried out their visits to give them opportunity to raise any concerns if they wished. People who used the service confirmed this; saying their project worker often met them at their day centre or took them out for a coffee and a chat to ask how they were and see if they had any worries or concerns.

There was a suitable complaints procedure for carers and people who used the service. We saw there was an easy read version available for people who may have difficulty with reading. We looked at the record of one complaint received in the last 12 months. It was clear from the records that people had their comments listened to and acted upon. People who used the service and carers said they had no complaints but felt confident if they did these would be taken seriously by the service. One carer said, "I would have no hesitation in bringing anything up with anyone of the staff at the office. They are all brilliant and so practical with any advice. I have every confidence and more in them." A number of compliments on the service had been received from carers and professionals. One included an e mail from a carer that said, 'Thank you for the privilege of being part of such a caring and supportive team.'

There was a quarterly meeting for people who used the service; held at the schemes head office and chaired by a person who used the service, supported by a project worker. The meeting was an opportunity for people who used the service to socialise with each other, share their hobbies and interests, receive news and updates, and make suggestions and to meet with the schemes staff and senior managers. People who used the service told us they enjoyed the meetings. One person said, "We have a good laugh."

There was also a quarterly meeting for carers, chaired by a project worker or the registered manager. We looked at the minutes of these meetings and saw the topics included information sharing, guest speakers from the Shared Lives Plus network (Shared Lives Plus is the UK network for family-based and small-scale ways of supporting adults) and updates on legislation such as the Care Act 2014 and

Is the service responsive?

DoLS. Carers told us they enjoyed the meetings and found them informative and felt able to make suggestions on the service. The registered manager said that any actions identified through these meetings would be reviewed by

the team and acted on if possible to ensure improvements to the service. For example, they said that the discussion on DoLS had led to making sure further training was given to carers.

Is the service well-led?

Our findings

The service had a registered manager in place. During our visit we saw that the manager had very good knowledge of the support needs of the people who used the service and could describe the service well. We saw the registered manager was known to people who used the service and carers and there were lively exchanges of communication and socialising when people visited the office.

People who used the service and carers all spoke highly of the registered manager and project workers and said the service was well run. Comments we received included: “They are always there for you, never make you feel a nuisance, fantastic support”, “Superb support from start to finish; first class”, “It’s all brilliant, wouldn’t change a thing”, “If I need anything at all I only have to pick up the phone, I always get a response. They listen, they’re top notch” and “They listen. They communicate well. They’re astute in understanding.”

Project workers spoke positively about the registered manager and told us how much they enjoyed their job. They told us the registered manager was approachable and supportive at all times, and worked alongside staff to ensure they were always aware of issues that affected the service.

We saw team meetings were held regularly and gave project workers opportunities to contribute to the running of the service and receive information and updates relevant to their role. Project workers said they were encouraged to put forward their ideas and concerns and told us they felt the registered manager listened to them, which made them feel they were valued team members.

People who used the service, their relatives and their carers were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their carers. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2014 and these

showed a high degree of satisfaction with the service. People’s comments included; ‘I have more support now than ever before and am very satisfied with the scheme’, ‘I feel you have a good team who care about the people that they support’ and ‘My brother has gone to live with new carers and we have been involved every step of the way. Great consideration has been shown to [name of person] and our family, we feel encompassed by St Anne’s and it’s very comforting to know.’ The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

There was a range of audits in place to ensure service improvement. Audits included; medication, care records and reviews and finance checks. These audits were undertaken by project workers during their visits to carers and people who used the service. Records showed these checks were documented. The provider’s area manager also undertook a monthly audit of the service to check on the quality of the service delivered. This included gaining feedback on the service from carers, people who used the service and the project workers. The audits reviewed any actions that had been identified at the previous audit to ensure completion; they then identified any action that needed to be taken. We saw that where actions had been completed this had been recorded

The registered manager and project workers attended Shared Lives plus regional meetings several times a year which gave an opportunity for them to meet with other Shared Lives managers and discuss best practice; seek support or advice on any concerns. We were told that a project worker and some people who used the service had recently participated in a national conference of the Shared Lives Plus network. We saw that the organiser of the event had commented on their attendance as follows; ‘Many thanks to you [name of project worker] and the rest of the team for the presentation, the visit and the lunch. Your team’s care, precision and dedication is a lesson to all working in shared lives.’