

Islington Social Services

Islington Council Adult Placement Shared Lives Scheme

Inspection report

Islington Learning Disabilities Partnership
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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

The inspection took place on 9 and 12 May 2016 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 2014 the provider met all of the legal requirements we looked at.

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 13 people were using the shared lives and 8 people were using the short breaks service.

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.

From the discussions we had with people using the service, carers and other stakeholders, we found that people were highly satisfied with the way the service worked with people. Relatives, carers and stakeholders told us they were confident about contacting staff at the service to discuss anything they wished to. They believed that staff were highly knowledgeable and skilled.

The service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with and only used best interest decisions when absolutely necessary and in consultation with people using the service. Deprivation of Liberty Safeguards were not applicable for anyone but staff and carers understood, and were trained, about these safeguards.

People who used the service had a variety of support needs, although in all cases people were able to exercise a high degree of autonomy and independence in living their day to day lives. Their carer's and other community support colleagues were readily able to offer support as and when needed. The four care plans we looked at showed that the information and guidance provided to staff and carers about people's care and support needs was clear. Any risks associated with people's needs were assessed and the action needed to mitigate these risks was recorded. We found that risk assessments were updated regularly and did not place restrictive limitations on the reasonable risks that people were free to take.

During our review of care plans we found that these were tailored to people's unique and individual needs. Communication methods of providing care and support with the appropriate guidance for each person's needs were in place and were regularly reviewed.

The training records of staff and 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 and geared to support staff and to address their development and work with the service. Staff appraisals were taking place yearly and staff had development and training objectives set arising from the appraisal system.

Staff and carers (these were the people providing support for clients in their own home) respected people's privacy and dignity and worked in ways that demonstrated there was diligence at ensuring this. From the conversations we had with people, our observations and records we looked at, we found that people's preferences had been recorded and that the service worked well to ensure these preferences were respected. It was evident during our inspection that people were placed at the heart of how the service operated. Staff and carers designed the support provided around each person as a unique individual. There was a clear commitment with ensuring that people's support was not restricted by procedures or systems but care was individually designed and the resources required were governed by their needs.

As an example we found a range of support, not just by the service, being provided to a person who had used the service previously and was doing so again for a specific period of time. We spoke with the person who was receiving this support and they told us in detail not only why they needed to use the service but also about how helpful they found everyone who was assisting them.

The comments people made, whether they used the service or were carers demonstrated that people were able to complain and felt confident to approach staff and management of the service if they needed to. People told us they felt that any concerns they had would be listened to and the service was open about action taken and any changes made as a result. We noted that no one told us they had ever needed to make a complaint as the open communication with the service meant that anything they raised was dealt with quickly and well.

People who used the service, 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. People who had contact with us, whether they used the service, were carers or other professionals all believed the service had a highly positive and inclusive culture. In our communications with care staff we also found they demonstrated a positive and inclusive approach and this was also shown in the flexible way in which the service operated.

At this inspection we found that the service met all of the regulations we looked at.

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 ●

Staff had access to the organisational policy and procedure for safeguarding people from abuse and knew who to contact if concerns arose. The service worked in full co-operation with people using the service, carers and stakeholders to maintain safe and consistent care.

Staff and carer's recruitment was safely managed to ensure that only suitable people offered the support that people required.

There were always enough carers available to support people and additional support was also provided whenever it was needed.

Where carers supported people to take their medicines they had training and guidance to ensure this was managed safely.

Is the service effective?

Good ●

The service was effective. Staff and carers worked well together to respond to people's care and support needs.

Staff supervision and appraisal systems were well managed and their performance and development was assessed. Carers were in regular contact with the service and told us they felt well supported by the service and other carers. Staff and carers had access to a wide range of training opportunities to ensure they had core skills and specialist training to support people.

The service was diligent at ensuring that people were respected and their rights to be treated in a dignified and humane way were upheld.

Is the service caring?

Good ●

The service was caring. The overwhelming view from people using the service, carers and health and social care professionals that we spoke with was of a service that genuinely cared for people. Staff and carers we spoke with all referred to people in a compassionate and person centred way.

We found that staff and carers clearly knew the people they

cared for very well and knew and how to respond to their needs.

The service took a pro-active approach to ensuring that people could exercise the greatest degree of autonomy and that they were supported to take responsibility for the decisions they were reasonably able to make.

Is the service responsive?

Good ●

The service was responsive. Each person's care plan covered personal, physical, social and emotional support needs and described people as unique individuals.

The plans reflected each person's lifestyle and preferences for how care was provided, as well as how to maximise the potential for involvement in decisions for each person about their own care. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

Complaints, when made, were listened to and people felt confident that their views were taken seriously and were acted upon.

Is the service well-led?

Good ●

The service was well-led. There were clear lines of accountability among the management and staff and they demonstrated that these lines of responsibility were clearly understood and adhered to.

The service placed significant emphasis on seeking the views of people using the service, their carer's and other people who were involved either as advocates or health and social care professionals. The service took a pro- active approach to enable people to be empowered and voice their opinions.

There was continuous assessment and monitoring of the quality of the care and support provided. The service was transparent in communicating with people, carers and other stakeholders and was honest about the action taken to maintain and improve performance.

Islington Council Adult Placement Shared Lives 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 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 9 and 12 May 2016 and was carried out by one inspector. Our first visit was to speak with the manager and deputy 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 their carer's. 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, their carers or other professionals. 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, eight carers, two staff, the service line manager, three social workers, a community support worker and the head of the Islington Learning Disability Partnership.

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

Is the service safe?

Our findings

A person using the service told us, "Oh yes I get on so well with my carer and I trust her they make me feel safe" and another said, "I feel very safe." Carers told us that they had no safety concerns about the shared lives service. They felt they could always raise anything of concern not just about the people they supported but also anything else that may put people at risk of harm.

Professionals who we spoke with told us that they believed the staff of the service, and not least the carers, took people's safety seriously and that they have never had any issues about how well this was achieved.

The staff had access to the organisational policy and procedure for safeguarding people from abuse. Staff and carers told us that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff and carers had initial safeguarding training when they were first employed, which was then followed up with periodic refresher training. Records showed that staff and carers had completed all training in these areas and it was the policy of the provider to review any learning points which emerged to inform further development and practise.

We looked at the recruitment and selection records for two carers who had been employed 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 carers were safe and suitable to work with people needing care. Background checks included criminal record checks, references and interviews. The service did not permit anyone to provide a care in their home until all of these checks had been undertaken, including checks on family members who may also be living with them. A panel consisting of at least three people from the authority then considered applications before deciding upon their approval. The records showed that this process was diligently applied.

All of the people, their carer's and a health and social care professional we spoke with told us that there was always staff available to make contact with them if needed. The manager worked three days a week and the deputy five days a week. Due to the current size of the service this was thought to be sufficient but should the service expand further this would be reviewed.

People's needs were assessed taking into consideration general and specific risks. For example, we found risk assessments in people's care plan files that covered areas such as activities of day to day living, travelling independently and people's physical and emotional well-being. These assessments were tailored to each person and considered their particular lifestyle choices and specific levels of support that each person required. We found that risk assessments were being reviewed regularly.

Where medicines were administered, with carer support, we found that agreements were in place and training had been provided to carers who needed to perform this duty. Only four people using the service needed this support and in all cases it was reminding and checking that medicines had been taken which was then recorded. Two carers showed us the records they kept which were fully completed. The provider

had a policy and procedure in place and staff and carers were able to talk us through this. This policy covered different types of medicines administration, the procedure for agreement to provide assistance and for maintaining records of medicines administration and the levels of support for this to be achieved. This showed that proper and safe systems were in place to protect people from potential risks associated with needing to take medicines.

Is the service effective?

Our findings

A person using the service told us, "I met my carer before I moved in, I will live there a few months and I don't know if I can stay." [The person was on a temporary placement and discussions about their future were being held]. Another person told us about their activities and how they were encouraged and supported to do them.

Carers told us that they had regular support from the service. One carer in particular said, "I have been offered continuous support from the whole team and even training I feel necessary, which is amazing to know you have the backing if you feel at all swamped or under qualified and they will help."

The social care professionals we spoke with were more than satisfied with the competency of staff and carers. They told us that they believed that staff and carers were competent and carers were well matched with the people they supported.

Staff and carers told us about their knowledge and skills to carry out their roles and responsibilities. They told us how training and induction was specific to the particular part of the service they provided and the unique needs of people they supported.

The registered manager explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff and carers such as safeguarding, health and safety, communication and equality. The registered manager told us, and records confirmed that if a person had needs that required specialised training then only carers who had received this training would be used to support the person. We found that where the service was matching care needs records with records of training, this helped to ensure that carers had the necessary knowledge to provide highly effective care and support.

The provider had a system in place for individual staff supervision. Carers were supported through very regular contact with the service, monthly meetings, telephone conversations and visits to discuss how each placement was going and any issues that were arising. Staff told us that they were supported through regular supervision and records confirmed this. Carers told us they were able to seek advice and support throughout their day to day work and no one had encountered any difficulties in doing this whenever it was needed. 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. 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.

Where people were thought to lack capacity as defined by and assessed by the Mental Capacity Act 2005, a best interests meeting was held to consider the introduction of a particular protective measure, for example management of personal finances. These meetings included carers and other health and social care professionals.

Meals were prepared by 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 and adhered to.

Care records demonstrated clear evidence of staff and carers working in a multi-disciplinary way, thus 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 medical and general information of importance. These documents helped to minimise the impact of routine or even emergency medical interventions by ensuring the person was addressed and treated in the way most appropriate to their needs.

Is the service caring?

Our findings

One person using the service told us, "I am living in a family" whilst another said, "I get on so well with my carers, they care about me." Another said "I always go on holiday with my carer" and "I met my carer before moving in and I really want to stay."

Carers told us "If we want to talk about anything then [the manager] will always come round if we want to talk" and "We are a family, it feels like one big family as we all know each other so well."

Two carers told us that the people they were now supporting used to live with them as children or stayed for short breaks from their families when they were younger. A person who now lived permanently with their carer also told us that they felt like they were living in their own family as they had known their carer for most of their life.

Carers told us that they felt the service worked from a caring culture and it was something that was normal and not just a part of the job. Support from the staff at the service received a lot of praise and carers felt what they did was respected.

Staff and carers we spoke with talked about people who used the service in a positive way. They also told us they believed that they and the service had built and maintained positive and open relationships with those they supported and each other. The service demonstrated that there was a culture of achieving the best outcomes for the people they supported.

The social care professionals we spoke with all told us that staff and carers were all very caring. Their approach was respectful and they genuinely cared about people in the right way. We found a range of support for example by the community support service, in addition to support from the service being provided to a person who had used the service previously and was doing so again. We spoke with the person who was receiving this support and they told us in detail not only why they needed to use the service but also about how helpful they found everyone who was assisting them.

Staff and carers told us that they always tried to ensure that people were supported to do as much for themselves as possible. This was to ensure that people had the opportunity to develop new skills and increase their independence as much as the possibly could. Three people told us about the things that they did each day and described what they did independently. They knew what to do and who to contact if they needed any help or support whilst out on their own.

People's support plans included information about their cultural and religious heritage. We found that staff and carers knew about people's unique heritage and each care plan we viewed described what should be done to respect and involve people in maintaining their individuality and beliefs. There was clear and detailed evidence in the person centred support plans of the ways in which staff and carers encouraged those who used the service to be as independent as possible. For example, holding down employment, participating in hobbies and interests and travelling independently.

It was evident from both these plans and the feedback we received that people were engaged with their own care as much as possible, and took the lead in controlling their own care. Two people told us in detail about just how independent they were and the times they would seek support and guidance from their carer if they were unsure of anything. This demonstrated that the service viewed people as unique individuals and developed methods of providing support that was built around each person.

Is the service responsive?

Our findings

People using the service told us, "I am always going on holiday with my carer", "If I was ever worried about anything I would tell my carer or [the registered manager]" and "I help out with my carer [the person was referring to assisting with house chores and cooking with their carer]."

Carers told us that they felt the service "Always respond to anything that I raise", "Contact with someone is always possible even when the office is closed" and "We are in contact so regularly and if [the manager] is in my area they will always pop in to see how things are." A carer who contacted us by e mail said, "I have been given every support and guidance needed. Contact has always been easy and very helpful. I am enjoying being part of shared lives and it is working very well.

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. We found that the service placed a lot of emphasis on maximising people's right to maintain as much autonomy as they could and to follow their chosen lifestyle.

Care plans showed there was clear evidence that care was planned in detail and was responsive to peoples' needs. For example, we saw details of people using the service either long or short term that described aims and achievement goals. We found that staff and carers were diligent in getting to know people and responding to their unique personality and support needs. One person told us how they held down a job and felt they were supported by their carer and employer to do this and had done so for quite some time.

Care records showed detailed evidence of liaison and communication between people using the service, their families (as appropriate), advocates, carers and a wide range of health and social care professionals. Planning and responding to care and support needs was a joint effort and not seen as merely a task but as something which was at the heart of what the service provided. Social Workers who worked within the Islington Learning Disability Partnership as well as other professionals were based in the same office. The registered manager and deputy manager both told us they felt this was a significant benefit as did three social workers who we spoke with. We were told this helped communication with the partnership and resulted in care and support issues being addressed quickly.

People and their carers told us they knew about the complaints procedure and would feel confident using it. They all said they had a great deal of confidence with contacting the manager or deputy manager and felt any staff at the offices of the service would respond to them.

There was a service user guide on how to make a complaint on display in the provider's reception office. There was also 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 carer. The record of complaints showed that none had been made since our previous inspection.

Is the service well-led?

Our findings

People using the service told us "I am always being asked what I think ", "We get a form sometimes asking about what we think, my carer helps me to understand it" and "Yes I remember being asked."

Carers told us that they could not recall getting questionnaires to answer questions about the service but were always being asked verbally about what they think. There were monthly meetings which carers were expected to attend, but if they couldn't for any reason they would always be contacted and asked why.

The staff and carers we spoke with were all highly complementary about the support and guidance they received. In every conversation we had with both staff and carers at the service we found that people were spoken about in a positive way. Staff and carers spoke in ways which demonstrated an enabling culture and ethos which also showed that people were placed first. Flexibility was also demonstrated, for example, a person told us, along with their community support worker, in detail about agreements they had made with the carer to best support them safely.

The provider operated on 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 carer's and others about the development of policies and about their views of the service. Although the service did not formally ask for written feedback about how the service operated it was evident that feedback was continually sought. This was done through meetings, visits and other day to day conversations with people using the service and their carer's. The feedback received by the service invariably showed a very high degree of satisfaction about how well the service operated and how open and transparent people thought the service to be.

The service did not publish feedback responses which we discussed with the registered manager. We were told that as most people either using the service or providing care was in close personal contact, that they shared their views in front of each other in any case. The manager did, however, agree that this would be something to consider.

There were systems in place to ensure that staff training was up to date. Training records showed when staff needed to refresh training. Supervision records showed that staff were able to identify and request training. We saw that where a staff member identified training that would improve their care practices, this was provided and was also the case for carers to ensure they had relevant knowledge and skills to care for people who were placed with them.

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. The manager and deputy manager had specific roles and responsibilities for different areas. They were required to report to the provider about the

way the service was operating and any challenges or risks to effective operation that arose.

The line manager for the service also described the authority's oversight procedures which demonstrated that good governance was in place. Monthly meetings were held with people using the service and their carer's. People, carers and staff all told us that they felt they could raise any issues and that the registered manager would listen to them. We were also told that the service always responded to anything that was raised and this meant they felt valued.