

Blackburn with Darwen Borough Council Shared Lives Scheme

Inspection report

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Date of inspection visit: 23/24 July 2015
Date of publication: 05/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The shared lives scheme is run by Blackburn with Darwen Borough Council. The purpose of the Shared Lives Scheme is to provide a service that extends the range and quality of support available to vulnerable adults who may have a learning disability or mental health problem. The scheme currently has a portfolio of approved households which provide a range of long-term, respite and day support and currently have 24 people who use the service. There are staff (5) who manage the shared lives carers. Shared lives carers looked after people in their own homes and were responsible for their day to day care.

We last inspected this service in September 2014 when the service met all the standards we inspected. This unannounced inspection took place on the 16 and 17 June 2015. We went to the office and inspected all the paperwork on the first day of the inspection and met with people who used the service and their carers who kindly came to see us on the second day.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that staff and shared lives carers were trained in safeguarding issues to help protect people who used the service.

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.

Staff and shared lives carers received training appropriate to their needs which may also include specific training to each individual's needs. This may be for communication, health or personal care needs.

The matching process ensured people were satisfied with where they lived. This was because people who used the service and their carer's were given time to get to know one another.

People were able to engage in activities of their choice, attend educational facilities or supported to attend work and given the opportunity to practice their faith in the way they wanted to.

Although people lived as a family healthy eating was supported and had produced positive results for both a person who used the service and a shared lives carer.

The service asked for the views of stakeholders and shared lives carers to help improve the service. Staff met with people who used the service to make sure they were happy or had any concerns. Staff and shared lives carers had meetings called group workshops. This was to give the carers more opportunity to tailor the service to meet everyone's needs.

People who used the service told us they were happy living with their carer and did lots of things they liked to do.

The registered manager audited the scheme such as monitoring visits, complaints, incidents, training and security of records to spot any obvious flaws or recommend ways to do it better.

There were policies and procedures for all aspects of the service which staff and shared lives carers read to support good practice in their work.

We observed a good interaction between shared lives carers and people who used the service. We saw that people were a valued member of the family.

There were systems in place for people who used the service or carers to contact staff if they needed to.

There were safe systems to administer and monitor medicines administration.

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. There were systems in place for staff to protect people. Shared lives carers had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff were also trained in safeguarding, supported the shared lives carers and used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Shared lives carers were trained to administer medicines.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service and support the carers. Shared lives carers went through a rigorous vetting and suitability program and went through a matching process to ensure the placement worked.

Good



Is the service effective?

The service was effective. This was because staff who ran the service and shared lives carers were suitably trained and supported to provide effective care.

Care plans were amended regularly following meetings with people who used the service, shared lives carers and the agency staff. Families and relevant professionals would be involved if necessary.

Shared lives carers were aware of any specific dietary or cultural needs of the people they looked after and the importance of good nutrition.

Good



Is the service caring?

The service was caring. People who used the service who we spoke with said shared lives carers and staff were kind.

With the care taken during the matching process and with ongoing support from staff people were offered a home they could be happy in.

Good



Is the service responsive?

The service was responsive. There was a suitable complaints procedure for people to voice their concerns and was supplied to people who used the service in an easy read format. Shared lives carers were given information which told them how to support the people they looked after, advocate for them and raise any issues they may have.

During the six weekly reviews staff visited people who used the service and shared lives carers to ensure all was going well. Staff were able to access other professionals such as social workers if they needed to for involvement in the reviews. People who used the service were seen away from their carers to give staff their view.

The service held meetings with shared lives carers to gain their views and involved them in managing how the service performed and developed.

Good



Is the service well-led?

The service was well led. Shared lives carers and people who used the service told us they could contact staff in an emergency and they were approachable.

Good



Summary of findings

The registered manager and staff monitored the service to ensure people received the care they needed.

There were policies, procedures, a carer's handbook and lots of information specific to what the service provided to ensure staff and carers had sufficient information for any incidents that may occur. This information also told us what the service provided and how to access the scheme.

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 team consisted of one inspector and was conducted on the 23 and 24 June 2015. We informed the service of our visit, which we are allowed to do for domiciliary services, two days prior to the inspection and to arrange to meet staff, shared lives carers and people who used the service.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the

service. At this inspection we were not able to request a Provider Information Return (PIR) in time for the service to respond. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However, we hold information about notifications, complaints and safeguarding issues. The information told us the service have not had any concerns raised.

During the inspection we spoke with four shared lives carers, three people who used the service and three staff members. We looked at the care records used by shared lives carers and the monitoring of the service by staff and two staff files. We also looked at a range of records relating to how the service was managed; these included training records, documents relating to the provision of the service and policies and procedures. We visited the office and met with shared lives carers and people who used the service who kindly came in to see us.

Is the service safe?

Our findings

People who used the service told us they felt safe. We looked at the records of staff and shared lives carers. We saw that they had completed training in safeguarding issues. The staff we spoke with were aware of their responsibilities to safeguard people who used the service and regularly spoke to them away from their carers to check they were being well treated. Shared lives carers had to go through a vigorous screening procedure to ensure they were safe to work with vulnerable adults. The service used the Blackburn with Darwen adults safeguarding procedures to follow a local protocol. Each carer was given a handbook with advice and telephone numbers to contact if they suspected any form of abuse. There was a whistle blowing policy, which is a policy that allows people to raise a safeguarding issue in good faith without any recriminations from their employer. Shared lives carers said they could contact staff if they had any worries for advice or support. Every six weeks staff monitored the care of people who used the service to ensure they were safe. Carers signed an agreement to keep people safe and follow the rules provided by the service.

The finances of people who used the service were monitored by staff to ensure their money was being used appropriately.

Shared lives carers were given training in medicines administration. During the monitoring visits staff checked the competency and efficiency of shared lives carers in medicines administration. They checked the records were being completed accurately when required. There was a system for reporting medication errors although none had been reported since the last inspection. People who used the service were encouraged and supported to self-medicate. Part of the agreement was to promote independence. The five staff members also undertook medicines administration training to ensure they were competent to effectively monitor the system and ensure it was safe.

There were five staff working at the service. The staff we spoke with said this was sufficient to manage the scheme. Some shared lives carers told us there had been a change of staff due to reorganisation but it was working well now staff had settled into their posts. We looked at two staff files. We saw that recruitment was robust and shared lives carers and staff employed by the service had to undergo checks to ensure they were suitable to work with vulnerable children. The checks included a Disclosure and Barring check (DBS), this would let the service know if someone had a criminal record or been judged as unfit to work with vulnerable adults, a past history of education, work and general background, two written references and a person's proof of address and identity. The safe recruitment system and matching process of carers and people who used the service ensured that people were happy living in the home provided.

Shared lives carers and staff were taught safe infection control methods to help reduce the risk of cross infection. Shared lives carers were provided with protective equipment such as gloves and aprons for their protection if required. There were policies and procedures for the control of infection. Shared lives carers were also issued with advice and assisted to have immunisation against certain diseases such as hepatitis for their protection. Although people who used the service lived in 'normal' homes staff monitored and offered advice for any infection control issues.

Any risks to the health and well-being of people who used the service were assessed. The risks were to protect people and not prevent them from doing what they wanted to. One example was a person was in a very difficult and possibly abusive situation prior to joining the scheme. The risk was assessed and the person was supported to do other activities and meet new friends to reduce the risk.

The scheme operated from a modern office block and all equipment they were responsible for such as electrical appliances were maintained to keep them safe.

Is the service effective?

Our findings

Shared lives carers told us, “I have a support network. I get support when I need it. They could not have done any more for us”; “We can get hold of the staff if I need to. They are always available” and “The matching process was very good. She had eight or nine sleepovers before we made our minds up. The staff were very supportive then and still are.” The matching process and ongoing support provided an effective system for carers and people who used the service.

We looked at the systems the scheme provided for the care of people who used the service. The shared lives handbook gave carers the rules and regulations of the scheme and they signed their agreement to them. The handbook gave advice such as important contacts, for example personal contact details of staff, management and other organisations such as the Care Quality Commission, what to do in an emergency, medicines errors, how to safely handle any behavioural issues, the death of a person using the service, suspected abuse, going missing, advocacy, special communication needs, safeguarding, religion and culture, health needs, infection control, privacy, managing people’s finances, relationships which could be personal or friendly, confidentiality and taking risks that allow people to live a fulfilling life in the safest way.

There was further information on placement matching. Once a carer was placed onto the scheme staff contacted a social worker with all the details of a carers skills, life experiences, needs of the person who wanted a home, pets, other children or house occupants, lifestyle (busy or quiet), hobbies and interests, location of the home, religion and culture. This ensured their needs could be met. People who used the service were given some time to make up their mind if the move was the right choice for them as well as the shared lives carers. One person who used the service told us it was her choice to move into a carer’s home.

We spoke with shared lives carers and people who used the service about the matching process. We were told this could go on for some time and there may be eight or nine visits and sleepovers before people made their choice. This gave people who used the service and the shared lives carer time to get to know one another and form a bond.

People had their own GP and were supported to attend appointments at specialists or professionals such as dentist or opticians.

There was further information such as how shared lives carers could apply for respite care if they needed a break although we were told this was very rarely used except for illness or emergencies. What incidents to report for instance if the gas or electricity supply was disrupted for more than 24 hours, complaints and security of information.

Shared lives carers signed their agreement to the policies and procedures of the scheme and should ensure the care and support of people who used the service was effective.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

Shared lives staff had been trained in the Mental Capacity Act and Deprivation of Liberty Safeguards. Prior to a person using the service people were given a mental capacity assessment at a multi-disciplinary meeting. This meeting involves all the professionals in a person’s care to look at the placement and matching process. The assessment was reviewed yearly or sooner if required. There were no current deprivation of liberty arrangements in place. The registered manager said the matching process eliminated the need to make any applications because people who used the service chose where to live and if a placement broke down they would be accommodated in another home of their choosing.

All staff who were employed by the scheme completed an induction. This gave staff the necessary information

Staff completed training in subjects such as infection control, food safety, moving and handling, safeguarding, health and safety, fire prevention, medicines administration and were encouraged to undertake a health and social care qualification such as a diploma. Staff were enrolling on the new care certificate to keep up to date with best practice guidance.

Is the service effective?

Shared lives carers undertook training in suitable subjects, for example first aid, safeguarding, medicines administration, moving and handling and fire awareness. Training would also include any specific training to meet people's needs. This included personal care or the use of communication aids. Both shared lives staff and carers said they had sufficient training.

Shared lives staff were supervised regularly by management and carers were monitored every six weeks. All the staff and carers we spoke with said they felt well supported.

People who used the service lived in people's homes and were given food which met their cultural, age and religious needs. People lived as families and helped choose what they ate. We met one carer and person who used the service who had followed a healthy eating lifestyle and were proud that their health had improved significantly. Shared lives staff had access to healthy eating advice and would offer guidance and support during their monitoring visits. The three people we spoke with said they enjoyed going shopping and eating out in places they liked.

Is the service caring?

Our findings

People who used the service told us, “My carer is very kind. She looks after us. We have just come back from Ireland. It was warm and we had a very good time”, “I like living with my carer” and “I am happy. I have been there for nearly a year. I went for a look around a few times before I lived there. She is kind and looks after me.” People who used the service were happy with their family life.

Shared lives carers said, “I really enjoy working for the shared lives scheme. I am from a fostering background and the shared lives scheme is like a breath of fresh air. I am better suited to shared lives caring”, “I like the service and on the whole I enjoy working as a shared lives carer and “I

love it. I could not see myself doing anything else.” Shared lives carers enjoyed what they did and during our conversations we observed that they treated people who used the service as a valued family member.

The assessment of shared lives 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.

We saw that people were allowed to form friendships and personal relationships. Two consenting adults lived as a couple. We met with two people who used the service who had been on holiday and observed that they were friends with each other and their carer.

Is the service responsive?

Our findings

Staff at the scheme provided carers with a lot of information about people's social and health care needs. This included people's interests, hobbies and religious needs. If a shared lives carer was matched with someone who was from a different background they would be supported by staff to provide suitable care. This could be a person who would need support to attend a different religion from carers. The carers and people we spoke with were well matched and had similar interests. People told us they were supported to attend activities they liked, which included going shopping, going to places of interest, various types of clubs which offer support to people with a learning disability, on holiday and watching their favourite soaps. One person said they liked gardening and we were told people also had jobs or attended educational facilities. People who used the scheme were offered support to participate in the activities and hobbies they wanted to as part of family life.

There was a suitable complaints procedure for shared lives carers and people who used the service. People who used the service were also given the opportunity to voice any

concerns at one to one meetings with shared lives staff held away from carers and the family home. There had not been any complaints since the last inspection. People had a copy of a comments, concerns and compliments form they could complete with staff or carer support.

There were peer meetings for shared lives carers and staff called group workshops. The new registered manager was keen to include carers in shaping the future of the service and two recent meetings showed that shared lives carers were being encouraged to forward their views on how the service should be run. This included updating a new handbook, which would be reviewed by the carers before any changes were made. All the carers we spoke with thought the meetings were beneficial and looked forward to improving the way the service went forward. The registered manager was hoping to include elderly people onto the scheme because she felt there was a need for such a service.

All the shared lives carers we spoke with said they could contact the office if they needed to and had the personal phone numbers of all the staff. This meant staff were always available to provide support when it was needed.

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was registered with the CQC on the second day of the inspection having transferred from another local authority position.

Shared lives carers said they thought management was approachable and supportive. There was a manager and four staff members they could contact.

Prospective people who used the service, staff, carers and the general public had access to a lot of information about what was provided by the scheme and how to access it. This was provided by the local authority to ensure people were fully aware of the scheme.

The six weekly monitoring of the scheme by staff meant they had a good overview about how people who used the service and carers felt the placement was going. The visit covered all aspects of a person's health and social care needs. Other professionals could be asked to provide their views and advice. Both carers and people who used the service were given the opportunity to tell staff about how they felt.

The registered manager conducted further audits on the scheme. The audits included care file reviews, training records, staff files to ensure they were up to date, notifications to the CQC, data security, team meetings, any safeguarding incidents and the monitoring visits of staff. The registered manager and service lead used the information to improve the service, for example updating some of the paperwork.

There were policies and procedures for all aspects of how the service was run. We looked at the policies for health and safety, infection control, medicines administration, food safety and nutrition, assessing needs, whistle blowing, safeguarding, transport, incidents and accidents, including a form to complete that can be audited, fire safety and first aid. The policies were reviewed on a regularly to ensure they were fit for their purpose.

There were regular staff meetings. We looked at the records and saw that discussions were held around topics like the arrangement of a work shop with carers and a general discussion on all the placements. Staff told us they thought the meetings were useful and they could have their say or add items to the agenda if they wished.

There was a business continuity plan for emergencies such as a fire. This was a Blackburn with Darwen local authority plan. The registered manager said she thought an addition specifically for the shared lives scheme would further improve the plan.

We saw questionnaire results from professionals involved in people's care. The results were good and we saw questions had been asked them around appropriateness of placements, communication, health and well-being, staff support, activities and development of independence. Comments made included, "I have no issues", "Good joint working and very good positive outcomes" and "The service users I support appear happy, motivated and in good health."

Shared lives carers were also asked for their views around support and although the views were positive mentioned the changes to the staff team had initially had a negative impact upon them.