

Salford City Council

Salford City Council

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Salford City Council provides people with long-term placements and short breaks within shared lives carers (SLC) own homes. Some people may also receive support to access the community. The service supports autistic people and people with a learning disability. At the time of our inspection there were approximately 100 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to have fulfilled and meaningful lives and to take part in activities and pursue their interests in their local area. Training was provided for Shared Lives Carers, although a number of these courses required updating. We have made a recommendation regarding this area.

Right Care: People were supported to make meaningful choices. There was an ethos of person-centred care and people's human rights were supported to be upheld. People had support plans in place which were person-centred, although we have made a recommendation about ensuring historical records are archived to ensure the correct information about people is easier to find.

Right Culture: The service was well led, with good partnership working with other professionals to achieve this. Shared lives carers felt supported and listened to. Although there were systems in place to monitor the quality of service provided, these were not always clearly documented. We have made a recommendation regarding this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 October 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Enforcement and recommendations

We have made 3 recommendations regarding training, support plans and governance. We will check the progress of this at our next inspection.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Salford City Council

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team:

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Salford City Council is a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support for vulnerable adults within their own family homes in the community.

Registered Manager:

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a registered manager in post.

Notice of inspection:

The inspection was announced. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity was carried out between 9 and 28 November 2023.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We also spoke with 7 shared lives carers and the registered manager.

We reviewed a range of records. This included 5 people's support plans, 2 shared lives carer recruitment files, shared lives carer training records and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- The provider had processes to safeguard people from the risk of abuse. A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected.
- People who used the service and relatives felt the service was safe. One person said, "Yes, I would be stuck without them and would not go out." A relative also added, "Very much so. I can tell by (person's) reaction and body language. (Person) always looks forward to her coming and has a beaming smile."
- Shared lives carers understood about safeguarding and what would constitute abuse. One shared lives carer said, "If someone was having repeated falls, that could be a safeguarding concern."
- Accidents and safeguarding incidents were monitored and records maintained, although not many had occurred at the time of our inspection.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments were completed when people were at risk of harm. These contained support measures about how any risks should be mitigated.
- Where people lived in long term placements, risk assessments were carried out of the home environment to ensure it was a safe place to live.
- Shared lived carers understood about the importance of infection control and said they had access to relevant PPE when they needed it. An infection control policy and procedure was in place.

Staffing and recruitment

- There were enough shared lives carers employed to care for people safely. Staffing was designed around people to ensure they could lead the lives they wanted. People and shared lives carers were provided opportunities to get to know each other prior to providing any support.
- People were supported by shared lives carers who knew them well. People and shared lives carers had shared lives managers allocated to them to ensure consistency.
- Shared lives carers were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Shared lives carers were recruited through a panel process where they needed to be approved before commencing in their role.

Using medicines safely

- There were arrangements in place for the safe management of medicines. Individual procedures were in

place to ensure medicines were ordered, stored, administered and disposed of safely in people's shared lives homes.

- We looked at a sample of medication administration records (MAR) and saw these were accurately completed.
- People told us medicines were given safely. One person said, "I forget, carers make sure I take them and do the orders." A relative added, "(Carer) keeps them safe, gives them to (person) and ensures they are taken. A dose has never been missed."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider used a matrix to monitor shared lives carer training requirements and this included courses such as safeguarding, medication, mental capacity, health and safety and first aid. Some of these courses required updating, although the provider was aware of this and was actively taking steps for these to be completed.

We recommend the provider continues to monitor the training of shared lives carers to ensure full training compliance.

- All shared lived carers completed an induction and this covered areas such as policies and procedures, relevant training and meeting people they would be supporting and caring for.
- Shared lives carers supervisions (referred to internally as sessional support monitoring) were held to monitor development and performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before receiving shared lives support. Copies of initial assessments were available in people's support plans.
- People were supported to attend appointments with various health professionals. One person said, "I have a GP appointment next week. (Carer) will come in with me. I don't always understand what is said." A relative said, "When I was away (carer) made (person) a GP appointment. When she noticed a cut on his leg, she let me know."

Ensuring consent to care and treatment in line with law and guidance

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 authorized under the MCA. We checked whether the service was working within the principles of the MCA.

- Shared lives carers understood about the MCA/DoLS and its requirements. One shared lives carer said, "If a person lacks the capacity to make their own choices, decisions would need to be made for them by others."
- People had access to advocacy services if they needed support with any decisions if they did not have a representative.

Supporting people to eat and drink enough to maintain a balanced diet

- People had had a nutrition support plan in place which detailed any support they required to eat and drink.
- People told us they received enough to eat and drink. One person said, "I'm helped to cook and we make a lot of meals in the slow cooker." A relative said, "(Carer) encourages (person) to drink plenty as she can be very reluctant."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People who used the service and relatives told us they were happy with the care provided. One person said, "I like living with (named carer). I wouldn't change anything." Another person said, "(Carer) is brilliant. She is there for me and understands what I need. I'd give her five stars, I rate her so highly."
- Shared lives carers were described as kind and caring. One relative said, "(Carer) is brilliant and (person) likes her and is happy." Another relative added, "They are both lovely, they genuinely care about (person). They get on well and have a laugh. He feels comfortable with them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and given privacy when they needed it. One relative said, "She is sensitive to (person's) needs and I trust her. She has a patient and caring nature."
- People were supported to maintain as much independence as possible. Shared lives carers knew people well and what they were able to do and what areas they required support with. One person said, "I now walk to the bus stop and go on the bus alone. I've learned a lot and am working on telling the time for the bus."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in the care they received and were able to meet shared lives carers before placements were confirmed. Some people who used the service had been involved in the recruitment panel decisions to ensure shared lived carers were suitable to provide their care and support.
- People who used the service were involved with their support plans and any reviews that took place. This was in consultation with their shared lives carers and family, if required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they received a service that was responsive to their needs. One relative said, "The assessment process was good. Reviews are annual and changes are made as required. (Named carer) is someone different for (person) to see and gives me a break."
- People told us they received person centred care, with support plans containing information about their hobbies, interests and life experiences. One relative said, "(Named carer) has been a real godsend. It is a 24-hour job with (person) and she puts me at ease. It makes a massive difference to our family."
- People said the care provided was person centred and they were able to do activities of their choice and pursue any hobbies and interests. People said there was enough to keep them occupied, including being able to go out into the community and go on holidays with their shared lives carers. One person said, "We go shopping, sit and chat, go to the park and get little jobs done. (Named carer) is helping me put old photos in a scrap book." Another person said, "I went away last Christmas and it was hot. I like the heat."
- Support plans were personalised and contained information for shared lives carers about how people wanted their care and support to be carried out, although we noted some of these contained lots of historic information, which made it difficult to establish what people's current support needs were.

We recommend the services carries out an audit of support plans to determine which records can be archived relating to people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in different formats if and when required, including the use of 'Easy read' documentation with pictures.
- People's communication needs were referenced in their support plans and provided details about any sight, speech and hearing requirements.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, explaining what people needed to do if they

were unhappy with the service. There had not been many complaints about the service at the time of our inspection.

End of life care and support

- At the time of our visit there was no one receiving end of life care, although there were occasions where people had received support in the past. The service told us about one person supported with end of life care, where the shared lives carer had provided extra support, visited the person in hospital and been involved with aspects of their funeral.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Audits to monitor the quality of service including support plans, medication and recruitment files weren't available to view at the time of inspection and we were informed this was due to staff shortages amongst the management team. We were given assurances these were due to start in the new year (2024).

We recommend the service introduces a formal audit system which is carried out at regular intervals to ensure the quality of service is monitored effectively.

- The provider used satisfaction surveys to ask people for their views about the service they received.
- Shared lives carers were able to meet with the management team to discuss their work, or the people they supported.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- At the time of the inspection, there was a registered manager in post who was responsible for the day to day running of the service. Additional support was also provided by other members of the Shared Lives management team.
- The provider knew to submit statutory notifications to CQC as required, when such incidents occurred.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We reminded the provider to ensure these were displayed following our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Shared Lives carers spoke of a positive culture at the service and said they enjoyed their roles. One said, "I like the role. It is very rewarding and I like the fact it makes such a difference to people's lives." Another said, "The role can be quite challenging, but that is what I like."
- Everybody we spoke with said they felt the service was well-led. One Shared Lives Carer said, "The manager is very knowledgeable and I can ring any time for advice or if I have a problem." Another said, "There is good leadership. They follow through with actions and always there to help."
- People who used the service and their families achieved good outcomes as a result of the support they

received. People were able to lead fulfilling lives whilst developing the skills they needed to increase their independence

Working in partnership with others

- The service worked in partnership with other agencies to ensure a multi-agency approach towards to support people received.
- Prior to our inspection, we sought feedback about the service from various health care professionals, who provided us with an update about their involvement with the service and any good practice they had identified. The feedback we received was largely positive.