

West Berkshire Council

# West Berkshire Adult Placement Scheme

## 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: The West Berkshire Adult Placement Scheme is a shared lives service which supports shared lives carers to provide a home for people who are unable to or choose not to live on their own. They live as part of the shared lives carer's family. Shared lives carers are not directly employed by the scheme but are paid a fee which is dependent on the amount and type of support they provide for individuals. People using the service and their shared lives carers enjoy shared activities and life experiences. Frequently, the people who use the service have a learning and/or associated disabilities.

The service is provided by the local authority. At the time of the inspection 29 people received long or short term (respite) care which included the regulated activity (personal care). There were 33 shared lives carers approved to offer support to people who required personal care as part of their need's assessment. Additionally, the service offered day care and other services which were not regulated by the Care Quality Commission.

People's experience of using this service:

Risk assessments were reviewed and amended on a regularly basis. Peoples changing needs were identified and appropriate updates implemented.

There was an effective shared lives arrangement matching process in place. This process involved people and shared lives carers getting to know each other at their own pace, before making any long-term commitment to sharing a home.

The quality assurance processes in place were effective in identifying areas for improvement. The service demonstrated how they had acted in response to service improvements.

People were kept safe from risk of harm in the event of an emergency as individual personal emergency plans were correct.

We found that there were numerous activities on offer to people living in shared lives carers homes. People were supported to take part in social and recreational pursuits.

Shared lives carers and officers were trained in protecting people from abuse. They were aware how to report abuse and were knowledgeable regarding safeguarding and identifying the signs of abuse.

Relatives confirmed that they were involved in the development of people's care needs, where appropriate.

All documentation was available in easy read format for people who required this.

The service regularly involved carers and relatives to have an input on the service.

People's risk assessments linked into their care plans and detailed treatment choices and preferred

methods.

Rating at last inspection: Good (Report published December 2016)

Why we inspected:

This was a planned announced inspection based on the rating at the last inspection.

Follow up: We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures that we are able to schedule the next inspection accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 Responsive findings below.

# West Berkshire Adult Placement Scheme

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: West Berkshire Adult Placement Scheme is a shared lives service which supports shared lives carers to provide a home for people who are unable to or choose not to live on their own. A shared lives carer is a person who, under the terms of a shared lives carer agreement, provides personal care together with, where necessary, accommodation in their own home. They work with the scheme to meet the identified needs of people they are providing care for. They are recruited, trained, approved and monitored by shared lives schemes but are self-employed. However, for the purpose of care regulation they are considered to be employees under the definition of employment. We will refer to them in this report as shared lives carers.

The service also employed shared lives officers. Their role included elements of recruitment, approval and training of carers, matching and arranging, supporting, monitoring and reviewing placements. We will refer to them in this report as shared lives officers.

At the time of our inspection the service did not have a registered manager. An application by the current scheme manager had been submitted to the Care Quality Commission (CQC).

A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the

requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because needed to make sure the relevant staff and information would be available in the office.

The inspection site visit took place on 20 May 2019. We visited the office to meet with shared lives officers, review care records, as well as relevant policies and procedures. The previous manager and the new manager were who has applied for registered manager through the CQC, were available and assisted us during the inspection.

#### What we did:

Before the inspection the registered manager completed a Provider Information Return (PIR). This 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. This information helps support our inspection. We looked at the PIR and at all the information we had collected about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

#### During the inspection:

We spoke with the current and previous manager, two shared lives officers and administrator. We looked at four people's care records and associated documents such as medicine records. We looked at records of accidents, incidents, compliments and complaints received by the service. We looked at audits and quality assurance reports completed by the management team. We looked at recruitment records for shared lives carers, shared lives carers meeting minutes, staff supervision and appraisal records.

After the inspection we spoke with four shared lives carers and one person who uses the shared lives service and four relatives of people who use the shared lives service.

We attempted to speak to more people that used the shared lives service, but we were informed by relatives that they could not verbally communicate on the telephone.

Additional information was gathered which included, feedback surveys from people who use the service, a shared lives newsletter and a shared lives team plan 2016-2019.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities. There was a clear system for shared lives carers to report safeguarding issues and concerns to shared lives officers.
- People were supported by shared lives carers who had a good understanding of safeguarding. All shared lives officers and shared lives carers had received training in safeguarding and knew the process of raising a concern. One shared lives officer stated, "First off I would report to the line manager and then [local authority] safeguarding team and raise a section 42 enquiry [concern]."
- People and relatives were asked if they felt safe with the service. One person stated, "I like living here and I feel safe with all the staff [shared lives carers], they look after me well." A relative stated, "Yes, they are extremely safe with the West Berkshire staff [shared lives carers]. I'm not an expert but they appear to be well trained and they try to do lots of interesting and different things with [person receiving support]."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision.
- Risks to people were managed in a safe way. Risk assessments were reviewed on a regular basis to ensure they were kept up to date and reflected any changing needs. For example, a risk assessment went into great detail when highlighting support an individual needed with a medical condition. They focused on significant hazards and then mitigated the risk by describing the hazard control measures and what further control measures were needed.
- People were protected from risks associated with their health and care provision.
- The risks associated with people's individual care and support needs had been assessed for areas such as mental capacity, medication and memory. Risk assessments were then developed with management plans in place to mitigate these risks. Following an initial assessment an in-depth risk assessment would then be carried out at each person's home. This identified any hazards and risks. The safety measures needed would then be recorded and actioned.
- Personal emergency evacuation plans were up to date. There were clear systems in place to evacuate people in an emergency at their locations.

Staffing and recruitment

- People were kept safe from the risk of being supported by unsuitable shared lives carers because the service had adequate recruitment processes in place. West Berkshire adult placement scheme used a professional's panel and matching process to ensure prospective shared lives carers were suitable. A panel consisted of different professionals that were involved with the person that would be cared for. To determine the suitability of the of the prospected shared lives carer.

- All Disclosure and Barring Service information the provider undertook were made with the barred lists for adults and children.
- We looked at staffing levels within the service. The provider used a capacity plan that looked at the staffing hours available for the year, to ensure they only accepted referrals where they had capacity to do so.
- The manager stated that there had been period where the shared lives officer team was short due to staff being on leave. They stated that they could manage their capacity and continue to support shared lives carers and people and did not use agency staff to cover.

#### Using medicines safely

- People's medications were managed safely.
- People were supported to administer and store their medicines appropriately. If a person could not self-administer their medicine, a shared lives carer would refer to the person's individual medication care plan which provided guidance and would support the person to take their medicines safely.
- Shared lives carers received training in medicines. Where people required to take their medicine through a percutaneous endoscopic gastrostomy (PEG) tube, staff had received specialist training in this. PEG feeding is where a person is fed via a tube that goes into their stomach.
- All Shared lives officers received yearly e-learning in 'Medication safe handling awareness training.'
- Records showed all shared lives officers and carers medicines training was up to date.
- Medicines administration record sheets, completed by the shared lives carers, were up to date and had been completed correctly. All medicines sheets were returned from the shared lives carer to the adult placement scheme office once completed for evidence medicines had been given and audit purposes.

#### Preventing and controlling infection

- Shared lives officers received training in the prevention and control of infection.
- Shared lives officers were provided with personal protective equipment when going into people's homes.

#### Learning lessons when things go wrong

- The manager stated he had received feedback from people that they would like to know what prospective shared lives carers looked like to help alleviate any anxiety and to assist with the matching process. The manager had introduced a shared lives carers photo in files so that people who were prospectively going to use the service could see what the shared lives carers looked like prior to meeting them. This was
- Accidents and incidents were managed appropriately and actions the provider needed to take were documented.
- Staff meetings took place where a standard agenda point would focus on arrangements for reviewing and investigating safety issues, safeguarding incidents and events when things go wrong.



# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments for people were thorough and reflected their preferences, interests and needs. For example, they included information on people's long-term goals, how they like to be 'transported and get about', and their meal preferences and nutritional needs.
- The managers stated that information was sent out to prospective shared lives carers. This document contained information on the service and provided case studies of the people they would support, to enable them to decide whether they felt the role was suited to them.
- All people had an emotional health profile to assist shared lives carers to support people in a way that they preferred.

Staff support: induction, training, skills and experience

- The manager had an effective system to ensure that shared lives workers received appropriate training. The care certificate modules formed part of the induction training.
- All training the provider considered to be mandatory was up to date. The manager provided an up to date training matrix as evidence.
- One shared lives carer stated, "I've worked for the service for around nine years. I think the training is very good. It's always there if you want it. If you say you would like some extra training they are very good at getting it organised for you. For instance, a person who is a diabetic but does their own insulin, they got us trained up in knowing how to assist them if the need ever arose."
- Shared lives officers and carers confirmed they received training when starting in the role.
- Shared lives officers confirmed that they had received supervision and an appraisal yearly. One staff member stated, "Yes, I had an appraisal last week and I receive supervision every six to eight weeks."
- The manager states that Shared lives officers would undertake support visits at shared lives carer's houses yearly, to support them and the person. This was a care review that was planned in advance.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have a healthy diet.
- We looked at people's "Meals and Nutrition" and "Managing my Diet" plan. This highlighted people's favourite foods and the level of support they needed. For example, one person's plan stated, "To remind and encourage me to eat healthy foods."
- One relative told us, "When I've visited the shared lives carers...they are health conscious and nutritional needs are catered for. My [name of person receiving support] does get a choice of meal and they can change their mind and have other things."

- The manager and shared lives officers were knowledgeable and well informed about people's health and wellbeing. They communicated with shared lives carers who would report any changes or issues.

Staff working with other agencies to provide consistent, effective, timely care

- Shared lives officers worked in partnership with professionals from health and social care to meet people's needs.
- There was evidence where a referral had taken place to request an occupational therapy assessment due to somebody falling out of bed.
- People's care plans and assessments documented which services were involved in their care.

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.

- We checked whether the service was working within the principles of the MCA and found that they were.
- All shared lives officers and carers stated that they had received training and had an understanding of the MCA. During the inspection the manager demonstrated how they worked within the principles of MCA. For example, we saw how people had been given the opportunity to make their own decisions around the support they were receiving.
- It was evidenced for people who lacked capacity that best interest meetings took place to discuss people's care and support plan, to ensure people's needs and preferences were met.

# 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

Good: ☐ 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

- All relatives spoken to felt that shared lives officers and carers were caring and treated their family members receiving support with dignity and respect.
- A person stated, "I think that all the staff [shared lives carers] are caring, and they are nice to me".
- The service undertook an annual shared lives service user survey. One relative commented, "I can state with confidence that [person receiving support] looks forward to his contact times with [shared lives carer] and really enjoys them, and that shared lives gives them what I cannot give them."
- A shared lives carer stated, "We are looking after two adults and one child at present. They did all come for visits before they moved in. West Berkshire adult placement scheme are very thorough with information about people and we obviously learn about them [people], such as their likes and their dislikes to arm us to give them better care."
- A relative that we spoke with told us, "They [person receiving support] are supported by a marvellous family and we all chip in. I can visit at any time and I can see that they look after [person's] needs. The environment really suits them and helps them. I've nothing to add except that they do a wonderful job with my [name of person receiving support]."

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

- Relatives views on people's support was regularly sort.
- One person's file that was reviewed had a care passport. This highlighted that the person was nonverbal, but highlighted ways they would communicate where they were involved to express views and be involved in decision making.
- In one person's care plan, it had a personalised communication and self-expression document that highlighted how they would communicate in Makaton, which is a sign and symbol language. For example, the Makaton sign, C shaped hand gesture, would mean requesting coffee.
- The manager stated that feedback from share lives carers and people is gathered on a yearly basis.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice within people's own homes.
- People's risk assessments linked into their care plans and detailed treatment choices and preferred methods. For example, they clearly identified people's bathing, toileting and dressing needs.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support that was individualised to their personal needs. People's care plans were personalised and placed people's views and needs at the centre. All care plans had a picture on them to highlight what each area was to assist the person to understand what each care plan section was about.
- A service user survey was undertaken on a yearly basis which was sent out in an easy read format and had pictures relating to each question. One person's feedback was, "I am very happy, thank you."
- The service worked in partnership with another organisation where a prearranged night club event was held for people with learning disabilities.
- A cooking session took place where people went to one shared lives carers house and they all made food together. People's relatives were also invited to the event.
- One relative told us, "[Person] goes out and does the things they enjoy, I would say, three to four times a week. They do definitely help [person] be independent, they don't just do things for them".
- A shared lives officer discussed a project they were working on called 'Restorative practice'. This was in partnership with the police and housing associations. This project is focused on working alongside people in a none punitive environment to help empower them and ensure they work together and not to do things in isolation.
- We looked at how the provider was meeting people's individual communication needs. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and, in some circumstances, to their shared lives carers. We found the provider met these standards
- The manager stated shared lives carer's homes were adapted to meet the needs of the people they were caring for.
- One person's care plan highlighted how the home and bedroom were specifically adapted so that they could move around in each room, and hoists were put into the ceiling. Evidence was in files where equipment had been serviced.

Improving care quality in response to complaints or concerns

- The service received three complaints in the past year. All complaints were investigated, and actions put in place to prevent recurrence. For example, one action stated, "inputted to placement plan and discussed in team meeting." A letter of response was also sent to the complainant.
- Shared lives officers and shared lives carers were aware of the procedure to follow should anyone raise a concern with them. One shared lives carer stated, "100% I can raise concerns. I can go to them with anything. They always say if we have issues to ring them and they always make sure that we have the

emergency numbers to hand. They are an excellent service and I've no complaints whatsoever about them."

#### End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. However, considerations had been made for the care and treatment people would need at the end of their lives.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Shared lives officers told us about how they worked in partnership with people, shared lives carers and their relatives to plan personalised care and support.
- Risk assessments for people were thorough and person centred
- Relatives and shared lives carers stated that they had been involved in the risk assessment and care planning process.
- We saw evidence that when incidents occurred, the manager acted in line with the duty of candour and had informed relatives who were court appointed guardians or where the person had given consent. Relatives confirmed that this happened.
- The manager stated, all prospective shared lives carers needed to go through a multi-disciplinary panel process to ensure they were the right people for the service. They would then be appropriately matched with people who required support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager used systems and processes to monitor quality and safety in the service.
- Records were easily accessible and care plan documents had been signed and reviewed. The manager had developed a system to ensure all documentation was up to date.
- The manager and team maintained an oversight of the service by completing regular audits. Shared lives officers would audit each other files as a good practice process.
- The manager stated that the service receives an internal audit from local authority to help with internal governance.
- Files contained information on personal emergency evacuation plans

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager stated that the adult placement scheme held a shared lives carer's meeting every three to six months. These meetings updated carers on what was happening with the service and provided an opportunity for shared lives carer's to feedback. The manager stated that they regularly change the times of the meeting to enable different shared lives carers to attend.
- The manager stated the service produces a quarterly newsletter. These newsletters focus on social events for the time of the year, awareness raising, with dementia being the theme for the last newsletter, and

updates on team contact details.

#### Continuous learning and improving care

- The manager had implemented a service improvement plan called, " Shared lives team plan for 2016-2019". This plan focused on key objectives for each year. One key objective identified for 2019 was to look at end of life processes and discuss and promote this within the scheme, through shared lives carer meetings and training. All objectives highlighted for 2018 had a written action next to them detailing the outcome.
- Shared lives officer meetings took place monthly with a standing agenda. The manager stated that meetings focussed on people who use the service, any safeguarding concerns, incidents and compliments, concerns and complaints.
- The manager regularly sought feedback from people, their relatives and shared lives carers and officers about the service. This meant people were given opportunities to make suggestions about service developments.
- The manager stated that following feedback received from shared lives carers, this fed into a development and action plan. This plan focused on aims and objectives, suggested learning and development and an area of responsibility. For example, one aim was for further Makaton training to be given to shared lives carers. The manager was looking to put this in place for shared lives carers during one of their meetings in 2019.
- The manager ensured that notifications were sent to us when required. A statutory notification is information about important events which the service is required to tell us about by law

#### Working in partnership with others

- West Berkshire Adult Placement scheme worked with another health and social care provider 'The Lions Club of Wokingham' who provide the service with a plastic container and a green cross sticker. Inside the container is a form that details a person's personal details, medication and if they have a do not attempt resuscitation (DNAR). This information is to inform paramedics. The manager stated these would then be given to people and shared lives carers.
- The manager said they had built working relationships with other day services and attended learning disabilities partnership boards.