

Herefordshire Council

Herefordshire Shared Lives

Inspection report

Elgar House
Holmer Road
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HR4 9BD

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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

Herefordshire Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. At the time of the inspection there were 37 people living with shared lives carers and receiving a registered service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were cared for by shared lives carers who knew how to keep them safe and protect them from avoidable harm. Peoples risks were assessed, and their plans were being updated to mitigate risks. Safe systems were in place for the management of medicines when people needed support with this. Shared lives carers understood and followed infection control and prevention procedures. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by shared lives carers who were knowledgeable about people's needs and wishes. Their training was in the process of being updated to ensure people continued to benefit from their up to date skills. 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.

There was innovative use of technology to improve people's safety and people's health and well-being outcomes. People were supported to remain safe and were assured by the support of caring assistance from shared lives carers and the management team. People felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People were positive about the service and the care provided. The management team were updating people care records to ensure the information provided was up to date for the individual. Suggestions and ideas were acted upon from people, families and shared lives carers. People's support was flexible to meet their needs. People's concerns were listened to and action was taken to improve the service as a result. When people needed support at the end of their life there was assistance and systems in place to provide quality care.

The management team were open, approachable and focussed on providing person centred care. They had

identified where the service needed to improve and develop and were taking steps to undertake this. People were supported by shared lives carers who were valued and listened to and consistently ensured people received quality care. The management team were updating the checks they completed to monitor and improve the quality of the service provided. The management team and shared lives carers engaged well with other organisations and had developed positive relationships. They worked on promoting strong community links to ensure people could access the support they needed.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Herefordshire Shared Lives

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector

Service and service type

Herefordshire Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eight self-employed shared lives carers (SLC). We also spoke with four office staff including the nominated individual, registered manager, and care co-ordinators. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for 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

- Shared lives carers (SLC) had a good understanding about protecting people from abuse. They were experienced, trained and understood who to report concerns to and were confident appropriate action would be taken.
- The registered manager had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People told us they were safe and their risks well managed. One person told us, "I feel safer than I have ever before."
- Shared lives carers (SLC) were working with the office team to review and update people's risk assessments. This will help to ensure people's risks were known and managed safely.
- Shared lives carers demonstrated a good understanding of people's risks and knew how to mitigate them. For example, one shared life carer was able to explain how they supported one person to remain safe when crossing roads. The shared lives carer understood the person's risks and the information was clearly recorded in the person's care documents.

Staffing and recruitment

- People explained there was a process to match them with their shared lives carers.
- The management team carefully considered with shared lives carers, who people might prefer to be supported by. People had opportunities to meet potential shared lives carers, so they could make informed choices about who would support them, and where they wanted to live.
- The management team were updating their systems to ensure they monitored how effective placements were to ensure people were supported safely.
- Shared lives carers said they had provided references and there were checks in place to ensure they were suitable to care for people.

Using medicines safely

- People said they had their medicines when they needed them.
- Shared lives carers knew how to administer medicines safely. They were in the process of updating their skills and the provider was completing competency checks to ensure they followed safe practice.

Preventing and controlling infection

- Shared lives carers were knowledgeable about safe practice to prevent the risk of infection.

- The management team was incorporating this into their health and safety monitoring.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, medicine records were reviewed, and errors followed up with staff and recorded, to ensure lessons were learnt and people did not continue to be at risk.
- Shared lives carers knew how to report accidents and incidents and explained how they would make any changes needed to improve people's outcomes.

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.

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

- The management team assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People's outcomes from the support they received were good. For example, one person said they were much happier and more independent since they had lived with their shared lives carer.
- We saw tools and information on best practice guidance were available for shared lives carers.

Staff support: induction, training, skills and experience

- Staff told us they had completed training when they first started their role. They said they met all the people who received care before they supported them with experienced staff, who shared their best practice knowledge. They had the information they needed to support people well. They also told us they had competency checks so they were confident they were completing their role effectively.
- One member of staff said they had completed specific dementia training, and this had improved their understanding of how to support people living with dementia.
- The management team told us they were in the process of updating all their shared lives carers mandatory training to ensure they had up to date skills. Shared lives care staff told us they had access to specific training, such as diabetes, when they needed further information.

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

- Support offered to people varied dependant on their individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People said they were supported as much as they needed and encouraged to be independent and eat healthily.
- Shared lives carers were knowledgeable about how to meet people's nutritional needs. For example, they involved health professionals when they needed to and followed their advice.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- People had good outcomes and were supported with their health needs when required.
- Shared lives carers were aware when support was needed to attend a health appointment and worked with the person to meet their needs.
- Shared lives carers understood people's health needs and gave us examples of advice they had followed from the person's doctor or community nurses, so people would enjoy the best health outcomes possible.

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 authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection or the community DoLS team for them to authorise people to be deprived of their liberty.

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

- People told us shared lives carers asked for their consent with everything they did, they respected people's wishes and listened to them.
- Shared lives carers understood and applied the Mental Capacity Act principles in the way they supported people. They had a clear understanding of who needed support with decisions and who to include for best interests' decisions.
- The registered manager was updating systems to ensure people were supported with decisions lawfully.

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 for 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 consistently said their shared lives carers were always kind to them and showed empathy and understanding. One person explained how their shared lives carers were special because they were so kind and really listened to them.
- Shared lives carers were passionate about the uniqueness of the service they provided. Some shared lives carers had been supporting people for many years and through generations of their family. For example, two people were fully integrated into the shared lives family and valued individually and as a couple.
- Shared lives carers demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people who they supported. There were examples where shared lives carers had championed people's rights to access the support they needed such as health care. This improved people's outcomes and health and well-being.
- All the team were passionate about improving people's well-being and the ethos behind the service provision was to support people to live in the community as part of a family setting to achieve this. For example, people received the support they needed to develop their skills and increase their independence.
- Shared lives carers were committed to ensuring people's cultural needs were met. We saw examples where people had been supported to access resources to meet their cultural needs.

Respecting and promoting people's privacy, dignity and independence

- People said their privacy and dignity were supported and they were encouraged to be as independent as possible. One person explained how they had learnt many new skills and were now working in the community, which they really enjoyed.
- Shared lives carers gave us examples where they mitigated risks and improved people's independence. For example, supporting people to access the community where possible.
- There were also examples where people had access to technology put in place by shared lives carers to improve their independence and support their safety.
- People said shared lives carers knew them so well, they knew their interests and would support them to maintain them where they could. For example, one person explained how they were supported to try different ideas until they found things they enjoyed doing and learnt new skills.
- Shared lives carers were respectful of people's needs and wishes and constantly encouraged people to live full lives.

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

- People's outcomes were good. For example, people told us they were very happy with their placements and wouldn't want to be anywhere else.

- People made the decisions about their day to day support. Where people needed support with decisions shared lives carers were clear about how to support people in their best interest.
- People, their shared lives carer's and other services such as day centres were regularly asked for feedback to ensure people were happy with the support provided. People were visited by the management team to discuss their support regularly to ensure all opportunities for improvement were made. We saw results from satisfaction surveys were consistently positive. These were in the process of being updated and reviewed to ensure they remained effective.

Is the service responsive?

Our findings

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

This is the first inspection for 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

- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history. The management team were working with shared lives carers and people to ensure their personalised support was tailored to the needs and wishes of each person.
- Records contained detailed information for shared lives carers on how best to support people with all aspects of their life.
- Promoting people's independence was risk assessed to provide appropriate support. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- Shared lives carers had an excellent knowledge about people they supported, and this information was being used to update plans and risk assessments to ensure there was effective oversight and support.
- People said their support was very flexible and adaptable. For example, shared lives carers explained how they worked with people and constantly adapted to meet their needs with day to day changes as the person wanted. People's care arrangements were reviewed and how this was completed was in the process of being improved to provide a more effective review.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Shared lives carers explained how they communicated with people to understand their wishes. When people were less able to communicate verbally, staff found different ways to ensure they understood their needs. For example, understanding facial expressions and body language.
- Shared lives carers acted as advocates for the people they supported to ensure they were able to access the information they needed.
- The management team were aware of the accessible communication standards and ensured people had access to their information. For example, they had information in different formats when it was needed.

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 had access to the community and their choice of events and interests as part of their care arrangements. This was supported by shared lives carers to meet people's individual preferences and

wishes.

- Shared lives carers explained how they encouraged people to keep social connections with their families where possible.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns if they needed to. The management team were developing their monitoring visits to ensure people had the opportunity to raise concerns if they needed extra support.
- The management team had a complaints policy and reviewed their complaints to ensure they acted on concerns raised appropriately.

End of life care and support

- Shared lives carers told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. One shared lives carer explained how they were supported by other services in the community.
- The management team explained they had worked alongside other agencies to support people who remained in their own homes at the end of their life.

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 for 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.

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

- People and shared lives carers said the management team knew them well and they had a good relationship with them.
- There had been recent changes with the provider of the service. A new nominated individual had been appointed. They had arranged a relaunch of the service and was in the process of updating all areas of service provision. The shared lives carers said they felt included and involved in improving the service and looking at opportunities to develop and innovate the service.
- The culture of the provider enabled shared lives carers championed people's rights and wishes. We saw examples where shared lives carers advocated for people to improve their well-being, such as arranging health care.
- There was an open and positive culture, led by the new nominated individual, and shared lives carers said they could feel the difference and welcomed the improvements. One shared lives carer said about the management team, "They listen and really try and help, I do feel valued and supported, they do their best." Another shared lives carer told us they had great faith that the new nominated individual would lead the improvements and ensure they were completed.
- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and actions completed.

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

- People gave positive feedback about the care they received. They all said they were happy with the service and would not want to go anywhere else for their support.
- The management team had identified many improvements were needed to ensure people continued to be supported safely and effectively. For example, training updates had been arranged for all staff and medication competencies were being incorporated as a regular review. Monitoring visits were being updated to demonstrate how people were supported and gather feedback from people about the support they received. There was an action plan in place to monitor the progress made with these improvements.
- Shared lives carers were clear about their responsibilities and the leadership structure. The management team had systems in place to ensure they followed through on any concerns and all understood their different responsibilities.
- The management team were clear about their responsibilities for reporting to the Care Quality

Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- People told us members of the management team visited them regularly to ensure they were happy with the service.
- The management team sought feedback to ensure people's voice was heard. People were encouraged to contribute their views through regular questionnaires which were shared and acted on.
- Regular forums were now in place to share knowledge and best practice ideas and support the shared lives carers.
- The management team were reviewing how they provided support and links with other shared lives organisations to assist the shared lives carers team.

Continuous learning and improving care

- The management team were working with people and shared lives carers to improve the service and increase the diversity of the support provided and innovate service provision.
- The management team were reviewing how they audited their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning used to inform future plans.

Working in partnership with others

- The management team had worked with the shared lives carers to establish good links in the community to support them to provide quality care.
- Shared lives carers worked with other professionals to build good relationships with them to support positive outcomes for people.