

Newcastle-upon-Tyne City Council







Adult Placement

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	

Overall summary

The inspection took place on 21 January 2015 and was announced. We last inspected Adult Placement in October 2013. At that inspection we found the service was meeting all the regulations we inspected.

Adult Placement is a shared lives scheme that recruits, assesses and supports paid carers to support people with learning disabilities who are unable to live independently. Placements are made on a short or longer term basis and the person lives with their carer in their home as part of the family. At the time of our inspection

the scheme was supporting 14 people and had 22 approved carers, including support carers who supported people on occasions when their designated carers had breaks and holidays.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Robust processes were followed to recruit and assess people who applied to become shared lives carers, and to review the suitability of the existing carers. There were enough carers to deliver the service safely and people were provided with continuity of care. All carers were given training and support to meet the needs of the people they cared for, including regular opportunities to meet as a carers group and with the shared lives workers.

The shared lives workers were skilled and experienced in co-ordinating the scheme and were appropriately supported in carrying out their roles. They monitored the placements closely and had a good awareness of how to safeguard people from harm and abuse. The workers promoted personal safety whilst respecting people's freedom to exert their independence and take risks.

Each person was encouraged to make choices and decisions about their care and living arrangements. Where people did not have the mental capacity to make important decisions, the scheme worked with other professionals to ensure their rights were being protected under mental capacity law.

We found that care and support was safely planned to minimise risks to people's well-being.

People were supported to stay healthy, have a balanced diet, and, wherever possible, to manage their own medicines. Detailed support plans were drawn up which reflected the person-centred care that people received.

People who used the service, and professionals involved in their care, were happy with the care and support provided. They told us the shared lives carers were kind and caring and treated people with dignity and respect. People were placed with supportive individuals and families who enabled them to lead active lives, take part in enjoyable activities and develop their life skills.

There was an open culture and the team worked inclusively with people using the service, their carers, and other professionals. Systems were in place to obtain and act on feedback and make improvements to the quality of the service. An independent panel kept oversight of how the scheme was managed and delivered to make sure that standards were maintained.

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.

People told us they were happy and safe living with their carers.

There were sufficient numbers of carers who were properly vetted before being approved to provide care to people.

Appropriate steps were taken to reduce risks to personal safety and safeguard people from being harmed.

People received suitable support to take their prescribed medicines safely.

Good



Is the service effective?

The service was effective.

The shared lives workers and carers were properly trained and had the necessary skills and experience to carry out their roles.

The rights of people who were unable to give consent to their care were understood and protected.

People were given the support they needed to access health care services and maintain good health.

Good



Is the service caring?

The service was caring.

People had good relationships with their carers and told us they were kind and caring.

People expressed their views and were involved in making decisions about their care and support.

The shared lives workers ensured that each person was being supported within a caring family environment.

Good



Is the service responsive?

The service was responsive.

People's needs and wishes were thoroughly assessed and support was well planned.

Personalised support was provided that helped people lead more independent and fulfilling lives.

Any concerns or complaints that were made were taken seriously and acted on.

Good



Is the service well-led?

The service was well led.

There were established processes in place for managing and co-ordinating the scheme.

The registered manager and the shared lives workers understood their responsibilities and worked in line with national best practice guidance.

Good



Summary of findings

The quality of the service was monitored and improvements were being undertaken to further develop the training and support for the shared lives carers.

Adult Placement

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 was announced and took place on 21 January 2015. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider 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. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We gathered information during the inspection using different methods. We sent surveys to get people's views about the service. We received five completed surveys from people using the service, three from shared lives workers, and two from community professionals involved in people's support. We spoke with two shared lives carers by telephone. We talked with the registered manager and two of the shared lives workers, looked at four people's care records, and reviewed records related to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe from harm and abuse when being supported by their carers. Community professionals also said they felt people were kept safe from harm and abuse by their carers and shared lives workers.

The registered manager told us the service worked to the local authority's multi-agency safeguarding policy and procedure. They were aware of their responsibilities to act on and notify the relevant authorities of any allegations of abuse. In the last year they had notified us of one allegation and had taken appropriate action in response.

The shared lives workers told us they felt people were safely supported by their carers. The workers knew what to do if they suspected abuse and were confident in reporting any concerns about people's safety. One worker said they had raised a potential concern with a local safeguarding authority that was being taken forward through care management procedures.

The staff team consisted of the registered manager, two qualified social workers and a social care assessment officer. There was a stable team and no new workers had been recruited in the period since the last inspection.

A community professional told us, "The scheme has made significant efforts in recent years to recruit new shared lives carers, with some success." We saw that all shared lives carers were taken through a rigorous assessment before being recommended for approval. This included taking up references, including a medical reference, Disclosure and Barring Service security checks, and a series of home visits to assess the applicant's suitability, caring experience, skills, and attitude. A recommendation report was taken to the scheme's independent panel for scrutiny. Final approval was given by the local authority assistant director of social services.

Where carers had previously been foster carers for children they were taken through the same assessment and approval process. However, we noted that on one occasion support had been provided overnight by a person who had been approved to provide occasional support under foster care arrangements, but who was not yet approved by the shared lives scheme. The registered manager assured us

formal approval as a support carer would be undertaken and the person would not be in a position to support people using the service again until they had been approved.

The registered manager said there had been times when decisions had been taken not to recommend applicants to the panel and when the panel had decided not to approve applicants. There had also been two instances in the past year when shared lives carers, who did not have people placed with them, had their approvals removed.

Each person using the service lived in the family home with their dedicated shared lives carer(s) and had their own support carer(s) for continuity. If people had no external networks or contact with their own families, they were allocated support carers outwith of the family they were placed with. The support carers provided support during short breaks and were able to step in at short notice, when necessary, to prevent people's care from being disrupted. This was confirmed by the shared lives carers we spoke with.

The shared lives carers were able to contact the scheme during office hours for advice and support, or in the event of an emergency. One shared lives worker told us the carers were good at contacting them if they ever needed advice about people's safety and welfare. Outside of office hours, carers were advised to contact the local authority's emergency duty team of social workers who had access to electronic versions of people's case records.

The shared lives workers we talked with were clear about their roles in keeping checks on people's personal safety. They told us they carried out visits every three months as a minimum to monitor each person's placement, and visited more often if the placement was subject to any pressures or concerns.

The workers told us they always aimed to strike the right balance in recognising people's rights to take responsible risks and agreeing safe boundaries. This was confirmed in the care records we viewed. For example, when a young person's actions had made them vulnerable to exploitation, the risks had been assessed and measures agreed with the person and their social worker. Their carer and support carer had been fully involved to ensure they took a consistent approach. The person had been supported to attend a specialist health advice service and the shared lives worker reviewed the risks at each

Is the service safe?

monitoring visit. We saw that comprehensive risk assessments had also been completed for another young person at the time they had transitioned from foster care to using adult services.

One worker said some people using the service had been referred to a project which helped them learn about how to maintain their personal safety and have safe relationships. They told us some people were particularly vulnerable and needed to be closely supervised for their safety both at home and in the community. Other people were more independent and went out alone or with friends. In these instances they often agreed less restrictive measures such as telephoning their carers to let them know where they were and that they were safe.

Thorough processes were followed to ensure the safekeeping of people's finances. We were told people were encouraged, wherever possible, to manage their own finances and have bank and savings accounts. Where people needed support from their carers in managing money and budgeting, the agreed level was built into their support plans. Carers were directed to seek approval for larger cost purchases and to keep financial records and receipts. These, along with bank statements, were routinely checked and audited by the shared lives workers to give people assurance their money was being handled safely.

The scheme used the local authority's system for reporting accidents and safety related incidents. There was evidence in people's care records of incidents being thoroughly

documented. For example, where a person's actions had potentially placed them at risk, there were detailed records of discussion with them, including learning from the situation and agreeing future contingency plans.

The service's medicines policy had been revised, incorporating guidance from the national 'shared lives plus' organisation. A community pharmacist had endorsed the policy and all carers were due to be issued with a copy of the final version. Further training for carers in the safe handling of medicines, specific to the type of service provided, was being delivered. We were told the training would include the administration of controlled drugs, emergency rescue medicines and assessing each carer's competency in handling medicines.

A minority of people using the service took prescribed medicines. Each person's medicines routine and the level of support they needed were recorded within their support plan. For example, one person's records showed they were supported to self-manage their medicines. Their carer gave them verbal reminders and they had reminders on their mobile telephone to tell them when medicines were due to be taken. A shared lives worker told us most of the people who took medicines were given verbal prompts by their carers, as opposed to carers directly administering medicines. The shared lives carers we spoke with confirmed this and said they kept records to confirm medicines had been taken. The worker told us the records were checked at monitoring visits to verify that people had received their medicines safely.

Is the service effective?

Our findings

People using the service told us their carers knew how to give them the care and support they needed. They said the care and support they received helped them to be as independent as they could be. One person commented, “I am much happier living here. I have learned a lot of things. I have been to a lot of places and I am more independent.” Each person said they would recommend the scheme to other people.

The shared lives workers told us they had completed inductions which prepared them for their roles before they worked unsupervised. They said they received regular supervision and appraisal which enhanced their skills and learning. Each worker said they were provided with the training they needed that enabled them to monitor people's needs, choices and preferences and ensure they were being met. They felt the support and monitoring they provided helped people using the scheme to be as independent as possible. The workers also told us they would recommend the scheme to others.

One worker told us, “The shared lives scheme benefits from a small team of staff who are experienced and knowledgeable social care practitioners. Whilst supervising and supporting the shared lives carers, workers have proven themselves in supporting the service users by advocating on their behalf, ensuring their care and well-being and referring to appropriate agencies as and when necessary. For example, independent mental capacity advocates, psychologists, and speech and language therapy. By also working within specialist services commissioning teams, shared lives workers are able to maintain an objective view which benefits the service as a whole.”

The workers we talked with had sound knowledge of monitoring and co-ordinating the scheme. They told us they were well supported with training opportunities from the local authority and were kept up to date with legislation and how it impacted on their practice. For instance, one worker said they had completed a management qualification in the last year and were booked to attend a course on the implications of the Care Act 2014.

The shared lives carers completed nationally recognised induction training and were given further training and

coaching specific to the needs of the people they supported. Carers' group meetings were held every three months and changes had been made to structure in training workshops during the meetings. Training provided to date had included supporting people to make decisions, taking into account issues of mental capacity.

The shared lives carers we spoke with told us they received the training and support they needed to carry out their roles. One carer said, “We've had lots of training, safeguarding, first aid, medication etc.” Both carers said they had regular visits and contact from their shared lives workers and were also supported through attending carers' group meetings and events.

Community professionals told us they felt the shared lives carers were competent to provide the care and support required by people who used the scheme.

Each shared lives worker had been trained and understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments were carried out to determine whether people were able to consent to their placement agreement and the care and support they received within their placement. The registered manager told us the service had identified four people who needed continuous supervision and who potentially lacked the mental capacity to agree to their living and care arrangements. They had liaised with the placing authority's commissioners to enable them to make applications to the Court of Protection for formal arrangements to be put in place.

One person had a deputy appointed by the Court of Protection with powers to take decisions in relation to their finances. An application had also been submitted to the Court of Protection for one young person with a view to when they moved from foster care and were given a placement within the scheme.

Care records showed that people's nutritional needs, including any special dietary requirements, had been assessed and built into their support plans. People were supported by their carers to have a well-balanced diet, with weight management where necessary, and to develop their independent skills in food preparation and cooking.

We saw that people using the service accessed a range of health care services to maintain their physical and mental well-being. Contact details for all involved professionals were recorded within care records and carers supported

Is the service effective?

people to attend appointments. One of the shared lives workers told us they promoted people to stay healthy and were encouraging people to sign up to a 10 week course on health and well-being run by a local voluntary organisation. They were sending flyers advertising the course to people who they thought may find it beneficial.

The shared lives workers assessed the carers' home environments as part of the approval and monitoring processes. They checked for potential hazards, looked at the quality of the setting, and, where necessary, arranged adaptations and equipment to help meet people's needs.

Is the service caring?

Our findings

People using the service told us they were happy with the care and support they got from their carers. They said their carers were caring and kind and treated them with respect and dignity. One person commented, "It's good and they help me to make grown up decisions." Another person said, "Living with my carer is good for me as she does not shout at me and makes me laugh. My carer is good company too."

Shared lives workers and community professionals told us they felt people were treated with respect and dignity by their carers and workers. Both community professionals said the carers they had met were kind and caring towards people who used the scheme. They felt the scheme made sure the carers knew about the needs, choices and preferences of the people they worked with.

A shared lives worker told us great care was taken to ensure people were placed with carers who were compatible and understood their needs. They said this often entailed a series of meetings and visits during a phased introduction to the placement. In some instances, carers had been required to undertake further training before a person was placed with them to make sure they could meet their needs. The workers had more frequent contact with people and their carers and carried out additional visits to the family home to provide support in the early months of the placement.

The shared lives carers we spoke with told us they cared for people as part of their family. One carer said, "We're very family-oriented. We have a close knit family and our [other family members] are approved as support carers. We know we're entitled to respite for holidays but it wouldn't seem right to go on holiday without [names of people using the service]." Another carer said, "X is properly part of our family. My [other family member] does respite and knows X well."

Care records showed that people made choices and decisions at all stages of their service. Each person had a placement agreement which they were consulted about

and included their views and comments. The agreement set out the responsibilities of all parties and clarified what the person could expect from their placement. There was evidence in the records that people were involved in assessments of their care and support needs, in agreeing the content of their support plans, and in each review of their service.

The shared lives workers closely monitored people's care and support and their relationships with their carers. They said they always sought to spend time in private with each person during their visits to talk in confidence about their support, how they felt they were being treated, and any concerns they might have. On occasions the workers had arranged to meet people away from the family home to enable them to express their views openly in a neutral environment. People also had opportunities to confide in other professionals involved in their care, including their placing social workers.

We saw a social worker had recorded positive comments at their last review of a person's placement. They stated the person was well-placed and continued to need the nurturing environment that offered support in all areas of their life, whilst they developed the skills necessary for a more independent life.

The workers we talked with understood the importance of making sure the shared lives carers had the right qualities to meet people's diverse needs. For example, one worker told us there had been circumstances when a person was unhappy with their carer's approach. The person was not currently staying with their carer and was being helped to make decisions about their future care, including accessing an independent advocate for support.

We were told all carers were reappraised on an annual basis to make sure they were suitable to continue in their roles. The registered manager said at times this could involve setting conditions or having action plans to improve performance. These were monitored by the shared lives workers and progress was reported on to the scheme's independent panel.

Is the service responsive?

Our findings

People using the service told us that if they wanted them to, their carer would involve the people they chose in important decisions. They all said that they were involved in planning their own care and support.

Both community professionals told us the scheme co-operated with other services and shared relevant information when needed, for example when people's needs had changed. They said the scheme was responsive to any instructions and advice they gave.

A community professional commented, "During the times that I have explored or referred to shared lives on behalf of my service users I have found the staff to be well informed and helpful, including the manager. During the two occasions I have worked with a service user in a shared lives placement, information sharing has been concise, relevant and appropriate. Where there have been queries from me regarding any aspect of the service which a practitioner has been not been quite sure about, they have made every effort to find or establish the correct or appropriate information to their best knowledge."

We found that people's care and support was well planned and very personalised to the individual. Care records were extremely detailed, addressing the person's needs and wishes and the support they required in a range of areas. This included self-care and independent skills, communication, relationships, physical and mental health, and religion and culture. The support plans placed emphasis on people having a supportive lifestyle where they could develop their daily living skills and enjoy social and leisure time. The plans were evaluated to check progress and were updated, or rewritten when necessary, to ensure they continued to reflect the person's current support needs. Each person's care and support was routinely monitored and reviews of placements were conducted, usually on an annual basis.

We saw that people took part in a variety of community based activities according to their interests. For instance, one person's care records showed they liked football, swimming, meals out and going to a youth club. They were developing their travel skills and attended college where they were doing a course in life skills. There was also evidence in the workers case records of how they kept checks on the activities people took part in, to ensure they were provided with structured leisure time and to reduce social isolation. A shared lives worker told us, "We're always exploring opportunities for different activities for people."

Each person who completed surveys said they knew how to make a complaint about their care. Four of the five people said if they made a complaint the scheme and/or their carer dealt with it well, and one person indicated they did not know. A community professional commented, "I have not had any negative feedback from any service user I've worked with who has been in a shared lives placement." Each of the shared lives workers and community professionals told us the registered manager was accessible and approachable and dealt effectively with any concerns they raised.

We were told there had been no formal complaints about the service in the last year. However, a family member of a person using the service had raised some queries and concerns through their social worker. We saw these had been appropriately responded to including sending a detailed written response with explanations.

The registered manager told us the scheme had continued to work with foster carers who wished to become shared lives carers, as the young people they cared for reached adulthood. They said this was done only when it was the choice, and in the best interests, of the young person to stay with the family.

Is the service well-led?

Our findings

The service had an established registered manager who was supported in their role by the shared lives workers and a service manager. The registered manager and shared lives workers demonstrated a good understanding of their responsibilities and the processes for assessing carers and planning and monitoring people's care placements.

There were clear lines of accountability and a well-established system for an independent panel to have oversight of the scheme and the approval of shared lives carers. The minutes of the last panel meeting showed the members had reviewed carer assessment reports and looked at business issues including recruitment, payments and support to carers.

The shared lives workers described an open culture within the service. They told us they usually had monthly supervisions with the registered manager, fortnightly team meetings, and attended bi-monthly meetings held with the service manager. The workers said the registered manager asked them what they thought about the scheme and took their views into account. They each felt confident about reporting any concerns or poor practice to the registered manager.

The registered manager and shared lives workers said they benefitted from the scheme being accredited with the 'shared lives plus' organisation, both nationally and regionally. They told us this helped them keep up to date with best practice and developments and that they attended regional groups and national events. The workers said most of their work, including their involvement in the recent revision of the scheme's policies and procedures, was based on national guidance. The registered manager told us the revised policies and procedures were planned to be rolled out and discussed with the shared lives carers to ensure they were familiar with the updates.

People using the service told us they knew who to contact at the scheme if they needed to speak to someone there. They told us the scheme had asked them what they thought about the care they received. Each person indicated that they were satisfied with their placement.

The shared lives carers we spoke with felt the scheme was well-managed. They told us they had met the registered manager and were well supported by their shared lives workers.

The registered manager told us over 100 monitoring visits had taken place in the past year to keep checks on the quality of people's services. They said feedback was also sought from people each year through surveys. The findings of the last surveys showed that people enjoyed the time they spent with their shared lives carers and took part in a wide range of activities with them. Each person also knew what to do and who they should talk to if they were ever unhappy with their carer.

Community professionals said the scheme asked them what they thought about the service they provided and was responsive to what they said. One professional said they felt the scheme tried hard to continuously improve the quality of care and support they provided to people. The other professional indicated they did not know as they had not been directly involved in any review or evaluation of the service.

The registered manager told us they were committed to developing the service and were introducing a number of measures over the coming year. For instance, they intended to implement further training opportunities for carers, with support from other organisations, including planning for people's wishes and care at the end of their lives. More joint training with foster carers was being organised to help reinforce the values of the scheme from an adult perspective. There were also plans to link new carers to experienced carers to offer them extra support and all carers were being advised they must attend at least half of the carer group meetings each year. The registered manager felt this would help reduce isolation and promote a team ethos of what was expected within the shared lives model.