

Hampshire County Council

Shared Lives

Inspection report

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Date of inspection visit:
25 June 2019
28 June 2019

Date of publication:
05 August 2019

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

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 our inspection there were 204 people who used 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

There were effective governance systems in place to identify concerns in the service and drive improvement. The registered manager did not always document their reviews of the quality systems, we made a recommendation about this.

People were protected against the risk of avoidable harm because potential risks to people's health, safety and welfare were managed safely.

Peoples care and support plans were person centred and reviewed on a regular basis. Staff were trained to a good standard.

There were always sufficient staff to meet peoples needs. There was good planning and provision of meaningful activities for people.

People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People were happy living in a shared lives environment and told us they felt safe. People were supported to access health care professionals to maintain their health and wellbeing.

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.

The provider was responsive to our feedback and took action to make improvements in the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

The last rating for this service was good (Published 5 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

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

One inspector and one Expert by Experience conducted the inspection. 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

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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. 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 started on 25 June 2019 and ended on 29 June 2019. We visited the office location on 25 and 29 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed any information about the service that we had received from external agencies. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with 16 shared lives carers and three members of staff including the registered manager and acting team leader.

We reviewed a range of records. This included five people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. 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. We spoke with two professionals who have contact with people who use the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were identified, and the necessary risk assessment reviews were carried out to reduce the risks for people. For example, risk assessments for safe moving and handling, falls management and environment.
- The Shared Lives managers had quality assurance procedures in place to check the safety and effectiveness of the service. A range of audits were undertaken such as, fire safety, medicines management and care plans. These enabled the shared lives managers to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to document any improvements identified as a result of service audits and quality checks by the Shared Lives managers. This showed action was taken in response to the findings.
- Risk management considered people's physical and mental health needs. Measures were in place to manage risk in the least restrictive way possible.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. People's records were checked to ensure the information was up to date.

Systems and processes to safeguard people from the risk of abuse

- People told us they were very happy in their shared lives placements. One person told us, "I feel safe being part of the family."
- The provider had safe, effective safeguarding systems in place and shared lives carers had a good understanding of what to do to make sure people were protected from harm. The registered manager told us, "[Staff] do training once a year in safeguarding, it is also discussed in appraisals and or meetings and is part of initial assessment process."
- Staff and shared lives carers demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management. Staff had confidence that their concerns would be listened and responded to. One shared lives carer told us, "They organise courses for me, they're very strict on keeping me up to scratch with safeguarding etc."
- Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly.

Staffing and recruitment

- Shared lives carers were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Staff employment histories were collated, and dates checked.
- New shared lives carers were introduced to people prior to providing any support.

Using medicines safely

- Shared lives carers told us, and documents demonstrated they received medicines training and had their competency checked to ensure their practice was safe. A shared lives manager told us, "Shared lives staff complete medication for managers, we do competency assessments with them. We are looking at ways of making this more user friendly for the carers."
- Individual procedures were in place to ensure medicines were ordered, stored, administered and disposed of safely in people's shared lives homes.
- Where people had been prescribed 'as required' (PRN) medicines, a clear PRN protocol was in place which outlined key information, such as why the medicine was needed and the dosage, to ensure this was administered appropriately.
- Medication risk assessments were in place and one person had been assessed to administer their own medication.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- Shared lives carers provided their own personal protective equipment (PPE) and hand sanitisers.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Incidents, accidents and near misses were clearly recorded, acted upon and analysed. The registered manager told us, "We do immediate learning, we might need to act straight away, we discuss at supervisions and team meetings, there could be a trend, we do debrief staff." They told us they make further investigations to try and reduce levels of incidents.
- Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed before they moved into shared lives carers homes. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Staff completed regular assessments of people's ongoing needs and had access to recognised tools for areas such as nutrition and skin integrity if this was required.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

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

- People were supported to enjoy a balanced diet and were supported with any health needs they had. One person told us, "I've got diabetes, so I have to be careful with sugar and dairy too. I have a little bit of sugar and a little bit of dairy. Dairy is not so bad."
- Care plans and risk assessment were in place for eating and drinking and were reviewed by shared lives carers with the people they related to. They were checked by the shared lives managers.

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

- People were supported to access services to maintain and improve their health. During the inspection process, we observed that joint work between the service and an external healthcare team provided positive results for people.
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary. Shared lives carers contacted healthcare professionals as required.
- The registered manager told us they have, "Good relationships with day services and other professionals." They told us they meet with people every three months to check how they are doing and if they have any concerns.

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 for them to authorise people to be deprived of their liberty.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records, capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement.
- DoLS authorisations were in place or had been applied for when people required them. No one had any conditions associated with their DoLS authorisations.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. Staff knew who had a DoLS authorisation in place.

Staff support: induction, training, skills and experience

- Shared lives staff received monthly supervisions and shared lives carers received four supervisions a year in line with the providers policy. Staff told us they felt supported by the management team and felt able to gain support from them at any time. Their comments included, "I'm happy with the service and feel supported," "This is a very good scheme. I have phone numbers available to me and I can call day or night" and, "I know the Manager very well and I've got all the emergency numbers."
- Shared lives carers and other staff received a variety of training including, safeguarding, infection control, fire safety, MCA and best interest decisions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Records demonstrated, and the registered manager confirmed that people were involved in the implementation of their care plans and ongoing reviews. Shared lives carers told us people were involved in decisions about their care.
- People told us they had choice and control over their care and daily lives and documents confirmed this. One person said, "I'm happy living here, I just like [shared lives carer], I just like it here. I have a nice room and I go to work. I work with the old people."

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

- People told us they were treated with kindness and were positive about the staff's caring attitude. One person told us, "I'm very happy. I go out to various places, today I'm going out to lunch. It's nice here, I'm happy."
- Staff and shared lives carers knew people well and understood their likes, dislikes and preferences.
- The registered manager and staff told us that they aimed to ensure people's equality, diversity and human rights needs were supported and respected. The registered manager told us, "We make sure we understand any cultural needs, we know what church people like to attend, what food they like to eat, we look for an appropriate carer to make sure they can meet those needs." They told us they had a recent referral to support someone who did not speak English so made sure they had a translator.
- They did not always ask questions about all protected characteristics during the assessment stage however, they told us they looked at specific needs during care planning. The registered manager told us they would update the assessment document to cover people's protected characteristics.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, people had their own rooms in shared lives carers homes which they could access whenever they wanted privacy.
- Staff respected and promoted people's independence. One shared lives carer told us, "[Person] was here for four years and went on to get his own flat."
- Staff had a good understanding and promoted supporting people to maintain their dignity and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Care plans were reviewed three monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process. Care plans were detailed. Shared lives carers were able to demonstrate that they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge.
- The registered manager and acting team manager told us about a person who wanted something meaningful to do and got an interview at charity shop, they told us, "The shared lives carer signed up as a volunteer with her until she got the confidence to do it on her own and another person who had terminal cancer was supported by their shared lives cared to do a bucket list." A bucket list is a list of things that people really want to do during their life.

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.

- The registered manager and acting team manager had good knowledge about the AIS and we saw some information was provided in an accessible way for people. For example, documents contained pictures, some information was available in large print and photographs were used a lot in shared lives schemes.

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 were provided with a range of activities, both within the home and externally. Activities available to people included going out for lunch, accessing local groups, joining in with family activities and puzzles. One shared lives carer told us, "The [people] have been here since September and they've made great progress, so much so that one now wants to live in supported living. They join in with everything now, dancing and so on. Another shared lives carer told us, "[Person] spends holidays and Christmas with their family."

Improving care quality in response to complaints or concerns

- Most people told us they did not have cause to complain. Two shared lives carers we spoke to had made a complaint and they told us it was put right. People and shared lives carers told us the management team were always accessible and they would raise any issues with them. They were confident it would be taken

seriously and acted on.

One shared lives carer told us, "[Person] is able to complain if they want to. They know who to contact to complain to."

- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. Documents demonstrated that complaints were managed in line with the provider's policy and resolved in a timely and satisfactory manner. However, although complaints were recorded and dealt with there was no evidence that the complainant was satisfied with the outcome. The registered manager said they will be recording the outcome in future.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded.

- Staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. There was a current end of life policy in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their shared lives carers told us they received personalised care and were happy with the service. One shared lives carer told us, "[Person] is part of the family. They get plenty of choices. I haven't had anything bad with Shared Lives, they've all been good Managers."
- Staff said they enjoyed working for Shared Lives and felt supported by the management team and the registered manager. Comments included, "It's an amazing organisation," "My manager is excellent, really, really superb. She's got my back and I definitely feel supported" and, "We're very supported, we know the Manager."

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

- The previous rating was displayed in a prominent position in the office.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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

- Quality assurance systems were in place to enable the service managers to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the service managers. This showed action was taken in response to the findings and monitored for completion. However, we found the Registered Managers oversight was not formally documented, despite this, records were up to date.

We recommended that the provider seeks current up to date guidance regarding management oversight and records this in line with best practice.

- CQC were notified of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had some effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. For example, a staff survey was currently underway. We found that the feedback gathered in shared lives carers meetings was predominantly positive. We saw that where they had made suggestions, these were acted on where possible.

The registered manager told us, "We are trialling newsletters. Carers meetings are quarterly, and we have quarterly transformation meetings, two carers from each area attend." They told us any changes they make are done collaboratively, this is presented at carers meeting.

- One person was an ambassador who attended shared lives plus meetings where they discussed best practice. There are plans in place for this person to lead a service user forum to share this information.
- Staff were encouraged to contribute to the development of the service through meetings. Staff told us they felt valued, supported and listened to.
- Appropriate and up to date policies were in place to ensure peoples diverse needs were considered and supported. There was an Equality and Diversity Framework in place.
- The registered manager told us, and documents confirmed staff team worked closely with other professionals to ensure people received effective, joined up care.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by reading their internal discussion forum, notice, training, newsletters, CQC website and sharing information across teams to ensure people received positive outcomes.

- The registered manager responded and acted during and after our inspection to rectify some of the shortfalls found and following the previous inspection had worked to improve the rating to good in all domains.

- There was a clear action plan is put in place to address concerns found in audits and from feedback and this evidenced continuous improvement.