Leicester City Council

Leicester City Council Shared Lives Service

Inspection report

Hastings Road Day Centre
120 Hastings Road
Leicester
Leicestershire
LE5 0HL

Tel: 01164543747
Website: www.leicester.gov.uk

Date of inspection visit:
26 October 2016

Date of publication:
07 December 2016

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

This inspection took place on 26 October 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a shared lives service and we needed to make sure there would be someone in the office at the time of our visit.

Leicester City Council Shared Lives Service is a domiciliary care agency which is registered for the regulated activity of personal care. The service recruits, assesses and supports paid cares to support people who are unable to live independently without support. Placements are made on a short or longer term basis and may involve day visits, respite or the person may live with their carer in their home as part of the family. At the time of our inspection there were 75 people using the service and 62 shared lives carers. Many of the people using the service lived with complex health conditions or learning disabilities and were unable to speak to us directly.

At the time of our inspection the registered manager had just de-registered and the provider was in the process of recruiting to the post of registered manager. 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. The service was managed on a day-to-day basis by a care manager.

This was our first inspection of the service to provide it with a rating.

Robust processes were followed to recruit and assess people who applied to become shared lives carers, and to review the suitability of the existing shared lives carers. There were enough shared lives carers to deliver the service safely and people were provided with continuity of care.

The allocated workers were skilled and experienced in co-ordinating the service and were 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 allocated workers and shared lives carers promoted personal safety whilst respecting people's freedom to exercise their independence and take risks. There was effective liaison between allocated workers, shared lives carers and other external professionals to help maintain placements. Care and support was safely planned to minimise the risks to people's safety and well-being.

All shared lives carers were given training and support to meet the needs of the people they cared for, including regular opportunities to meet their allocated worker.

Each person was encouraged and supported to make choices and decisions about their care and living arrangements. People's mental capacity was assessed and care records reflected that people had consented to the placement and the care and support they received.

People were supported to stay healthy, have a balanced diet and supported to manage their own medicines. Detailed care and support plans were in place which reflected the person's choices and aspirations. People were supported to develop or regain skills and abilities to maintain their independence. People were supported to take part in activities they enjoyed, including participating in local community events and facilities.

People developed positive relationships with shared lives carers who were caring and supportive. Shared lives carers were carefully matched to enable people to lead active lives, take part in enjoyable activities and develop their life skills. People and shared lives carers were provided with information in a variety of formats to enable them to make key decisions about their care and support needs.

People's care plans were person centred, detailed and written in a way that described their individual care and support needs in detail. These were reviewed regularly and changes made where required. This meant that everyone was clear about how people were to be supported and their personal objectives met. People and shared lives cares were actively involved in deciding how care and support should be provided.

The provider had a complaints policy and procedure which provided people with clear information about how to raise any concerns and how they would be managed. A person we spoke with was clear on how they could raise concerns.

The person we spoke with and shared lives carers all told us they felt the service was well-led. They told us they felt the care manager and staff were approachable and supportive and kept them informed of developments within the service. People and shared lives carers were supported to share their views about the service and the care manager used feedback to make improvements to the service. The care manager and allocated workers undertook regular audits and checks during home visits to ensure people were receiving quality care.

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.

Shared lives carers demonstrated a good understanding of how to keep people safe from the risk of harm. Shared lives carers and allocated workers knew what action to take if they felt a person was at risk of abuse. Risk assessments were detailed and provided guidance to reduce the risks to people. The provider followed procedures to ensure shared lives carers were suitable to support people. People received support to take their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

The shared lives carers received a range of training to provide them with the skills, experience and on-going support to carry out their roles. Shared lives carers and allocated workers understood their responsibilities under the Mental Capacity Act 2005 and ensured people were supported to consent to their care and support. People were given the assistance they required to access healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

People and shared lives carers had developed positive relationships with each other. Processes were in place to support people to express their views and be involved in ensuring they were compatible with their shared lives carers. People were supported to be independent and have access to information to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes were assessed and care and support was planned in line with their needs. Personalised support was provided that helped people lead more independent and

fulfilling lives. People were involved in regular reviews of their care and support. Procedures were in place to support people to share any concerns or make a complaint.

Is the service well-led?

Good

The service was well-led.

The care manager and staff understood their responsibilities in ensuring people were receiving quality care and support. There were established processes in place for managing and co-ordinating the service. The quality of the service was monitored and improvements made to further develop the shared lives service.

Leicester City Council Shared Lives Service

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.

This inspection took place on 26 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a shared lives service and we needed to be sure that someone would be in the office to speak with us.

This inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales. The provider had 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.

During the inspection we spoke with the acting manager, a manager, a social worker who was an allocated worker responsible for supporting shared lives carers, a community co-ordinator and three shared lives carers. We were able to meet with one person who used the shared lives service. We also contacted a member of the shared lives panel which approves potential shared lives carers for their views of the service.

We reviewed the care records for five people who used the shared lives service. We also reviewed the records of three shared lives carer's recruitment, training and home visit records. Other records reviewed included policies and procedures, accidents and incident reports and records relating to the day-to-day management and quality assurance of the service.

Good

Is the service safe?

Our findings

One person who we were able to speak with described how their shared lives carer kept them safe. They told us, "I have been taught only to answer the telephone or door if a family member is in and to keep the chain on the front door. [name of carer] keeps me safe by going to new places with me and helping me to manage my money." Shared lives carers that we spoke with demonstrated a good understanding of keeping people safe from harm and abuse whilst they supported them. One shared lives carer told us, "If I had any concerns, such as an unexplained change in behaviour with [name of person] I would go to the allocated worker to make them aware of this and they would follow the safeguarding procedure." Another shared lives carer told us, "[name of person] is very vulnerable and not able to go out without support. If [name] is going on a planned activity, I arrange the transport and ensure there is someone to meet them at the other end. I am always careful to see if [name] is feeling okay and looking well. I am aware of my role in keeping [name] safe and know who to refer to if I had any concerns, for example the social worker or the allocated worker."

The allocated workers, who were social workers, told us they felt people were safely supported by their shared lives carers. One allocated worker told us, "Shared lives carers have a clear understanding of their responsibility in keeping people safe. We have robust monitoring and we are clear on what may constitute as safeguarding." Allocated workers knew what to do if they suspected abuse and were confident in reporting any concerns about people's safety.

The care 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. Safeguarding referrals made in the last year had been reported externally and in some cases led to police involvement. The service reviewed these incidents and took action to reduce the risk of re-occurrence as far as possible. We discussed with the care manager recent safeguarding incidents. They told us about what steps had been taken to keep the person safe whilst respecting the person's right to independent living.

As part of the application and placement process, a series of risk assessments were completed, both for the shared lives carer and their home, if relevant. Risk assessments were also completed for any activities that may take place in the community and any risks that were specific for the person. For instance if the person was at risk from financial exploitation or risks associated with a specific health condition. We saw that risk assessments were detailed to cover general risks and also to inform the matching of any placement between shared lives carers and people. For example, if the home environment was wheelchair accessible or if other family members lived in the home. Records we saw showed that risk assessments were regularly reviewed and updated to reflect changes in potential risks or needs of people. For instance, changes in health conditions or risks associated with people in the local community. This showed that the service managed actual and potential risks to people and implemented measures to keep people safe.

The shared lives carers were able to contact the scheme during office hours for advice and support, or in the event of an emergency. They also had contact details for support out of office hours. Shared lives carers that we spoke with told us they found allocated workers to be very supportive and helpful in the event they had

any problems or needed advice. The allocated workers were clear about their roles on keeping checks on people's personal safety. They told us they carried out visits to monitor people's placements in line with the outcome of risk assessments. This could range from weekly, monthly and bi-monthly and was reviewed against the level of risk and any changes in the needs of the person or those of the shared lives carer.

The care manager monitored accidents and incidents within the service through feedback from monitoring visits and reports submitted from shared lives carers. These were kept with people's support plans and reviewed at each home visit to identify any trends or patterns and reduce the risk of harm to people.

We saw records that showed all shared lives carers were taken through a rigorous assessment process before being recommended for approval. This included taking up references, including a medical reference, proof of identify and a check with the Disclosure and Barring Service (DBS). The DBS provides information to enable employers to make decisions as to whether applicants are safe and suitable to work with people using the service. Allocated workers carried out a series of home visits to assess the applicants suitability, experience, skills and attitude. Applications were then scrutinised by an independent panel who checked details before discussing each application. Where shared lives carers had previously been foster carers for children, they were taken through the same assessment and approval process. The shared lives carers we spoke with confirmed they had been through this application process and felt supported by allocated workers as they progressed. This showed that the provider took steps to ensure that shared lives carers were safe and suitable before they started to support people using the service.

Some people using the service took prescribed medicines. Each person's medicines routine and the level of support they needed was recorded within their care plan. For example, one person's records showed they were supported to take their medicines by their shared lives carer prompting them and placing their medicines in front of them. The shared lives carers we spoke with confirmed they kept records to confirm medicines had been taken. They told us the medicine records were checked at home monitoring visits to verify that people had received their medicines safely. Records showed that shared lives carers responded to changes in the support people required to take their medicines. For example, one shared lives carer had identified that the person had started to hold tablets in their mouth rather than swallowing them. The shared lives carer had arranged for a review of the person's medicines which had resulted in medicines being prescribed in liquid form. This showed that people were supported to manage their medicines safely as prescribed.

Good

Is the service effective?

Our findings

Shared lives carers, allocated workers and the person we spoke with all told us the service was effective. They told us the service had changed people's lives for the better and the skills and attitudes of the shared lives carers had ensured positive outcomes for people.

One person who we were able to speak with told us their shared lives carer gave them the care and support they needed to be as independent as they could be. They told us how they were supported to go to work and be involved in the running of the household and day-to-day decisions. They said, "If I go to new places, my [name of shared lives carer] comes with me. Otherwise, they help me organise my day, including getting to work, getting any shopping and going out with friends. I can bring friends home and introduce them to my family when I want. I get treated really well."

We looked at the training and support provided to shared lives carers and we discussed this with the care manager and allocated workers. As part of the application process, shared lives carers were supported to identify training needs. This continued once approved and they started to support people. On-going training and support was delivered in a flexible way. One allocated worker told us, "There is certain training which we consider to be essential that shared lives carers need to do. There is other training that is available to develop the shared lives carer as a person. We are aiming to introduce more e-learning to acknowledge shared lives carer duties. This will enable them to fit training around their carer role." A shared lives carer told us, "I have completed all the basic training that I need for my role, such as safeguarding and mental capacity, though I haven't undertaken any development training yet." Another shared lives carer told us, "I already have the training I need through my work but I am undertaking food hygiene training with the shared lives service next month to keep my knowledge up to date."

The service provided an annual shared lives carer training programme. We saw that courses included induction workshops and safeguarding in addition to specialist courses in supporting people to manage their specific health conditions, such as epilepsy. Shared lives carers were provided with options for dates and times to attend and were supported to book training through their allocated worker. This helped to ensure that shared lives carers had the skills and knowledge they needed to be effective in their roles.

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 authorisation under the Act.

Shared lives carers and allocated workers had been trained and understood their responsibilities under the MCA. Mental capacity assessments had been undertaken to determine whether people were able to consent to their placement with the service and what support they needed to make decisions. For example, one person's assessment stated that they could make decisions if they were provided with one or two options to

choose from. Home visits that were undertaken by allocated workers including a review of the person's mental capacity to identify any changes since the last review and respond accordingly. The care manager told us the service had identified those people who potentially no longer had mental capacity to agree to their living and care arrangements. We saw the care manager had liaised with local authority commissioners to enable them to review the placement and put in place formal arrangements if required. This showed that the service worked within the principles of the MCA to ensure people consented to their care and support.

Records we saw showed that people's nutritional needs, including any specific dietary requirements, had been assessed and built into their care and support plans. For example, where one person had been assessed as having difficulty swallowing, we saw that professional support had been accessed from a health professional. People were supported by their carers to have a well-balanced diet and to develop their independent skills in food preparation and shopping. A person we spoke with told us, "I take it in turns to do the shopping. I get the foods I want." A shared lives carer told us, "I support [name of person] to be independent in the kitchen as far as possible. [Name] cannot use the hob or oven safely but they can make lunch and gets drinks and snacks without support and I encourage this."

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 shared lives carers supported people to attend appointments. The person we spoke with was able to explain that they attended routine health appointments independently but received support from their shared lives carer if appointments were more complex or if they had to go somewhere they had not been to before. One shared lives carer told us, "[name of person] has more health problems now as they have got older and I do all the referrals to the GP and hospital to make sure their health needs are met." This showed that people were supported to maintain their health and well-being.

Good

Is the service caring?

Our findings

The person we spoke with told us, "I am very happy with [name of shared lives carer]. I think of her as my mom and feel part of the family. They help me to decide on things together and we go on family holidays. I decided what colour I wanted my room and my bedding and they did this for me" Shared lives carers spoke with affection about the people they supported. One shared lives carer told us, "[Name of person] is part of our family. The shared lives arrangement works really well as [name] could be really vulnerable in supported living. [Name] is safe with us whilst still having independence." Another shared lives carer told us, "[Name of person] started on respite with me and became such a part of our family that it developed into a long-term placement. I understand what makes [name] happy and makes sure they have quality of life." One shared lives carer was able to describe the positives they had brought to the person's life as well as the positive caring for them brought. They told us, "[Name of person] is a lot more involved in the local community and meets with my friends, family and visitors. [Name] was experiencing loneliness and depression before the placement but is not showing any signs of this now. We have fun together."

Allocated workers ensured that people were matched with shared lives carers who were compatible, understood their needs and had the skills to meet those needs. This was referred to as a matching process. This often entailed a series of planning meetings and visits during a phased introduction to the placement. Shared lives carers were supported to undertake further training to ensure they could meet people's needs safely. Initially the allocated worker had more frequent contact with people and their shared lives carers and carried out additional visits to the family home to provide support at the start of any new placement. The care manager and allocated worker we spoke with told us the application and assessment process for shared lives carers meant they got to know them well to help ensure the matching process was effective. This helped to ensure people developed positive relationships with carers who were knowledgeable about their needs and interests.

Shared lives carers told us how they respected and protected people's right to privacy and dignity. This could be through things like knocking on their bedroom doors before entering and not discuss the person's private matters with others. One shared lives carer told us, "I have supported [name of person] to open their own post and only assist them when they need help to understand or manage it."

Shared lives carers encouraged people to have as much independence as possible. Shared lives carers were able to describe how they supported people to make their own social networks and maintain and build friendships and relationships that were important to them. This included supporting people to travel independently through pre-arranged transport or links with local community transport and giving people opportunities to develop their daily living skills, for example in the kitchen. This meant people received the support they needed to gain confidence and increased independence over time.

People and shared lives carers were provided with an information pack from the service as part of the initial assessment. This included a shared lives guidance document and a handbook for shared lives carers. This provided people and shared lives carers with information about the assessment and matching process, support available, values and key policies, safety and good practice. The provider's statement of purpose

outlined the aims and objectives of the service and how these were to be achieved. People and shared lives carers were also signposted to an on-line video which involved real-life shared lives stories and examples. This meant people were provided with information to support them to make decisions before they began to use or be involved in the service.

Good

Is the service responsive?

Our findings

The shared lives carers and the person we spoke with told us they had been involved in the development of their care plans and were involved in reviews of their care. We saw from records that care plans had been created with the involvement of external professionals and people, Care plans were personalised and detailed what people's routines and habits were and how best to support them. The care manager told us the service co-operated with other services and shared information when needed, for example when people's needs had changed.

Records showed that people made choices and decisions about how they wished to be supported. There was evidence in records that people were involved in the initial assessments of their care and support needs, in agreeing to the content of their care and support plans, and in the reviews of their care. Shared lives carers told us they were supported to be part of the review and felt that ideas and suggestions were take on board by allocated workers. One shared lives carer told us, "I have always found my allocated worker to be very responsive and supportive. They listen well and take on board what I have to say."

We found that people's care and support was planned and personalised to the individual. Care plans were detailed, addressing the person's needs and wishes and the support they required in a range of areas. This included personal care, life skills, communication, physical and mental health and any religious and cultural needs. For example, one person's care plan identified that they displayed specific hand movements when they became anxious. The care plan reflected the support the person needed from their shared lives carers to respond to this in a timely manner and enable them to reduce their anxiety. This meant that shared lives carers were provided with the information they needed to provide responsive care to people.

The care plans placed emphasis on people having a supportive lifestyle where they could develop their daily living skills, education 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 care and support needs. For instance, we saw during one review that a person had requested support to go on holiday and get a mobile telephone. Subsequent records that we saw showed that the shared lives carer had supported the person to meet their aspirations. Each person's care and support was routinely monitored and reviews of placements were regularly undertaken by allocated workers. Where applicable, external professionals and family members were also present. This showed that people were involved in ensuring their care and support met their current needs.

Records that we saw showed that people took part in a variety of community-based activities according to their interests. One person liked swimming whilst another undertook voluntary work. One person was able to tell us about holidays that had taken place with their shared lives carer, including trips abroad. The shared lives carers we spoke with told us how they encouraged people to develop activities and interests, as well as maintain hobbies and relationships that were important to them. A shared lives carer told us, "I have supported [name of person] to go to the local community swimming pool with me and attend community coffee mornings. This has meant they have made friends with local people." Another shared lives carer told us that they regularly supported a person to maintain links with their family by dropping them off for day

visits. This helped to reduce the risk of people experiencing social isolation within their local communities.

The provider had procedures in place to support people to express concerns and make complaints if they wished. The complaints procedure included details of how complaint's would be managed and contact details for agencies if people required support to make a complaint or were unhappy with the outcome of their complaint. To date, there had been no complaints about the service.

The person we spoke with told us they knew how to complain if they were not happy about something. They told us, "If I was not happy I would contact my social worker or go to my allocated worker to sort things out." Allocated workers were aware of their role in supporting people and shared lives carers to share any concerns they may have.

Good

Is the service well-led?

Our findings

The person we spoke with and shared lives carers all told us they felt the service was well-led. They felt the allocated workers and care manager were approachable and knowledgeable about the service and how to support people with complex needs. Shared lives carers told us they were well informed, supported to do their jobs and could seek advice and support from the allocated workers. There were clear lines of accountability and a system for an independent panel to have oversight of the service and the approval of shared lives carers.

The allocated workers and staff described an open, positive culture within the service. They told us they had regular supervisions with the care manager and monthly team meetings which enabled them to share information and feedback about people's care and support. They said the care manager asked them what they thought about the service and took their views into account. They each felt confident about reporting any concerns or poor practice to the care manager.

The service was without a registered manager, the previous manager having de-registered in October 2016. The care manager was responsible for the day-to-day management of the service and told us the provider was in the process of recruiting to the post of registered manager. The care manager received regular support and supervision from a senior manager to enable them to carry out their role.

The care manager was able to describe improvements that had been made to the service within the last 12 months, This included changing from a traditional panel meeting to a virtual panel. They told us this was a result of recognising that the service needed to improve the efficiency of reviewing assessments and avoid delays in the outcome of assessments and thereby the appointment of shared lives carers. They also told us that as a result of feedback from allocated workers and staff, a review of paperwork and processes had commenced to ensure documentation was more concise. For instance, staff felt that the shared lives service user plan was too prescriptive and task orientated. The plan had been revised and we saw that plans were more person centred and focussed on outcomes for people using the service. This was confirmed by an allocated worker who told us, "The protocol for how we respond to enquiries has been revised and works well. The way we carry out financial monitoring has also improved. There is further work needed to ensure documentation is concise but a lot of work has been done in the last twelve months." This showed that the service used feedback to make improvements and develop the service.

Allocated workers carried out a review of care and records at each home visit. These were assessed through a checklist of requirements, including a review of medicine records, social activities, the shared lives disclosure and barring record (DBS) and training records. The outcome of these reviews were recorded on home visits which were in turn reviewed by the care manager who considered the findings and actions of home visits before signing them off. This helped to ensure that people were receiving quality care in line with their needs and wishes.

The care manager was in the process of sending out satisfaction surveys to people using the service. These were in pictorial form and asked people to rate key aspects of the service such as their shared lives carers,

what they thought of their home and if they went out. People were asked to rate their care and support from either good, bad or okay and like or don't like. We saw that some responses had already been received and these were positive about the service. The care manager told us responses would be collected and a report produced and shared to show people's feedback about the care they received and any improvements that needed to be made.

Shared lives carers were supported to feedback through regular carer meetings. The care manager had recognised that attendance was difficult for some carers and ensured notes of meetings were circulated to all shared lives carers following each meeting though a newsletter. They explained that they planned for future meetings to be more of a social event to support shared lives carers to network and share information informally. One shared lives carer told us, "I don't go to many meetings but the service always keeps me informed and sends me minutes of meetings." We looked at minutes from a recent meeting and saw that shared lives carers had opportunity to share their views and keep informed about changes and developments within the service. This showed that the service was committed to seeking and using people's feedback to make improvements to the service and ensure people received quality care.

Registered providers are required by law to notify us about significant events and incidents that occur within the service. A review of our records confirmed that appropriate notifications had been sent to us in a timely manner. This meant that the provider responded to concerns and involved other agencies, where appropriate, to keep people safe.