

Halton Borough Council

# Halton Adult Placement Service-Adults and Community complex needs division

## Inspection report

Halton Adult Placement Service  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

The Adult Placement Service is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. There were 34 people being supported at the time of the inspection.

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

People told us they were settled and happy with the service provided by the Adult Placement Service. They told they received their medicines when needed and staff supported them well.

Arrangements were in place for checking carers home environment to help ensure it was safe and any obvious hazards were assessed, and plans put in place to reduce the risk.

People told us that staff had the skills and approach needed to help ensure they were receiving the right care. The service was continuing to build a solid staff team and were looking to build the service further. The service was staffed appropriately and consistently and care was taken to 'match' people to carers that could provide the best support; this helped to develop positive relationships with people.

People told us that they felt safe when being supported and no-one raised any concerns about their care; one relative commented, "I feel reassured by [the service] and [person] loves going; its brilliant."

There were a series of quality assurance processes and audits carried out internally and externally by staff and managers on behalf of the provider. These were effective in monitoring the quality of the service. Feedback was gathered from the people being supported and their relatives as well as carers.

The formal assessment and planning of people's care in care records had been reviewed and regularly updated. Records reviewed contained very good detail of people's care needs and evidenced their involvement in the planning of their care.

Carers we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Carers were regularly updated with necessary training.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests when required; the policies and systems in the service supported this practice.

Rating at last inspection:

The last rating for this service was Good (published 15 July 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.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

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** ●

# Halton Adult Placement Service-Adults and Community complex needs division

## **Detailed findings**

## Background to this inspection

### The 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 checked 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.

### Inspection team

The inspection was undertaken by an adult social care inspector.

### Service and service type

The Adult Placement Service 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 registered manager. 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 was an announced inspection which took place over one day on 10 February 2020. We announced the

inspection as we had to plan interviews with people using the service and to ensure key staff were present when we visited the agency offices.

#### What we did

Our planning considered information the provider sent us since the last inspection. This included information about incidents the provider must notify us about, such as abuse or other concerns. We requested information from the local authority commissioners who work with the service.

The provider completed 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 made some phone calls to relatives of people using the service to gain feedback. On 10 February we visited two of the carers in the community and met with people they were supporting. We also visited the offices of the agency to speak with the managers and key staff as well as inspect records.

In total, we spoke with six people using the service and three family members to ask about their experience of care. We also spoke with the registered manager and other senior managers and two of the shared lives carers.

We looked at three people's care records and a selection of other records including quality monitoring records, training records and staff records.

# 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 now remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People told us they received support with their medicines and they were pleased with the overall management of medicines.
- Medication Administration Records [MAR] checked were easy to follow and showed that medicines had been administered on time by carers. There were some minor recording issues regarding handwritten medicines on the MAR's that managers said they would address and would monitor by updating existing medication audits.
- Carers were trained to administer medicines and their competency to do so was regularly monitored.

### Staffing and Recruitment

- All the people we spoke with said they were satisfied with the support they received; one person commented, "All staff are good. They feedback well and always contact me if any issues."
- The provider had a thorough recruitment policy and procedure that helped ensure staff were recruited appropriately and were suitable to work with vulnerable people.
- Care was taken to help ensure that people's individual care needs were considered when being 'matched' with a carer.

### Assessing risk, safety monitoring and management

- Assessments were in place to identify potential hazards faced by people during their support as well as any specific activities undertaken.
- All assessments were up to date and reviewed regularly.
- Regular safety checks were completed on the carers home environment. Where people used equipment, there were checks to ensure it was safe and met people's needs.

### Preventing and controlling infection

- Carers told us they had received training around preventing and controlling infection and had access to relevant guidance and information.

### Systems and processes to safeguard people from the risk of abuse

- Carers had received safeguarding training and had access to relevant information and guidance when required. Carers understood what was meant by abuse and they were confident about how to report safeguarding concerns.

### Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred.



- Individual accident / incident records contained very good detail and a review of risk had been carried out, so any trends could be identified, and remedial action taken if necessary.

# 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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and family members told us that carers had the skills and knowledge to provide the right support.
- Training for carers was ongoing with all routine updates for well planned.
- Staff told us they were very well supported by the managers and the training plans in place. Some of these included training to support people living with dementia and diabetes so that staff had good background knowledge of people's medical conditions. Staff training in end of life care was discussed and was to be developed.
- The service had developed a staff handbook to support carers which contained key information in an easily accessible format.

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

- Standard assessments were completed and used to develop care plans.
- Assessments were obtained from health and social care professionals and used to help plan effective care for people.
- Care and support was planned and monitored in line with people's individual assessed needs. The care plans we reviewed evidenced well-planned interventions for people receiving personal care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- The service linked well with people they were supporting and also with referring professionals to ensure people's ability to make clear decisions about their care and treatment was assessed.
- The registered manager and staff understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
- People and their relatives told us they were offered choice and control over the care they received. We were

told that care staff would always explain, and permission sought when they were about to do something different. One relative told us, "They always contact me and discuss any decisions."

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

- People and family members told us that carers supported people when needed at meals times. Carers would always make sure that people had food and drink available and would be able to eat in a homely, comfortable environment. One person told us, "I like the food – fish and chips today."
- There was reference in care plans to peoples individual dietary needs including any referrals for health input and assessment; for example, one person who had swallowing difficulties.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records.
- The manager's and carers were aware of the processes they should follow if a person required support from any health care professionals.

# 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 now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and were positive about the caring attitudes of shared lives carers. The feedback we received about the service was positive particularly regarding the approach of carers when carrying out support. Comments included, "Brilliant, couldn't get any better. [Person] goes three times a week and does all sorts of activities. [Carer] is wonderful."
- Carers knew people well and had developed positive and warm relationships with the people they supported. One person commented, "I love it here. We make things and play games; we have a laugh."
- Staff understood, and supported people's communication needs and choices. Care records included information on how people communicate their wishes as well as information about people's life history, likes, dislikes and preferences. We saw a group activity taking place and the carer was skilled at involving a person who required some support to communicate and interact.

Respecting and promoting people's privacy, dignity and independence

- People being supported required varying levels of personal care support which was mostly around continence care. We saw carers knew how to support and prompt people appropriately and respectfully.
- People's individuality and diversity was nurtured. People were treated with equal respect and warmth and staff were able to talk about them as individuals.

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

- People were supported to communicate their views and were involved in planning their care. We saw that reviews of care were undertaken which included people's input and involvement as part of this process.
- People and family members were encouraged to share their views about the care they received with review meetings and surveys.
- People and family members told us they were confident in expressing their views about the care and support provided by carers and that carers and managers would always respond positively.

# 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 Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans reviewed contained very good detail. They gave carers the information necessary to best meet people's needs. The plans were easy to follow and contained the specific care and support to be carried out.
- Care plans were written in easily accessible language and showed people were considered as individuals.

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

- Both carers we visited provided ongoing activities for people to engage in.
- Activities took place in a normal communal setting which encouraged people to interact positively.
- Planned activities included reference to people's specific interests. For example, one person told us the carer had been able to get a video of an artist they preferred so they could watch it as a group. We were able to have some discussion with people regarding this on the inspection.

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.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded.
- There was information that was provided in more easily accessible formats, such as easy read, if required including the complaints procedure.
- The registered manager advised us that further ways of making information accessible to people was ongoing.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. Only one person received 24-hour support from a shared lives carer with other people receiving respite and support on a day care basis. The registered manager had identified the need for staff to receive training in end of life care as the service developed in the future.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the managers about their experiences of care; the service provided a range of ways to do this through care review meetings and surveys. People and relatives told us that managers from the service visit regularly to ask their views.

- Carers, people and family members were given information about how to make a complaint. They were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

# 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 now 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.

### Continuous learning and improving care

- The service had a series of audits and checks in place to help identify any shortfalls in service provision. Results of key audits analysed, and improvements made if needed.
- The registered manager and the management team liaised well with carers to run the service. They were supported by a clear management structure. Carers were also supported by care coordinators.
- The registered manager continuously worked with the senior management team to sustain improvements to the service. For example, reinforcing the development of the service model and recruitment of carers.
- The registered manager had developed some links with external organisations to ensure they remained up to date with current practices. This meant that care and support provided was based on current evidence-based guidance, legislation, standards and best practice.

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

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management. The management team were long standing and had many years' experience in the care sector.
- When specific incidents occurred, these were documented through the services accident and incident processes. These were reviewed individually and collectively to look for any trends with care plans updated if needed.
- People and family members were overall confident in the leadership of the service. One shared lives carer told us, "We get great support; there's always someone to speak to when I've rung the office, and they're all helpful, and sort any issues out."
- The registered persons sent CQC notifications as required, informing us of significant events at the service.

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

- The service promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- Carers understood the service's vision and felt valued. They told us they felt valued and trusted by the registered manager and management team.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Carers were encouraged to share their views through regular meetings.

#### Working in partnership with others

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as other external agencies who supported best practice.
- The service promoted an "active support and social role valorisation model" which was shared across all services within the community division. This was a care model which particularly supported people living with dementia. The service had been recognised for supporting people living with dementia and won a care award for promoting a "normal life as possible".