London Borough of Hackney

Hackney Adult Placement Scheme

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a shared lives care service and we needed to be sure that someone would be in. At our previous inspection on 16 October 2013 we found the provider was meeting regulations in relation to the outcomes we inspected.

Hackney Adult Placement Scheme is a Shared Lives service, formerly known as Adult Placements. This means adults who may have learning disabilities or mental health issues receive care and support provided by individuals, couples and families who have been approved and trained for that role. The service is run and managed by the London Borough of Hackney. At the time of our inspection, there were approximately 35 adults that had been placed with shared lives carers.

There was a registered manager at the service; however she was not managing the service at the time of our inspection. A care co-ordinator was currently managing the scheme. 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.

People using the service told us that the shared lives carers were kind and they liked living with them. They told us they supported them with their medicines, their food and their daily activities if needed. Carers completed medicine records when they administered medicines and told us they helped people to attend health appointments if needed.

Shared lives carers demonstrated empathy towards people that lived with them. They spoke about people as if they were their own family members and told us they did not discriminate against them and included them fully in their family life.

People told us they felt safe and there were procedures in place to help ensure this. Shared lives carers documented financial transactions and receipts were retained and checked by care coordinators. Carers were familiar with safeguarding procedures and the provider took appropriate steps when safeguarding concerns had been raised.

Thorough assessments took place before people came to live with a shared lives carer, these included identifying peoples' support needs, risk assessments in relation to both people and also the living environment. Thereafter, placement monitoring reviews took place on a yearly basis which helped to ensure that the placement was appropriate and any identified risks were being managed.

Although robust recruitment procedures were in place which helped to ensure that people were placed with vetted carers, ongoing checks on carers were not always in line with the providers own policy. Shared lives carers told us they were happy with the amount of training and support they received.

Carers were aware of the importance of asking people for their consent to care. Support needs assessments and support plans were signed by people using the service, indicating their agreement to them.

Care records were person centred and documented the wishes of people using the service.

Although carers told us they felt well supported, we found that changes in the way the service was managed had meant that some audits to monitor the quality of service were not always taking place as frequently as before.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in some aspects. Recruitment checks were carried out on new carers, however, some carers had not had a DBS check within three years, which was not in line with the providers own policy.

The provider had effective systems in place to help ensure that people were safeguarded from avoidable harm.

Risk assessments were carried out for both people using the service and also the home environment; this helped to ensure people were kept safe.

Is the service effective?

Good

The service was effective. Carers received regular training which helped them to carry out their roles effectively.

People were asked for their consent before being supported and they agreed to their care plans.

People had their healthcare and nutritional needs met by the provider.

Is the service caring?

Good

The service was caring. People told us that the carers were kind and looked after them.

People were matched with carers who shared common interests.

Is the service responsive?

Good

The service was responsive. Thorough assessments of people needs took place prior to them moving into a home, ongoing placement monitoring took place on a yearly basis.

Care plans were person centred and recorded the support needs

of people in various aspects of their lives, including medicines, food and daily living.

People were given the opportunity to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led. Carers told us they felt well supported however, there were some staff shortages at management levels which meant that some quality assurance audits did not always take place.

Hackney Adult Placement Scheme

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 14 January 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 inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection, we spoke with two people using the service. We spoke with three carers, the care co-ordinator and the manager of the learning disability service. We looked at three care records, four staff files and other records related to the management of the service including training records, audits and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We found that although there were robust recruitment checks in place to help safeguard people, ongoing criminal record checks were not always up to date in line with the providers' own policy of renewing these every three years. At the time of our inspection, of the 34 shared lives carers, seven did not have a Disclosure Barring Service (DBS) check carried out within the last three years. The care co-ordinator told us that these carers had all been offered appointments by the human resources department to renew their DBS application. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The provider followed guidance from Shared Lives Plus when recruiting and approving new shared lives carers. People that wanted to become shared lives carers completed an application form and care coordinators visited them in their own homes to undertake a pre-assessment meeting. A more formal carer assessment form was completed which included details of references sought, including one from their GP, landlord or mortgage checks and criminal records checks. The care coordinator completed an assessment process summary record which was presented to a shared lives panel, a panel of three independent people who made a judgement on the person's suitability to become a shared lives carer.

This helped to ensure that only carers with the appropriate level of skills, knowledge and capabilities were recruited to support people using the service.

We asked people using the service if they felt safe living at their shared lives carer's homes. They said that they did and their carers were nice to them.

There had been one safeguarding concern raised in the past year and we saw that the provider had taken appropriate action in response to this. Safeguarding concerns were discussed in annual carer review meetings. Accurate finance record sheets were retained by shared lives carer, receipts were kept for any purchases over £50.00 and all items bought were documented in the sheets. These were reviewed by the care coordinators for any discrepancies.

Shared lives carers were aware of their responsibilities under safeguarding procedures and were able to identify potential signs of abuse. Safeguarding training was delivered to all carers on an annual basis.

Processes were in place to ensure that risks to people, including environmental risks were assessed and managed to keep people safe. Shared lives carers confirmed with us that their home was checked for any potential risks and health and safety checks were carried out by care coordinators. One of the comments included, "They come round and check the house for any problems."

A health and safety checklist was completed for each shared lives accommodation. This included checking the utilities such as gas, electrics and water and emergency procedures such as fire/smoke alarms, first aid and escape routes. Other checks that were completed as part of this health and safety checklist included domestic safety, for example checking if the property itself was suitable, if there was sufficient ventilation

and lighting. The windows were also checked and assessments made in relation to potential risks posed by pets, furniture and safety in the kitchen for example the cooker, work surfaces, storage, food handling.

Risk assessments were reviewed once a year and were personalised to each person. They included identified risks such as mental health, physical health and home environment. Where a risk was identified, the level of risk along with controls to help manage the risk to reduce the possibility of avoidable harm were recorded.

Medicines and health including storage and moving and handling issues were documented. We saw examples where issues were identified and action recommended to try and resolve these. For example, we saw that carer's training needs had been identified in topics such as first aid and food hygiene.

People using the service told us that they received their medicines. Shared lives carers told us that they had to support people to take their medicines and had received training in medicines administration. They told us, "[person] is fine with his medicine, I have to prompt [them]" and "[person] goes to the GP to get a repeat prescription."

People's support needs with respect to their medicines were assessed and discussed with them during their initial support needs assessment and thereafter during their placement monitoring visits. This helped to ensure that the support in place to manage people's medicines was current.
People's support plans contained information related to the medicines they were currently taking and the level of support required, for example whether they could manage independently, needed prompting or full support.

Shared lives carers completed medicines administration records (MAR) which were brought back to the office and reviewed during care coordinator visits.

Good

Is the service effective?

Our findings

Shared lives carers told us they were satisfied with the training they received from the service. Some of their comments included, "I do a lot of training. The last training I went on was epilepsy" and "The training is too much! There's lots on offer."

We looked at training certificates and saw that some of the training that had been delivered in the past year to the shared lives carers included managing violence and aggression, first aid, safeguarding adults and children, the Mental Capacity Act (2005), manual handling, health and safety, care of medicines and food safety. The learning disability development manager told us that there was some provision for additional training available with the organisation, for example speech and language therapist and dementia champions were available if needed.

The care coordinator was in the process of developing a spreadsheet to help them to oversee and manage the training requirements of carers and provide information of when people's training was due to expire. At the time of our inspection, we saw that this was underway but had not been fully completed.

We reviewed supervision records for the carers that we spoke with. Although these had not taken place with the expected frequency, shared lives carers told us they were given the opportunity to have formal one to one supervisions with the care coordinator. Carers were able to discuss their training needs and whether they had any concerns about the placement or the support they received from the service and if any improvements were needed. One carer told us, "well supported, every time I need something [the care coordinator] is on the end of the phone."

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.

The learning development manager told us that if decisions needed to be taken that might affect people's liberty, this would be done in line with the requirements of the MCA and in consultation with the person using the service, their family members, shared lives carers and other people involved in people's lives such as social workers.

Shared lives carers told us that people made everyday decisions, such as choosing what to wear, what to eat but sometimes required encouragement and prompting. Records including support needs assessments, shared lives agreements and support plans were written in an easy read format and clearly recorded people's wishes and consent to their content.

Placement and shared lives agreements were in place which laid out the responsibilities of the person using the service, the shared lives carer, the social worker and the care coordinator. These were signed by the person using the service, the shared lives carer and other people involved in the placement including the care coordinator and social workers indicating their agreement to the responsibilities laid out.

People's dietary and healthcare needs were being met by the service. One person said, "I had cereal and cup of tea for breakfast." Shared lives carers told us that they encouraged people to help prepare meals. None of the people we spoke with had any specific dietary requirements.

Shared lives carers completed activity plan daily diary updates with details about people's meals and also whether they had attended any health appointments.

Food safety and nutrition guidance highlighting the importance of food safety, healthy eating and diet, was available to people and their shared lives carers. People's likes and dislikes were recorded in their support plans along with any allergies, intolerances and cultural requirements.

People told us they saw a doctor if they were unwell. We also spoke with a community occupational therapist who gave us examples of where they had worked with a shared lives carer to support a person using the service to improve their independent living skills. They told us the shared lives carer had worked with the person over a period of six weeks and there had been an improvement in the person's level of independence.

Good

Is the service caring?

Our findings

People using the service told us that their carers were nice and they liked living with them. They told us "I'm good" and "I'm happy, it's my house."

One shared lives carer told us they had been carers for a long time and to them it did not feel like a job but just a normal part of their life. A common theme amongst all the carers we spoke with was that they did not differentiate between people using the service and their own family members. Some of the comments were, "This is his home. He is part of my family, he definitely is" and "I have never thought of giving him up." Carers demonstrated a really good understanding of what people were like, their character and what support they needed.

Carers told us they always respected people's right to privacy and dignity. They told us, "They live their life how they want, we are just here to provide support if needed."

There was a thorough matching process in place which helped to ensure that people were placed in homes and with carers that they would be suited to and share common interests with. People were given ample time to see whether they were happy with their placement. We saw examples where this matching process had resulted in both a placement being cancelled and where a placement had worked out positively for all parties.

People's religious and cultural needs were recorded in their assessment records and support plans. Their preferences with respect to how they wanted their personal care needs met were also recorded, for example whether they preferred a bath or shower, grooming preferences and the level of support needed.

People were encouraged to maintain their independence. Support plans identified areas where people could improve or maintain their independence such as taking medicines and road awareness.

Placement and shared lives agreements were in place which laid out the responsibilities of the person using the service, the shared lives carer, the social worker and the care coordinator. Responsibilities of the person using the service included respecting the wishes of other people in the house, agreeing to the house rules and talking to the shared lives carer about any concerns. Responsibilities of the shared lives carer included, treating people as a full member of the family, respecting their privacy and dignity, supporting people in community involvement and other support needs. Responsibility of the service included providing ongoing training, and supporting the shared lives carers in other ways to meet people's needs.

Good

Is the service responsive?

Our findings

The care co-ordinator spoke to us about the process of accepting new referrals for the shared lives scheme. Referrals came in from a social worker or care manager form either the learning disability or mental health team. The information on the referral form was used to make an initial judgement on the suitability and sustainability of the care and support needed.

The referral forms for new people contained a good level of detail about the support needs of people, including the purpose of referral, any behaviour that challenges, capacity to consent, medical conditions, the level of support needed and their dependency needs, their likes/dislikes, and activities enjoyed. The referral form also made recommendations if a person needed an Independent Mental Capacity Advocate (IMCA) to help with their decision making, any family involvement, and the persons own preferences about food, religion and the type of household they would like to live in

A formal 'support needs assessment' process and form was used where a care coordinator would meet the person in their current living arrangements, in the presence of their relatives and social worker if appropriate.

People using the service received a copy of this assessment. The care coordinator told us, "There is no pressure on people, they can change their mind if they want to." After this, if the person was happy with the arrangement a meeting at the shared lives carer house would be arranged and subsequently a day visit, overnight or weekend stay. They care coordinator told us, "It is really important as people will potentially be staying at the home for a long time." Both the person using the service and the shared lives carer were given enough time to think about the placement. Once a person had moved into a family home, there was a 28 day trial period if either party decided the placement was not suitable for them.

The support needs assessment involved speaking to a person about their views on the shared lives placement. They were asked questions about how they liked to spend their day, any difficulties that they needed support with, their life history, any risks to themselves and others. At the end of this assessment, the care coordinators developed a summary of identified needs and outcomes to be incorporated into the support plan. Some of the examples that we saw included assisting people with budgeting, encouragement to eat a healthy diet and becoming more socially active. These forms were signed by people using the service, the social worker and the care coordinator.

Formal placement monitoring took place every year, however care coordinators told us they had more frequent contact with shared lives carers and people using the service if they needed to check any records or they came to the office. This visit focussed on specific areas in which people had been supported to develop some skills, any issues with the placement, money management, emotional and mental health needs, use of time, physical health, social networks and motivation and personal responsibility. The placement monitoring forms that we looked at did not always include the views or signed agreement of people using the service or the shared lives carers.

Service user plans were written in plain English and easy to follow. They covered a number of areas, including family/friends, religion/culture, eating and drinking, communication, activities and health amongst others. They were signed by both the person using the service and the shared lives carer and were reviewed once a year.

Carer reviews were conducted on an annual basis. These looked at whether the arrangement was working well and if there had been any significant changes to the placement, such as any changes to the household, the carer's health, lifestyle, circumstances. Actions from the previous review were discussed and feedback about the shared lives carer was sought, both compliments and complaints. The views of the shared lives carer as to how the shared lives service was operating and providing support to the carers was also discussed and future plans to develop the service further were talked about. The minutes of these meetings were signed by both the shared lives carer and the care coordinator.

The placement agreement had details of how people could raise complaints and the frequency of the reviews. These were written in an accessible format, meaning that it was easy to understand. People were given information about what to do if they were unhappy in their service agreement that was given to them when they were placed in a home. Placement monitoring reviews took place during which people were asked if they were unhappy with any aspect of their support.

There had been no formal complaints received by the service in the past year. We spoke with the learning development manager about the complaints procedure who said that all formal complaints went directly to the head of service who assigned the complaints for a manager to investigate.

Requires Improvement

Is the service well-led?

Our findings

Shared lives carers told us that the care coordinator was approachable and friendly. They said he kept in touch with them and was available at the end of the phone if they needed any help or advice. However, they also acknowledged that the care coordinators that had left the service had meant that they did not see the care coordinators as often as previously. They told us the care coordinator was "Quite helpful", "Gives us advice and help" and "We can call him if we need anything."

The Hackney Adult placement Scheme's statement of purpose states that the aims of the service was to provide 'you with the opportunity to be part of the family and community of an Adult Placement Carer, who in turn will provide friendship and support and/or care.' It also referenced promoting people's independence, respecting their privacy, and being given choices. We found in our conversations with staff and people using the service, that the provider was striving to achieve this.

The service had undergone some significant changes at management level within the past year. The adult placement scheme had moved internally within the organisation from one department to another and the registered manager was no longer in post. Some care co-coordinators had left and at the time of our inspection, there was only one care co-ordinator for the service instead of three.

The extra workload placed on the care coordinator meant that although quality assurance checks were taking place, they were not being done as regularly as expected and in some cases were not being done. Audits included annual placement monitoring visits and health and safety checks. Finance sheets and diary day sheets where checked to see if they were being completed in a timely manner when they were returned to the offices by the shared lives carers. Incident and accident forms were completed by shared lives carers and returned to the office. We saw that appropriate action was taken by the provider if an incident had taken place.

The care coordinator said that although three carers meetings had been held recently, there were no minutes available for us to see. They also told us that formal questionnaires were sent to both carers and people using the service every year but this had not been done for the current year "due to staff shortages."

The service was part of Shared Lives Plus, the UK network for shared lives and homeshare. Shared Lives Plus provides resources and training and enables members to support and learn from each other.