

Cambridgeshire County Council Fenland and East Cambridgeshire Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Fenland and East Cambridgeshire Shared Lives Scheme is registered to provide the regulated activity of personal care. The scheme recruits and supports approved carers to support people living with a learning disability in a family placement and outreach packages in their own homes. The majority of support was being provided as outreach by approved carers to people in their own homes, two of whom were receiving personal care. There were four people living in family placements receiving personal care and being supported by the scheme. This inspection was announced and took place on 18 May 2016.

A registered manager was not in place at the time of this inspection. The previous manager was deregistered in May 2016. However an interim manager was in place to manage the service in conjunction with the scheme's coordinators. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff knew what action to take to ensure that people were protected if they suspected they were at risk of harm. There were sufficient numbers of staff to provide care to the people using the service.

Recruitment procedures ensured that only suitable staff were employed to work with people using the service. Risks to people's health, wellbeing and safety had been assessed and actions had been taken to reduce any identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medication.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider demonstrated how they supported people to make decisions about their care and where they were unable to do so, there were records showing that decisions were being taken in people's best interests. This also meant that people were not being deprived of their liberty with the protection of the law. Staff had received training on the MCA and the DoLS.

People were supported by staff with their nutritional needs, where appropriate, during the care visits they received.

The scheme's coordinators and approved carers were trained to provide effective and safe care which met people's individual needs and wishes. Approved carers were supported by the manager and scheme coordinators to maintain and develop their skills and knowledge through ongoing support and regular training.

The manager and coordinators were in contact with a range of care professionals to ensure that care and support to people was well coordinated and appropriate.

People's privacy and dignity were respected and their care and support was provided in a caring and patient way.

Care and support was provided to people in their own homes and within a family placement. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care plans were amended when required. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had effective quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

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.

Approved carers were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures showed that only approved carers suitable for the role were employed by scheme. There was a process to ensure that approved carers and people were matched to meet individual's needs and preferences.

Risks to people's safety were assessed and managed by the scheme.

Is the service effective?

Good ●

The service was effective.

An ongoing training and supervision programme was in place to ensure that approved carers had the support, knowledge and skills to care for people who used the service.

Staff were acting in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that people were not at risk of unlawful restrictions being placed on them.

People's health and nutritional needs were being met.

Is the service caring?

Good ●

The service was caring.

Care was provided in a kind and respectful way.

People's rights to privacy, dignity and independence were valued by approved carers and the scheme's coordinators.

People were involved in reviewing their care needs and were able to express their views and make changes to their care.

Is the service responsive?

Good ●

The service was responsive.

Reviews were carried out on a regular basis to ensure people's care and support needs were being met.

People were supported to pursue activities and interests that were important to them.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Is the service well-led?

The service was well-led.

Procedures were in place to monitor and review the safety and quality of care and support being provided.

Approved carers were supported and felt able to raise concerns and issues with the manager.

People and approved carers were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good ●

Fenland and East Cambridgeshire Shared Lives 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 was an announced inspection and took place on 18 May 2016 and was undertaken by one inspector. We gave the provider 48 hours' notice of this inspection. This was because the manager may be out of the office supporting approved carers and we needed to be sure that they would be available to facilitate our inspection.

Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the scheme's office and spoke with the manager and two care coordinators. We also spoke with three people, five approved carers and a relative on the phone. We also spoke with adult support coordinators and a team manager from the local authority, a day services manager and a community nurse.

We looked at three people's care records and records in relation to the management of the service. We also looked at the management of approved carers such as recruitment, supervision, and training records. We spoke with healthcare professionals who had contact with the service. These included; a community nurse, a day services manager, a team manager from the local authority and five adult support coordinators from

the local authority.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "I feel very safe and happy and the [approved] carers help me with whatever I need." Another person said, "Yes I feel very safe here as part of a family." A relative told us that, "I feel that [family member] receives very good care and the carers [approved carer] are careful when providing their care." Another relative said, "The care and support is really good and my [family member] is very happy and looks forward to going for their respite visits to one of the carers [approved carer]." One person who had lived in a family placement for a number of years told us that they felt, "a part of the family." Another person said, "I love living with my family and feel very involved with everything." Other people were receiving personal care at agreed times as part of their outreach sessions during the week.

The provider had ensured that there were detailed safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Approved carers we spoke with were aware of their roles and responsibilities in relation to protecting people from harm. They confirmed that had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the scheme manager and coordinators and the local authority's safeguarding team.

Contact details for reporting safeguarding incidents to the local authority were available to staff and approved carers. One approved carer said, "If I saw any poor care I would feel confident in reporting it to my manager without hesitation." This showed us that the policies and procedures in place enabled approved carers to access the information they needed to support people's safety.

We saw copies of daily notes which were completed by approved carers detailing the care and support that they had provided. This was to demonstrate that people had been cared for in a safe way according to their care plan needs.

Risk assessments were in place. These included assessments for bathing, eating and drinking, personal hygiene, challenging behaviour, assistance with medication and any environmental risks. Approved carers were aware of their roles and responsibilities in keeping people safe when they were providing care.

At the time of this inspection the service was involved in the administration of one person's medicines and we saw copies of accurately completed medicine administration records.

People that we spoke with confirmed that staff were on time and had never missed any of their care calls. One person said, "The [approved] carers are on time and if they are going to be late then they phone me." The manager said that people only received a service once the appropriate approved carer had been allocated and matched to the person and could meet their preferences and needs. A number of introductory visits were arranged so that the person and carer could get to know each other. This was to ensure that the person's care and support needs could be safely met and matched.

Shared lives arrangements were formed using a matching process which took into account the person's

assessed needs and the experience and skills of the carer. All approved carers were considered by a panel to assess their application and suitability to provide the required care and support. We looked at three recruitment records and found that appropriate checks including a satisfactory criminal records check and receipt of references from previous employment had been carried out prior to staff starting work. Any gaps or queries in employment history were pursued with prospective carer during their interview. This showed us that the provider only employed approved carers who were deemed suitable to safely work with people using the service. Approved carers only commenced working for the scheme once all the required recruitment checks had been satisfactorily completed and approved.

Approved carers we spoke with told us that the recruitment process had been very thorough and that they had to supply a number of documents including references and criminal records checks. Approved carers told us that they had also completed an induction and mandatory training prior to commencing any support to people using the scheme.

Is the service effective?

Our findings

People spoke positively about the approved carers and were satisfied with the care and support they received. One person told us, "The [care staff] are very good and help me with what I need." Another person told us, "The approved carers make sure everything has been done before they leave and they are very careful and considerate." A relative we spoke with said they all felt that the care and support provided met their family member's needs. They went on to say that, "My [family member] has a number of complex needs and the staff understand and take time to help them in a kind and effective way."

The manager confirmed there was a programme to make sure that the scheme's staff and approved carers' training was kept up to date. The training record showed the courses that staff had undertaken and dates for when they were required to retake them. Examples of training included; safeguarding, MCA/DoLS, food hygiene, nutrition, dignity in care, nutrition, safe moving and handling and medicines including competency checks.

Coordinators based at the office also confirmed that they received regular ongoing training sessions throughout the year and that they were advised of dates for the training. We saw that a record of training was kept to ensure that approved carers were booked on refresher training throughout the year. Approved carers we spoke with confirmed this to be the case.

Staff at the scheme and approved carers told us they had received regular formal supervision and an annual appraisal. Approved carers and scheme staff told us that they could speak to the manager at any time to discuss issues or concerns. This meant there was an effective system to support and monitor staff and approved carers so that they were delivering effective care for people. Carer's personnel files showed that they had received an induction and training when they started work to help ensure that they followed safe working practices.

We saw that assessments of people's dietary needs and preferences had been made and that these were recorded in their care and support plan. One approved carer said, "[Person living with the family] is part of our family life and chooses what they would like to eat as part of daily living."

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. For people living in the community applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's rights were being protected from unlawful restriction and decision making processes. The provider had procedures in place, with training for the scheme's staff and approved carers

during their induction and on an ongoing basis regarding the MCA and DoLS.

The manager and scheme staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. The manager told us that there was currently one person receiving personal care from the scheme that required a DoLS application. This application was being dealt with by the person's care manager from the local authority and the outcome of this was awaited.

Care professionals we spoke to also told us that they had received good quality information from the manager and scheme staff and always acted on any advice or issues discussed during placement reviews. Adult support coordinators from the local authority told us that the scheme was flexible to people's changing needs and were particularly supportive to people especially when respite care was required at short notice. An example also included how the scheme had successfully help a person to move into more independent accommodation provided by their family placement. A community nurse was positive about the scheme's input and found them to be helpful and professional and followed agreed advice as required. A day services' manager was also positive about the scheme and said that people often spoke about all the things they had done with their family placement approved carers such as going on holiday and day trips.

Is the service caring?

Our findings

People and their relatives we spoke with confirmed that the approved carers were very kind and caring. For example, one person said, "I am really happy with the carers [approved carers who come to help me and they are kind and caring and they know how I like things to be done – they always check if anything else is needed before they and I look forward to seeing them." A relative said, "The carers [approved carers] are respectful and always make sure my [family member] is well supported they [approved carers] are kind and helpful." Another person said, "I love living with my family and its good and I am very happy here."

People told us that approved carers respected their privacy and dignity at all times. People told us that they usually had the same approved carers providing care to them. People said that they knew which member of staff would be visiting to assist them. People and approved carers were regularly contacted by the scheme coordinators to check their satisfaction with the service and support being provided. This showed that the service took time to ensure people were respected and consulted about their care and support needs.

One person said, "The approved carers take time to chat with me whilst they are providing care." Another person said, "The carers [approved carers] are polite and respectful and they always treat me well and respect my privacy." A relative told us that they had seen staff treating their family member in a respectful and caring manner. One relative said, "The carers [approved carers] who assist my [family member] deliver respectful and kind care to my [family member]."

The staff we spoke with showed a great deal of warmth and enthusiasm about their work and the people that they were providing care to. One carer said, "I enjoy my job and providing the best care to people each day."

Records showed that staff received training about how to promote and maintain respect and dignity for people and respect their needs and preferences. Care and support plans reflected people's wishes and preferences and how staff should support them. The manager told us that they ensured that they were able to meet people's preferences. This showed us that people's equality and diversity was considered and acted upon.

The manager told us that people were provided with information as required so that they could access advocacy services whenever they wished. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People who used the service were asked for their input into planning their care to ensure they needed from their care package. Where possible, people had signed their care plan to give consent and demonstrate they were happy with the care to be provided. In people's care plans we saw that people were encouraged to maintain their independence as much as possible. An example included a detailed breakdown of how a person wished their personal care to be given which had been compiled with input from the person and a member of their family.

Is the service responsive?

Our findings

Of the people we spoke with and their relatives told us they were provided with information about the care and support provided and also if any changes were to be made. For example, one relative said, "My family member's care is regularly reviewed and any changes to [care visits] are made as necessary."

People said they were able to choose and were matched with approved carers they preferred, the time of their care and how they wanted their care to be delivered. The manager told us that new approved carers were introduced to people prior to them providing care and support. This was confirmed by approved carers, scheme staff and people we spoke with. One person said, "New approved carers are introduced to me so that I can get to know them before they give me care – I have the same group of approved carers which is helpful."

The manager told us that they provided care only where approved carers could do this reliably and effectively to ensure people's needs were met. This was also confirmed by professionals who we spoke with.

Detailed assessments had been undertaken prior to the commencement of the provision of people's care. This was to ensure that people's needs could be safely met. Care plans that we saw were signed to confirm that people had agreed the care and support that was to be provided. Care files we looked at showed evidence that people were consulted about their care and support needs. We saw that the manager and scheme staff had regularly reviewed people's care plans with the person using the service, approved carers and their relatives where necessary.

The relative of one person said that, "They know [family member] really well and I am satisfied with the care they give." People and their relatives confirmed that they had been regularly consulted and were involved in reviews of the care provided. We saw that support plans had been produced in a pictorial format to assist the person's understanding. Approved carers told us that they had been involved in reviewing people's care and confirmed that they were made aware of any changes to people's care and support needs by the manager.

Care plans included guidelines that were in place about the care and support that was to be provided to people. Information was recorded and written in a person centred style regarding the person's background, family contacts and personal preferences as to how care and support should be delivered. Examples of care and support that people received included assistance with personal care, assistance with medication and social interaction. Care plans that we saw were signed to confirm that people had agreed the care and support that was to be provided.

An approved carer providing care to people as part of a family placement told us that, "[person living in the home] is involved in everything such as going on holiday, going out to day services and joining in daily living tasks." The person living with the family told us that they were, "very happy and joined in with everything".

The manager stated that care plans were also updated where people's needs had changed for example

following a hospital admission. We saw that there had been six monthly reviews completed regarding the care and support that was being provided. Daily notes completed by care staff detailed the care and support that had provided during each care visit. People and their relatives told us that staff had been responsive and flexible to people's needs such as visiting them earlier or later when the person had planned to go out or had an appointment to attend.

People and their relatives with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "I feel confident that if I wished to raise any concerns or a problem it would be dealt with properly." A relative said, "The manager and staff sort out any concerns that my [family member] may have. Communication is very good." People told us that their concerns and any complaints were always dealt with in a timely and professional manner. People said they felt confident in raising and discussing their concerns with manager and coordinators at any time.

The manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. The complaints log we saw showed complaints had been dealt with and satisfactorily resolved to people's satisfaction.

Is the service well-led?

Our findings

There was not a registered manager in post however an interim manager was in place to provide ongoing management of the scheme. People and their relatives told us that they had regular contact with the manager and the coordinators. They knew who to contact if they wished to discuss any issues about the quality of care and support that was being provided. One relative said, "I am more than happy with the service and the management - they are very good." Another relative told us, "The care and support is well managed and organised and the approved carers are very efficient." Approved carers told us that communication was very good and any queries or issues, such as changes of times for a care, call were swiftly dealt with by the coordinators and the manager.

Regular courtesy calls were undertaken and recorded. These were made to people by the manager and coordinators to monitor people's satisfaction with the care being provided. One person said that, "I often have a telephone call with the coordinators and they always ask me if I am happy with care that I am receiving."

Approved carers told us that they felt the service was well managed and that the manager was available and approachable. They told us their views and opinions were respected, listened to, valued and acted upon. Approved carers confirmed that their supervision sessions helped to ensure that information and developments were shared in a consistent and reliable way. We saw the supervision log and sessions had been regularly held with the approved carers.

There was an open culture within the scheme. The approved carers told us they enjoyed their work and working for the scheme. One approved carer said, "I really love my job and this is a really good service to work for." Approved carers were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. One approved carer said, "If I saw or knew about any poor care or bad practice I would report it to my manager and I would be confident that it would be acted upon without any hesitation or delay."

Notifications had been submitted to the Care Quality Commission as required. This showed us that the provider and manager took into consideration their legal responsibilities.

The manager and coordinators undertook a number of audits to monitor the quality of care that was provided to help ensure that people using the service remained safe. Audits included the monitoring of people's care plans and risk assessments, discussions with people who used the service, approved carers, recruitment, health and safety and competency checks regarding their working practice.

The scheme regularly and consistently considered the quality of care it provided and took appropriate action where required. This was carried out by speaking with people, their relatives, approved carers and health care professionals. Their views were gathered and the manager responded to any changes to the services provided as required. All responses to the provider's 2016 quality assurance survey had been positive with no concerns or issues raised. This was part of the provider's audit programme.

Records we saw confirmed that the manager and coordinators carried out competency/spot checks with approved carers to monitor their safe practice. This helped ensure that the right standards of care were being maintained.

The manager and coordinators worked in partnership with other organisations and this was confirmed by care professionals. Comments we received from care professionals were positive and indicated that communication with the scheme regarding any issues and queries were always responded to professionally and promptly.