

# Dudley Metropolitan Borough Council Ladies Walk Centre

## Inspection report

Ladies Walk  
Dudley  
West Midlands  
DY3 3UA  
Tel: 01384813252

Date of inspection visit: 13 January 2015  
Date of publication: 13/05/2015

### 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 

### Overall summary

This was an announced inspection, which took place on 13 January 2015 by one inspector. We gave the provider prior notice that we would be visiting the service because we wanted to make sure people using the service would be available. When we last inspected the service in 2009 there were no breaches of legal requirements.

Dudley Metropolitan Borough Council provides a Shared Lives Scheme. It is registered to provide 'personal care' for adults who may have learning disabilities or autistic spectrum disorder. It provides services across Dudley and is operated from the Ladies Walk Centre.

The Shared Lives Scheme recruits, trains and supports carers. Carers provide personal care and support for people within their own family homes enabling people to live as independently as possible. When we inspected the scheme was supporting 38 people who lived in 22 family households with their approved carers.

Staff were employed by the scheme to assess, monitor and support carers. They visited the carers and the people living with them on a regular basis to ensure people were happy with the care they received. The scheme enabled people to live in the family homes of carers sharing in ordinary family life.

# Summary of findings

There was a registered manager in post at the time of our inspection. 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 told us they felt safe and we saw carers were trained and knew how to protect people. The scheme ensured all prospective carers attended safeguarding training before they were approved as a carer.

People said they were happy with their living arrangements and that their carer supported them with their lifestyle. People told us they were part of the family and considered the place they lived as their home and their daily living arrangements met with their need for privacy and dignity.

People were consulted about their care and were involved in all aspects of family life. People told us they enjoyed sharing in ordinary family life and were always asked what they wanted to do.

The scheme had systems in place to reduce risks to people within their home environment, when using community amenities or when carrying out everyday

tasks. Carers told us that they were supported and trained to carry out their carer role and spoke positively about how effective the scheme was in meeting people's needs.

Prospective carers were approved by an independent panel to ensure recruitment systems were robust. There was a lengthy 'matching' process which ensured people were placed with carers that had the skills to meet their needs. Contingency arrangements were in place so that carers were supported in situations when they could not care for or support the person temporarily.

The provider had followed the guidance of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to support the rights of people who lack the capacity to make their own decisions. We saw that appropriate applications for a DoLS was being made regarding people's living arrangements.

People had care plans in place which showed their views were central to developing their support plan. People said they had someone they could talk to if they needed. There was a personal and flexible approach to meeting the needs of each person and as a result, we heard from them that their quality of life had been enriched.

Everyone spoken with said they received a good quality service and described the management of the scheme as friendly, proactive and supportive.

# Summary of findings

## 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.

People told us that they felt safe and happy. Carers and staff knew how to keep people safe.

The provider had ensured suitable checks were made to approve carers.

Carers had received training and information about managing risks to people.

Good



### Is the service effective?

The service was effective.

Carers and staff had a well-established system of support and training to provide them with knowledge and skills to support people effectively.

People told us they were supported to make their own decisions. Carers and staff understood what to do where people were unable to make informed decisions about an aspect of their life.

People received the support they needed to maintain good health.

Good



### Is the service caring?

The service was caring.

People told us that they were happy living with their carers and that it felt like their home.

People said they felt supported to follow their chosen lifestyle and that the things that mattered to them were respected.

Good



### Is the service responsive?

The service was responsive.

People were asked for their views which were central to the planning of their support.

People told us that they were supported to take part in a range of interests that they enjoyed.

People told us that they could speak with someone if they were not happy and we saw that there were arrangements in place for dealing with concerns and complaints.

Good



### Is the service well-led?

The service was well led.

Carers reported a very positive working partnership between them and the scheme.

Roles and responsibilities within the scheme were clear and carers reported positive communication between them and the scheme.

The provider had effective quality monitoring systems in place providing assurance on the recruitment, training and support of carers.

# Ladies Walk Centre

## 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 was an announced inspection which took place on 13 January 2015 by one inspector. We gave the provider prior notice that we would be visiting the service. This was because the service provides 'personal care' for younger adults and older people living with a carer in the carer's family home, and we wanted to make sure we could meet with people by prior arrangement and with their consent to visit them at the carer's home.

Before the inspection, the provider completed a Provider Information Return (PIR) which gave us with key information

about the scheme, what the scheme does well and improvements they plan to make. We also reviewed the information we held about the scheme such as incidents, unexpected deaths or injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with six carers, three scheme staff and the registered manager. We visited five people in their homes, and spoke with a further two people by telephone. We spoke with a panel member about the approval process for recruiting carers.

We looked in detail at the care records for five people, the management processes and at records maintained by the scheme for supporting and training approved carers and staff. We looked at records for monitoring the quality of the scheme including their independently carried out surveys on people's experiences.

# Is the service safe?

## Our findings

People who lived with carers told us they were aware of who they should speak with if they had any concerns. They all confirmed they had regular contact with staff from the scheme who visited them regularly to discuss their experiences. One person told us, “I’m very happy with the arrangement and if I was worried about anything I’d speak firstly to my carer or [name of staff]”. People could talk to staff if they were worried about their safety or living arrangements. People told us they met their allocated staff member from the scheme in private so that they had the opportunity to discuss issues personal to them. We saw the staff carried these visits out consistently so that people felt safe living in the community.

Carers told us they felt well supported by the scheme in recognising and reporting safeguarding concerns. The manager told us in their provider information return (PIR) that carers had received training in safeguarding and carers we spoke with confirmed this. They told us they had attended ‘bespoke’ safeguarding training, ‘personalised to their needs’. In discussion with carers they explained the ‘Safer Caring’ training they had attended provided them with information in relation to keeping the person safe and ensuring they practiced in a safe way in relation to such aspects as supporting people with their finances and medication as well as key individual information in relation to the person they are supporting.

Staff told us and records confirmed that they had received training in adult safeguarding issues. We saw that a safeguarding policy was in place which contained contact details for the local safeguarding teams. The manager told us that a copy of this policy was given to all carers. Carers told us that they had copies of this in their Carers file.

People told us they felt safe in the family home they lived in. We saw that not everyone would be able to independently contact the scheme staff in between their arranged meeting appointments. The manager told us she would consider how this could be enhanced.

We spoke with carers and saw they had support and guidance in terms of meeting safety expectations. For example fire safety, health and safety matters and missing people. We saw they had appropriate written guidance and training to guide them in protecting and promoting the health and safety of people. We saw that people spent time

out and about in the community. We asked people if they had been consulted about what they wished their carer to do if for instance they did not return home at a usual time. One person told us, “I have a key to come and go, [name of carer] knows my routine and when I’m due back. If I didn’t return they would report me missing”. Carers told us they had emergency numbers and knew how to follow the missing person’s procedure. They had access to an out of hour’s duty system for any safety matters.

Carers had received training and information about managing risks to people. Consideration of people’s individual risks had been taken account of so that the potential for harm could be minimised. Risk assessments and support plans were in place with this guidance. Discussions with staff and a review of their safety check records confirmed that health and safety checks were regularly carried out. We saw these checks focused on such things as fire safety in the carer’s home and the safety of gas and electricity. Checks on car insurance and driving licences were carried out to ensure carers maintained these.

People told us they did make decisions about their own safety and had no restrictions on their freedom. People told us they spoke regularly to scheme staff about issues that may affect their personal safety and how they wished these to be managed. Carers told us they recently had training in ‘Risk versus Happiness’ which they reported helped them to balance people’s right to take risks alongside their happiness. One person told us, “Since I’ve lived here I do more for myself; I travel independently, use the community and can come and go as I choose, I’m treated as an adult”. We saw risk management plans were in place and these had included recommendations from external professionals such as the complex and inclusion team. We spoke with a member of this team who told us that their involvement in people’s reviews and risk management plans was thorough.

Recruitment systems were robust. The scheme recruits staff and carers to work with people they support. We looked at the recruitment processes for both. We saw proof of identity had been obtained, and that the scheme had sought evidence of previous conduct and the suitability of staff and carers to work with vulnerable people. For example Disclosure and Barring Service (DBS) (criminal records) checks had been carried out.

## Is the service safe?

Care and support was provided in a family setting by a one-to-one carer. The scheme had contingency arrangements in place to ensure carers were supported in situations when they cannot care for or support the person temporarily. We saw that appropriate approval was in place so that additional carers, (some from the same family) could provide consistent care and support to the individual in the event the main carer was unable to.

People's needs were fully assessed this included the arrangements for people's medication. People told us they had their medication when they needed it. A safe storage area was available in people's homes. Carers confirmed they had training in how to support people with taking their medication. The scheme had a medication policy in place and written guidance for carers to follow, this had recently been updated to ensure people had the option to self-medicate.

# Is the service effective?

## Our findings

All the people we spoke with told us positive things about living with their carer. One person told us, “This is the best place I have lived, I love my carers and the staff are really good they talk to me and find out what I want to do, and help me”. People were confident that staff and carers had the knowledge and skills to support them. People told us they knew their allocated staff member from the scheme by name and they had regular visits from them to discuss their goals. Carers spoke positively about how the scheme supported them, one carer told us, “It’s an excellent scheme, the staff are great; they are supportive and experienced and help us with any issues we may have”.

Staff told us they had the necessary training and we saw systems were in place to support them to carry out their roles effectively. They had an active role in assessing prospective carers before they attended panel for approval. They told us the assessment of people’s needs was used to assist in matching them to a carer. Carers described a lengthy ‘matching’ process to ensure they and the person who would be living with them got on well together and that the person’s needs could be met. This ensured the person was living with carers who understood their needs and could meet them. We found the scheme effectively managed the introduction of people to carers; focusing on the carer’s skills, experience and compatibility.

We saw there was a well-established system of support to carers and people they supported. The individual needs of people were assessed in detail and the scheme had developed care plans with the person and their carers to meet those needs. Care plans contained information on the things that were important to the person and how they spent their time. Links with the local authority complex and inclusion team were established so that people had access to specialist support when they needed this. Carers told us that if they needed specific guidance or support staff from the scheme arranged this. For example if a person wished to change their day time activities, develop new skills or had health issues.

Carers told us they had access to the training they needed. We saw they were skilled in understanding people’s communication methods. They had the skills and the knowledge to meet people’s specific needs such as a learning disability, autism or health conditions such as epilepsy, diabetes or dementia.

Staff carried out monitoring visits to the carers home. These visits ensured carers worked within the schemes procedures. Carers confirmed they had a carer’s agreement which set out the expectations on them. Carers told us they had an annual review to appraise their work and look at their development and training needs. We saw carers were supported with information folders with guidance on managing all aspects of the person’s needs. This included finances, medication, as well as key individual information such as profiles, care plans and risk assessments specific to the person they were supporting. One carer said, “We have been carers for years and the scheme is really excellent at looking after us as well”.

Staff and carers had received training in, and demonstrated a good understanding of the Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS). They had supported people to make informed decisions about their lives. Where a person was unable to make an informed decision about an aspect of their life discussions had taken place with the person’s family, representative or advocate to agree decisions in the person’s best interest. We saw that the provider was seeking legal advice to support people who did not have capacity to make a decision about their placement in the scheme which showed they were following the procedures in order to protect people’s liberty.

People told us that they ate with the family members and had access to food and drink of their choice when they wanted. They told us they had access to the kitchen and food stocks, one person said, “If I want something I don’t have to ask”. Some people told us they helped with food preparation and shopping because they enjoyed this. Some people told us they had diets related to their health needs such as diabetes, but it was their choice if they followed this advice. Carers supported people with their meals depending on their needs. Carers said they had information to manage people’s dietary needs such as risk of choking, losing weight or dehydration, and access to the scheme staff to obtain immediate advice. They had received training in food safety and were aware of safe food handling practices.

People we spoke with were involved in and aware of their healthcare needs and encouraged to maintain control as much as they were able, for example with managing their diet due to diabetes. Care plans contained information on how the person was kept healthy and safe. We saw the

## Is the service effective?

scheme staff monitored people's health and ensured they had access to health care services where they had specific

health needs. People had been supported with a range of health issues such as epilepsy, continence, chiropody and mental health. Referrals were timely so people had the support they needed.

# Is the service caring?

## Our findings

All the people who we spoke with said that they were happy living with their carer. Everyone told us they liked or loved their carer. One person told us, "It's the best place I've lived; I get on really well with, [name of carer]". Some people were not able to voice their opinion but nodded their head or used a mixture of sign language and hand gestures to confirm they enjoyed living with their carers. We saw that there were good interactions between carers and the people they supported.

Everyone told us they were happy that they could talk to their carer, and that they were regularly asked about anything that affected them. People had access to scheme staff or advocacy so that they had someone separate from the scheme who they could speak to if needed. We also saw people were actively encouraged to maintain contact with their own family members and friends.

People told us that they were included in all aspects of family life for example; eating together, and going on holidays and outings. They also confirmed that carers knew them well and understood what was important to them. They confirmed that they were involved in discussing and planning their life goals. One person told us, "I get on very well with my carer and I am very happy living here. They help me, I have my own freedom, I have a job and I can talk to [name of staff] about the things I want to do". It was evident that people felt supported to follow their chosen lifestyle and that the things that mattered to them were respected by both the staff and the carers.

Carers spoke positively about how the scheme supported them; with regular opportunities to discuss issues that they faced. We saw an example of the scheme providing additional support to the carer so that issues personal to both parties could be proactively supported.

People told us they made their own decisions. From what people told us about their lives living in the carer's home, we saw that their support was centred on them. Each person was supported by a carer who knew them well and understood their history and needs. We also saw carers supported people with their preferences and personal goals. For example one person told us, "I meet regularly with my [name of staff] and we talk about the things I like and the things I want to do; I'm in a football team now and have a season ticket, that's something I love".

We saw that staff understood people's individual communication skills. They knew people well and described how they engaged people to obtain their views. People spoke positively about their meetings with staff which showed they had developed trusting relationships with them and felt confident they could talk about or share any issues they had.

We heard from people about their daily living arrangements. They considered themselves as part of the carers family and the place they lived as their home. People told us they had access to all areas of the house and one person told us, "It is my home". They confirmed their privacy and dignity was protected. People's individual level of independence was promoted so that for example they could come and go as they wished, had a key to the door and access to their friends and family.

# Is the service responsive?

## Our findings

All of the people we spoke with told us that they were happy and enjoyed living as a family member. They told us they were supported with their choices about their everyday life. One person we spoke with told us, “Since I moved here I do lots more activities and they are the things I enjoy”. Another person told us about the variety of activities they enjoyed and about the regular holidays they shared with their carer which showed there was a personal and flexible approach to the needs of people.

People told us they had the support to do the things they wanted and as a result, their quality of life had been enriched. They had regularly discussed their living arrangements to ensure their needs and desires continued to be met. It was evident that the views of the individual were central to the planning of their care. People were asked about their lives, what had changed since the last review and what they would like to do in the future. Support plans showed people’s preferences and interests as well as their needs were regularly reviewed. From what

people told us we saw they were actively supported to make full use of local amenities to follow their interests; such as sports and leisure activities, as well as work and educational pursuits.

Some people (when they had reached adulthood) had moved from a fostering arrangement and so remained in the family home they grew up in. We saw the scheme had links with other professionals so that the scheme responded to these changes and supported the person and the carer through this transition. People’s capacity had been considered when decisions about their living arrangements were being made so that their rights were protected. This ensured people received care personalised and responsive to their needs.

Information on how to make a complaint was given to people who used the scheme and their carer. People told us they were confident if they had a complaint they would tell their carer or the scheme staff. We saw this was further promoted during the monitoring visits so that people were asked if they were happy or not. This enabled people to voice any concerns they may have had. Staff told us they would talk with the person to make sure they understood what to do if they were not happy about something. No complaints had been made about the service.

# Is the service well-led?

## Our findings

People who used the service and carers told us the service was well run. One person told us, “I like the staff they visit me and make sure I am OK”. A carer told us, “A very professional and caring team, always on hand, well organised, good training, I think the scheme is great”.

We found that the structure within the scheme was inclusive and supportive. Both staff and carers told us the registered manager was approachable, available and supportive to their needs. One staff member said, “The manager has given us more direction, we are developing new procedures and we have great support”. A carer told us, “The monitoring visits are a very valuable piece of the scheme; good frequency, great support and opportunity to discuss what we need and the needs of the person we support”. Staff and carers felt supported and had opportunities to share their views and maintain consistency of the service.

The manager had been in post for less than a year and everyone we spoke with told us that many improvements had been made as to how the scheme was managed. For example plans were in place for newly approved carers to complete formal skills for care induction standards to help prepare them for their role. A range of policies had been updated to ensure carers had up to date current guidance to drive their practice. Plans were in place to set up working groups to include staff, carers and people who used the service so that best practice ideas could be shared.

We saw that the people who used the service had been provided with an opportunity to complete quality assurance questionnaires. This had been carried out by a professional external to the service so that people could speak independently from scheme staff. The results of these surveys showed people were happy with the service.

Staff confirmed that they were regularly involved in reviewing the scheme against current best practice. For example they had worked with the local authority training department on a schedule of bespoke training for carers. One carer told us, “There have been lots of positives since

the manager came on board; training, new records, and new ideas, she is very approachable and supportive”. Carers confirmed that the manager had increased their training to help develop the service.

We saw from the PIR that the manager had an action plan in place for the continuous improvement of the scheme. This included looking at the development of a ‘person’ led group to feed in to all decision making. We saw that people were already involved in the interview panels for new carers.

We found that systems were in place for the reporting of notifications (Important events that happen in the service) in a timely way. The processes in place for managing notifications included discussion of these at meetings and monitoring visits so that everyone understood what type of issues needed to be reported to the CQC.

Staff and carers had access to safeguarding and whistle blower procedures as well as accident and incident forms. They were aware of their responsibilities for reporting these. Staff and carers confirmed that they had been provided with guidance and training about their role in this process. The manager told us any significant incident would be reviewed to develop the service.

The provider’s quality assurance system included regular checks that ensured carers kept accurate records of the care they delivered. We saw that audits were in place to ensure safety checks were carried out in the carers’ home so that people were kept safe.

There were well established systems in place for the assessment, referral, matching and approval processes. The approval panel is made up of people who use the service, social workers and carers and the panel is independent of the scheme which meant the scheme does not approve its own carers. One person who used the service told us, “I enjoy the panel you get to ask your questions about what sort of carer they will be, it’s important we are there”. We spoke with a panel member and saw that the approval process for carers was lengthy and detailed. We heard all panel members had experience and knowledge in social care or other relevant areas, and were given training and written guidance on the role of a panel member, based on national good practice.