

Stockton-on-Tees Borough Council

Stockton-on-Tees Shared Lives Scheme

Inspection report

Stockton On Tees Borough Council
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Date of inspection visit:
17 March 2023
21 March 2023
31 March 2023

Date of publication:
17 April 2023

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

About the service

Stockton-on-Tees Shared Lives Scheme is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. At the time of our inspection 1 person was using the service.

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 and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Staff focused on the person's strengths and promoted what they could do, so the person had a fulfilling and meaningful everyday life. The person was supported to take part in activities and pursue their interests in their local area and to interact with people who had shared interests. The person was supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Right Care: The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet the person's needs and keep them safe. Staff and the person cooperated to assess risks the person might face. Where appropriate, staff encouraged and enabled the person to take positive risks.

Right Culture: The person led an inclusive and empowered life because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood the person well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed the person's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 January 2022 and this is the first inspection.

Why we inspected

We inspected this service to give it a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stockton-on-Tees Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

An inspector carried out this inspection.

Service and service type

Stockton-on-Tees Shared Lives Scheme 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 March 2023 and ended on 31 March 2023. We visited the location's office on 21 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 2 relatives (who were also the person's shared lives support workers) about their experience of the care provided.

We spoke with 4 members of staff including the registered manager, support and office workers. We reviewed a range of records. This included 1 person's support records and medicine administration records. We looked at 1 staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was supported safely and kept safe from abuse. Robust safeguarding systems were in place, including safeguarding training and policies. Staff told us they would be confident to raise any concerns they had.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The person lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Risks were regularly reviewed to ensure the person was safe.
- The person, though unable to make decisions for themselves, had as much freedom, choice and control over their life as possible because staff managed risks to minimise restrictions.
- The service managed incidents affecting the person's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Staffing and recruitment

- Staffing had been designed around the person to ensure they could lead the life they wanted. Staff knew the person very well and knew how to take into account their individual needs, wishes and goals.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account the person's individual needs, wishes and goals.

Using medicines safely

- Staff followed effective processes to assess and provide the support the person needed to take their medicines safely. The person was supported to receive their medicines when needed.

Preventing and controlling infection

- Effective infection prevention and control systems (IPC) were in place. This included an IPC policy and supporting staff to access relevant training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Support was assessed, planned and provided in line with best practice guidance. Staff ensured the person had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills

Staff support: induction, training, skills and experience

- Staff had received the training needed to meet the person's needs. Staff could describe how their training and personal development related to the person they supported, and spoke positively about this. One member of staff said, "They would arrange any support or training we need."

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

- The person received support to eat and drink enough to maintain a balanced diet. External professionals were involved in monitoring this where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service ensured that the person was provided with joined-up support so they could travel, access health centres, education opportunities and social events. A relative told us, "All of the professionals involved in [the person's] care speak to each other so they're all on the same page."

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff empowered the person to make their own decisions about their care and support, and knew about their capacity to make decisions through verbal or non-verbal means.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The person received kind and compassionate care from staff who used positive, respectful language which the person understood and responded well to.
- We spent time with the person, and it was clear they felt valued by staff who showed genuine interest in their well-being and quality of life.

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

- The person felt valued and listened to. We saw examples of decisions they had taken about their support. The person was enabled to make choices for themselves and staff ensured they had the information they needed. A relative told us, "[Person] gets to choose what he is going to do."
- Systems were in place to provide access to independent, good quality advocacy where needed.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when the person needed their space and privacy and respected this. We saw they were given choices over how and where they wanted to spend their time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person received personalised support based on their assessed needs and preferences. We saw the person receiving the kind of support they wanted.
- Support focused on the person's quality of life outcomes and the person's outcomes were regularly monitored and adapted as the person went through their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of the person's individual communication needs, knew how to facilitate communication and when the person was trying to tell them something.

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

- The person was supported to participate in their chosen social and leisure interests on a regular basis. During our visit we saw the person preparing to take part in a leisure activity they enjoyed, which they were clearly excited about.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. Relatives and staff told us they were aware of how to raise concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and staff put the person's needs and wishes at the heart of everything they did. One member of staff told us, "I think as a service we are very good at offering personalised support. We are responsive and always ensure that the support being provided by carers considers everything the client wants to achieve or is interested in."
- Systems were in place to ensure the duty of candour was applied where appropriate.

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

- Governance processes were effective and helped to hold staff to account, keep the person safe, protect their rights and provide good quality care and support. These were reviewed on an ongoing basis to ensure they were effective.
- Staff delivered good quality support consistently. The person was supported to achieve good outcomes based on their needs and preferences.

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

- The person, and those important to them, worked with managers and staff to develop and improve the service. Relatives and staff said their feedback was sought and acted on.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for the person to achieve the best outcomes possible.