

London Borough of Hackney

Hackney 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

About the service:

Hackney Shared Lives Scheme is a service that recruits, trains and supports shared lives carers to provide care and support to children between 13 to 18 years, adults with a learning disability or autistic spectrum disorder, a mental health condition, people who misuse drugs and alcohol, and with an eating disorder. People using the service live with the shared lives carers in their homes.

At the time of the inspection, 19 people were receiving support by 15 shared lives carers.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence, inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe living with shared lives carers.

People's needs were safely met by shared lives carers who knew how to safeguard them from the risk of harm, abuse and neglect.

People received effective, timely and consistent care that enabled them to live healthier lives.

People were involved in planning their care and their care plans were comprehensive and regularly reviewed.

People and shared lives carers were encouraged to raise concerns and make complaints.

People were supported by sufficient and suitable staff and shared lives carers who received relevant and regular training, and supervision to provide effective care.

Staff and shared lives carers were knowledgeable about how to provide care without discrimination and told us they treated people like individuals and met their individualised needs.

People told us shared lives carers treated them with dignity and respected their privacy and encouraged their independence.

The provider had a stable team and management to provide continuous support to shared lives carers.

The provider had effective systems in place to ensure people's safety and quality of care.

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

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published 5 June 2018).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Hackney 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Hackney Shared Lives Scheme is a service that provides both long-term placements and short time respite care in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to ensure there was somebody at the location to facilitate our inspection.

Inspection site visit activity started on 4 June 2019 and ended on 6 June 2019. We visited the office location on 4 June 2019 to see the manager and office staff; and to review care records and policies and procedures. We carried out visits to three people in their shared lives arrangements with their prior permission and spoke with three shared lives carers.

What we did:

Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service and three shared lives carers.

We spoke with the registered manager and a shared lives officer.

We contacted healthcare professionals and the local authority commissioning team for their feedback.

We reviewed seven people's care records, recruitment and monitoring records of four shared lives carers, training records for all office staff and the shared lives carers, and other records related to the management of the regulated activity.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection (April 2018) we rated this question as requires improvement. This was because we identified concerns in relation to recruitment practice and safeguarding refresher training. However, at this inspection we found improvements had been made in these areas.

Systems and processes to safeguard people from the risk of abuse

- Since the last inspection, the registered manager trained all the office staff and shared lives carers in safeguarding and arranged for a yearly refresher training. Staff and shared lives carers were informed of their responsibilities in identifying and acting on concerns and abuse.
- Staff and shared lives carers demonstrated a good understanding of types and signs of abuse and were able to describe the actions they would take to report any concerns of abuse, poor care and neglect. One shared lives carer commented, "Make [person] as safe as possible, healthy and living in a good environment. Protect them from other people who may abuse them. As soon as, I am aware of any abuse I would report it to [registered manager]."
- Staff and shared lives carers knew the whistleblowing procedure and told us they would blow the whistle if they felt the registered manager did not act on their concerns.
- Safeguarding records showed that the provider maintained accurate records of the allegations, investigation and outcomes.

Staffing and recruitment

- The provider had appropriate recruitment systems in place to ensure staff and shared lives carers were of good character and safe to support people who were vulnerable. However, the provider had not recruited any new shared lives carers in the last year.
- Since the last inspection, the registered manager carried out criminal records checks on family members of the shared lives carers who were chosen as support carers to ensure they were still safe to support people who were at risk.
- Staff files contained necessary recruitment documents and checks that confirmed people were supported by safe staff.

Assessing risk, safety monitoring and management

- Risks associated with people's physical, medical and emotional health needs were identified, assessed and mitigated to ensure their safety, and promoted their freedom and independence.
- Since the last inspection, the registered manager reviewed all people's risk assessments so that they gave accurate information about people's current risks. The risk assessments were regularly reviewed and updated to reflect people's changing needs and risks associated with their needs. Records confirmed this.
- One shared lives carer commented, "[Person's] folder didn't have risk assessments for so long. Now [the

management] have put it in place. I feel more informed."

- Risk assessments were comprehensive and gave shared lives carers sufficient information on how to meet people's needs safely. They were for areas such as environment, medication, eating and drinking, mobility, personal care, money and accessing the community.
- Shared lives carers knew the risks to people and how to support them safely. They told us they found the updated risk assessments helpful.

Using medicines safely

- Most people managed their own medicines. People told us they were satisfied with the medicines support. One person said, "I have asthma, normally I take [inhalers] myself." Another person commented, "I am on medication. [Shared lives carer] reminds me to take it."
- Since the last inspection, the provider reviewed and updated their medicine policy and procedures so that they were in line with the National Institute for Health and Care Excellence guidelines.
- All staff and shared lives carers were provided with a detailed medicine administration training and their competencies assessed.
- Shared lives carers were provided with a new medicines folder that contained medicine administration records (MAR), 'as and when required' medicines guidelines and people's specific health conditions medicines management plan such as asthma.
- People's MARs were maintained appropriately without any gaps and errors.
- Shared lives carers told us they felt more confident in supporting people with their medicines.

Preventing and controlling infection

- People were protected from the spread of infection by staff and shared lives carers who had received training in infection control.

Learning lessons when things go wrong

- The provider had systems in place to report, record and investigate accidents and incidents.
- Accidents and incidents records showed staff and shared lives carers had reported concerns in a timely manner, appropriate actions were taken to ensure people's safety.
- The registered manager maintained an incidents' analysis report where they recorded discussions with their staff team around lessons learnt and how to apply the learning to minimise the recurrences.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection (April 2018) we rated this question as requires improvement. This was because not all shared lives carers had received relevant training and regular supervision as per the provider's policy to enable them to deliver effective care. However, at this inspection we found improvements had been made in these areas.

Staff support: induction, training, skills and experience

- Since the last inspection, the provider trained their office staff and shared lives carers in relevant areas and gave them refresher training to enable them to do their job effectively
- Training records showed the training was provided in areas such as safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DOLS), health and safety and medication.
- Shared lives carers told us they found the training helpful. Their comments included, "Received many trainings in the last year. It was face to face training much better" and "The training is much more relevant. In the past it was a problem for me to find the right training. I do enjoy the training that they are offering now. I have done medication, safeguarding, MCA and DOLS."
- Office staff and shared lives carers told us that since the last inspection they have been provided with regular supervision and visits. They further said that they found them useful. Records confirmed staff and shared lives carers received regular supervision.
- All shared lives carers received annual reviews. At this review, the care panel assessed shared lives carers' performance, approach and attitudes, and they decided whether shared lives carers were still suitable to support people. Records confirmed this.
- The registered manager was in the process of scheduling appraisal dates for staff who had completed a year of service.

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

- People told us their needs were met by shared lives carers.
- The provider had a needs assessment process in place to identify people's needs, abilities and choices before they were matched with shared lives carers. This process enabled the registered manager to ensure they could meet people's needs and to identify shared lives carers training needs.
- The service had received new referrals but had not matched any new people with the shared lives carers since the last inspection. The registered manager told us that it was because they wanted to make the improvements and get them right before they matched new people.

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

- People told us they were happy with the dietary support. A person said, "I like shepherd's pie, sometimes a joint. [I am] really happy with the food."

- People's care plans reflected their dietary needs and likes and dislikes.
- Shared lives carers understood people's dietary needs and were knowledgeable about their food likes and dislikes.

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

- The service worked closely with shared lives carers and other healthcare professionals such as learning disabilities and mental health team, GPs, optician, dentist to ensure people received consistent and effective care.
- Shared lives carers encouraged and supported people to live healthier lives and access healthcare services. For example, one person who consumed high levels of alcohol, was regularly encouraged and assisted by their shared lives carer to attend a recovery unit.
- The registered manager told us they were in the process of working with the relevant team in developing health action plans for people who used the service. They said that this would further enable the service and shared lives carers to monitor people's health and provide them with timely and effective care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People's care plans stated whether or not they had capacity to make decisions and where they lacked capacity, this was recorded in their care plans and the records gave information about their legal representatives.
- The registered manager told us they were in the process of reviewing how they recorded people's capacity so that the information included in their care plans was more decision specific.
- People told us shared lives carers gave them choices and asked their consent before supporting them. A person said, "Oh, yes [shared lives carer] asks me if [I] need any help. Yes, she gives me choices."

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

People were supported and treated with dignity and respect: and involved as partners in their care.

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

- People who used the service told us they liked living with shared lives carers and that they were caring and friendly. One person said, "It feels like home. I have got my own bedroom. [Shared lives carer] is friendly and [she] listens to me. This feels like my family." Another person said, "This is my home. I am happy here."
- Shared lives officer and carers spoke about people in a caring way. One shared lives carer told us, "[Person] is like my son. My children and grandchildren treat him like family. They call him uncle. He has been living with me for 18 years."
- During home visits we observed positive interactions between shared lives carers and people. Shared lives carers spoke to people in a caring and friendly manner.
- Staff and shared lives carers were trained in equality and diversity and understood the importance of treating people as unique individuals. They told us they provided care that reflected people's protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- People's care plans stated their gender, sexuality, culture and religion, and any needs in relation to them. This enabled shared lives carers to meet people's diverse needs.
- The provider liaised with various local services to encourage and promote lesbian, gay, bisexual and transgender people to use their service.
- People were encouraged and supported to maintain relationships with their loved ones.

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

- People told us they were listened to and were involved in making decisions regarding their care and aspirations. One person said, "I would like to visit my [relative] in Scotland. [I] have spoken to [shared lives carer] and we are working on that."
- Shared lives officers visited people regularly and supported them to voice their views and involved their shared lives carers when planning and reviewing their care. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us shared lives carers treated them with dignity and respected their privacy. One person said, "[Shared lives carer] knocks on the door and I open the door. She always treats me with respect."
- People told us they were supported and encouraged to learn independent living skills. One person said, "[Shared lives carer] supports me with laundry and cooking. I like tidying my room."
- Shared lives carers promoted people's independence. One shared lives carer said, "[Person] likes cooking. I assist him as he is at risk of burning himself. [Person] makes their own breakfast and hot drinks." Another shared lives carer commented, "[Person] goes to day centre on his own. He also goes to the local

convenience store now, all by himself, before he wasn't confident in doing that. He has his keys to the house. He has become quite independent."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At our last inspection (April 2018) we rated this question as requires improvement. This was because people's care plans were not person-centred, not regularly reviewed and did not always give sufficient information to shared lives carers to enable them to provide personalised care. The provider did not have processes in place to support people with end of life care and palliative care needs. However, at this inspection we found improvements had been made in these areas.

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

- People told us they received care that met their personal needs, preferences and interests. One person told us they were glad they were able to buy a pet to live with them. A second person told us they were supported to play sports of their choice every week and a third person commented they went for long walks and were supported in attending day centre.
- People were supported to go on holidays of their choice. Two people told us they had gone to Spain with their shared lives carer for holiday and enjoyed it.
- Since the last inspection, the registered manager reviewed and updated all people's care plans to ensure they were person-centred and reflected people's personal needs.
- People's care plans contained information about their background history, likes and dislikes, physical, medical and emotional needs and abilities, activities and hobbies, and aspirations.
- There were systems in place to review people's care plans on a regular basis so that people's changing needs were identified and reviewed, and care plans updated accordingly. A shared lives carer commented, "[Person] had their care review last October and since then [the management] reviewed his folder and all documents were put in place. This was again reviewed in January 2019."
- Shared lives carers told us they found the new care plans easy to follow and comprehensive. One shared lives carer said, "Yes, [the management] have changed support [care] plans and risk assessments, [they are] much better."
- The service identified people's information and communication needs by assessing them. The registered manager and staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for the individual. The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- People's care plans informed shared lives carers about their individual communication needs and on how to communicate effectively with them.
- This meant the provider gave shared lives carers sufficient information to enable them to provide personalised care.

End of life care and support ☐

- Since the last inspection, the provider put processes in place to support people, where required, with their palliative and end of life care needs.
- The service had an end of life care policy which was being reviewed so that it was more suitable for people who used the service. The provider had introduced an end of life care section in people's care plans. This enabled staff and shared lives carers to discuss with people their end of life care wishes. Where people had disclosed this information, it was recorded in their care plans.
- However, currently no one was being supported with end of life care and palliative care needs.
- The provider had arranged a local hospice to deliver end of life care training to staff and shared lives carers to enable them to meet people's personal needs.

Improving care quality in response to complaints or concerns

- People told us they had not made any complaints and that they would speak to shared lives carers if they were not happy about something. They told us they knew the shared lives officers and would feel comfortable to speak to them if they wanted to complain about their shared lives carers.
- Shared lives carers told us they would speak to either the registered manager or the shared lives officers to make complaints or raise concerns.
- The provider had a complaints policy and processes in place to record, investigate and learn lessons from the complaints.
- Since the last inspection, the provider had reviewed the complaints procedure that was kept in shared lives carers homes. This gave updated information about the office staff contact details for people and shared lives carers to use if they had any 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection (April 2018) we rated this question as requires improvement. This was because the service lacked robust oversight of the service and a stable office team. The service did not have a registered manager and the management did not understand their responsibilities of Duty of candour. The provider did not maintain contemporaneous records of the care delivery and did not carry out regular audits and checks to ensure the quality of the service. People and shared lives carers' views and feedback were not always reviewed to improve the service. However, at this inspection we found improvements had been made in these areas.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection, the provider recruited a new registered manager and two shared lives officers. This meant the service now had a stable management team to provide continuous support to shared lives carers.
- People told us they were happy with the service.
- Shared lives carers spoke highly about the management of the service. Shared lives carers' comments included, "I am happy with the team. They are always available. Much better managed than last year", "I am very happy with the management. [It] couldn't be better. You can always get somebody at the end of the phone" and "If I had a problem I feel I can call [registered manager] and ask her what I should do. I just feel more appreciated. They are trying to make the scheme better for the carers. Constant changes in the team was a big issue in the past, but now there is a team and I know them."
- Healthcare professionals and the commissioning team were positive about the changes. The commissioning team commented, "We have seen a significant and positive change in the quality, safety and leadership of the service since the new Registered Manager came into post, including the recruitment of two Shared Lives Officers, forming a permanent team."
- The registered manager had several years of experience of working with people at risk, of managing similar service and demonstrated a good understanding of their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment.
- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager told us they felt supported and were provided with enough resources to make changes and improvements required to meet the provider's set standards.
- Staff told us they found the registered manager was approachable and felt well supported. One staff

member said, "[Registered manager] gives me a lot of guidance. She is very approachable. Sometimes after visits when I feel frustrated I speak to [registered manager] and she listens to me and is very supportive. I am happy here and feel valued."

- Since the last inspection, the provider had updated their monitoring and auditing systems. There were records of regular monitoring checks and audits to ensure the quality and safety of the service. The audits were for areas including care plans, risk assessments, medicines administration charts and medicine practices, complaints, health and safety, and training and supervision. The checks were all in date and the registered manager had taken actions where they had identified areas of improvement.

- The registered manager maintained an ongoing improvement action plan that showed the issues were identified and actions taken in a timely manner to address them. This meant the provider had a good oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Since the last inspection, the provider reviewed the way they engaged and involved people, shared lives carers and staff to improve their service.

- The registered manager was in the process of developing a coproduction group with representatives from people who used the service and shared lives carers groups to improve the accessibility of documents so that they met people and shared lives carers diverse needs.

- Shared lives carers and staff told us that the registered manager provided an equitable service and met their needs in relation to their protected characteristics. One shared lives carer said, "[Registered manager] talks to you like you are equal. There is no hierarchy." The registered manager told us that they were in the process of outsourcing a trainer to provide training sessions to a group of shared lives carers that meet their cultural needs.

- The registered manager organised shared lives carers' and service users' meetings and events to keep them informed on any changes, to seek their feedback on the service and to encourage them to raise concerns. One shared lives carer said, "All the time I go to the carers' meetings, they are useful, we get to share our views."

- The provider had appointed an independent consultant to engage with people to seek their feedback about the service. The findings showed people were happy with the service and their shared lives carers.

- Shared lives carers' last feedback consultation results showed they were appreciative of the changes and had made a few recommendations to improve the paperwork and communication. We saw the registered manager had addressed the recommendations.

- The service also visited shared lives carers monthly to ensure they felt supported and that the placement was going well. A shared lives carer said, "They come to visit [me] every month. [Shared lives officer] comes to ask me if everything is alright."

- This showed the provider had effective quality assurance systems and processes in place that enabled continuous learning and improvement of the care delivery.

Working in partnership with others

- The registered manager worked collaboratively with advocacy services, healthcare professionals such as social workers, care coordinators and the commissioning team to ensure people received good quality of care.

- Healthcare professionals told us the registered manager and the service worked in partnership with them to improve people's care and life experiences. One professional said, "I have been working with the manager of the Shared Lives Scheme and I have nothing but praise for [their] vast knowledge and skills base. Myself and the manager are in regular contact and [they have] responded effectively to any issues identified and formulated an effective, responsive and robust holistic plan encompassing the needs of my service user and

carer."