

Portsmouth City Council

Portsmouth Shared Lives Service

Inspection report

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Date of inspection visit:
28 February 2017
01 March 2017

Date of publication:
30 August 2017

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

This inspection took place on the 28 February and 1 March 2017 and was announced.

Shared Lives is a service provided by Portsmouth City Council that recruits and supports individuals, couples or families to provide family-based accommodation and personal care to vulnerable adults. The emphasis is on providing an ordinary family life within the community. The Shared Lives office is located in Portsmouth and at the time of our inspection provided care to approximately 50 people in 40 households across the Portsmouth area. Four shared lives officers, an administrator and a registered manager supported the running of the service.

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.

At the last inspection on 6 August 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living in their homes. Shared lives carers gave good examples of how to protect people from abuse and avoidable harm and how to report their concerns if required. The provider supported carers with refresher safeguarding training every three years and robust safeguarding processes were in place for officers and carers to refer to if needed. There were enough carers employed to support people safely and safe recruitment practices were followed to ensure staff were suitable to work in a care setting. The service safely managed to support people with their medicines and robust training was provided.

People were supported by shared lives carers and officers who had acquired the appropriate skills and knowledge to care for them effectively. Whilst there were some gaps in annual refresher training, the service continued to monitor and invite carers to attend for their training and this was being managed well. The provider supported shared lives carers and officers with regular supervision and annual appraisal. People were supported and encouraged to access health and social care services when required and carers ensured that people maintained a balanced healthy diet. The service was aware of the Mental Capacity Act (MCA) 2005 and staff applied the principles of this in everyday practice. Carers told us that they sought consent before assisting people with personal care.

People were supported by staff who knew them well. Staff had been able to develop compassionate, caring relationships with people they had cared for over long periods of time. People were actively encouraged to contribute to decisions about their care and support by shared lives officers and carers. People's dignity and privacy was respected and they were supported to maintain their independence wherever possible.

Support plans were detailed and personalised and care was provided in accordance with people's needs and preferences. When people's needs changed, plans were altered to reflect this. Regular reviews were held of the support provided, to ensure that plans continued to meet the needs of the person. There was a complaints process in operation that was dealt with effectively and in a timely manner.

The service promoted a transparent and supportive culture which was cultivated by the registered manager. Staff were passionate about the service they provided. People told us they felt able to discuss any concerns with their shared lives carers and shared lives officers and they would be listened to, with satisfactory action taken to address any issues. Quality audits were completed and feedback from people was sought to ensure the service continued to monitor the safe and effective running of the service and address any areas for improvement if any were identified.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Portsmouth Shared Lives Service

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.

The inspection took place on 28 February and 1 March 2017 and was announced. The provider was given 24 hours' notice to ensure the staff we needed to speak to would be available. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also reviewed previous inspection reports and other information we had about the service, including information from staff and people who used the service and any notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

Following the inspection we spoke with four people who used the service and one family member. We spoke with the registered manager and eight staff members. We looked at care records for five people who used the service. We also reviewed eight staff files and records about how the service was managed.

The service was last inspected in August 2014, where we identified no concerns.

Is the service safe?

Our findings

People told us they felt safe being cared for by shared lives carers. One person said, "yes, I feel safe. I've lived here for ages. I like it." Another person said, "I've got my carer, they look after me and I feel safe."

Shared lives carers and officers demonstrated a good knowledge and offered examples of how to recognise and protect people from abuse and avoidable harm. If there were any concerns about people using the service there was evidence that the service investigated these robustly and reported the concerns to the local authority safeguarding team with whom they had developed good communication. The provider supported staff with safeguarding training to further their knowledge in this area, however some shared lives carers were not up-to-date with refresher training which was being addressed by the shared lives officers.

Risks to people's health and well-being and environmental risks had been identified and assessed and were monitored and managed safely. Many people using the service had been living in their shared lives carers homes for many years and care workers knew people very well, this included how to manage individual risks. During the year, people were supported in respite placement and risks would be reassessed to reflect the change in the person's accommodation and to take into consideration that they would be living with respite shared lives carers who may not know the person as well. Evidence of 'holiday' risk assessments having been completed and of general risk assessments were seen on the electronic recording system.

There were sufficient staff to keep people safe as a person remained in their carers homes for significant periods of time. The service was looking to recruit additional carers to be able to support more people within the shared lives scheme and there was an ongoing waiting list of referrals for people who would like to be supported by the service. The recruitment and induction process was thorough to ensure the right staff were employed to become shared lives carers. During inspection we checked the provider recruitment files for eight staff members to ensure they had the appropriate checks and referencing to carry out their roles. Photographic identification, referencing, employment history and disclosure and barring service (DBS) checks had been satisfactorily completed for all staff. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

There were processes and procedures in place to support people safely with their medicines management. Shared lives carers and officers received robust medicines training to support them in their roles and the registered manager audited medicines administration records (MAR) to ensure that medicines were being managed effectively. The MAR chart provides a record of which medicines are prescribed to a person and when they were given.

Is the service effective?

Our findings

People told us they felt their shared lives carers and officers were experienced and knowledgeable. One person said, "they all know what they're doing, they've done it for years." Another person said, "they do have training, I know because they told me they were going."

Staff were provided with ongoing training to support them in their roles and to ensure that they acquired and maintained the skills and knowledge necessary to enable them to carry out their roles effectively in line with best practice. The service managed an electronic training matrix that clearly identified when staff were due for their training updates. Online eLearning and face to face courses were provided for staff to complete. Training covered elements such as moving and handling, health and safety, protecting vulnerable adults/safeguarding and medicines management. We looked at the training matrix during inspection and noted that most staff were up-to-date with their annual refresher training but some shared lives carers had not completed the update training. The shared lives officers had identified this and there was an ongoing plan in place to support care workers to attend for refresher training. The shared lives officers were encouraged to participate in external courses to enhance their professional development, including attending shared lives conferences.

The provider offered a thorough induction process and ongoing support to shared lives carers which was facilitated by the officers. The same level of support was available to the shared lives officers from the registered manager. There were regular supervision sessions and informal coffee mornings. Staff told us that their line managers always enquired about their well-being during supervision sessions, that the sessions were meaningful in supporting their training and performance development.

People were supported to access health and social care professionals. Their shared lives carers would support and accompany them to attend GP and hospital appointments as necessary. During inspection we observed officers contacting people's care managers to arrange appointments on their behalf. We further observed contact from care workers who were in hospital visiting people using the service and were contacting the office to provide updates so that support records in the office could be amended and relatives and care managers could also be informed.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act. The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. Staff received training in mental capacity, and were aware of the principles of the Act. People told us that staff sought consent prior to assisting them with personal care routines.

Shared lives carers supported people with maintaining a balanced and healthy diet. Where it had been identified in support plans that people required assistance with nutrition, the appropriate guidance was

provided for staff.

Is the service caring?

Our findings

People told us that they were supported by caring staff who knew them very well. Some people had been with their shared lives carers from when they transitioned from children's services to adult services and had built caring and compassionate relationships with their shared lives carers. One person said, "It's my home, I live here and I like it."

Care staff said they promoted people's independence by actively encouraging and supporting them to complete personal care tasks they were able to do. For example, one staff member said, "We always encourage [name] to do as much as possible, we don't want to take away her independence." Another said, "[name] feels more confident the more she can do for herself. That's a good thing." People confirmed staff supported them to be as independent as possible and told us that they were assisted with the things they couldn't manage.

People were involved in their care and felt they made decisions about their care and support. The shared lives officers would meet with people one to one, to ensure they felt happy with the care and support provided. Staff told us they always involved people in the development of their support plan. People confirmed they were consulted by the officers and care workers as to their ongoing care needs. One person said, "I meet up with [name] and she asks me if I'm ok."

People told us that their privacy and dignity was respected by staff. They gave examples of practical measures that staff would use to protect people's privacy and dignity while providing personal care and when they would like some time alone in their homes. For example one person said, "I like to be alone in my room sometimes, people knock on my door." Shared lives carers told us that they would knock on doors before entering people's bedrooms, close curtains and cover people while assisting them with personal care tasks to ensure that people's privacy and dignity was respected at all times.

Is the service responsive?

Our findings

People's support plans met their needs in accordance with their preferences and wishes. One person said, "If I like to do something special my carer comes with me, it's written down." Shared lives carers confirmed that the support plans that were provided enabled them to care for and support people well. A carer told us, "I do know [name] very well, but if I need to check on anything I will look at the plan. They've got everything in there."

People's support plans were very detailed and personalised and based on the initial assessment that was completed by the registered manager. Not only did they contain all the required information for carers to support people with tasks, but also highlighted what their likes and dislikes were, what they liked to be called, how they liked to spend their time and their favourite foods. Plans were holistic and considered the whole person when care was provided. For example, one plan said, "[name] likes to get up a bit later at the weekends." Another said, "when [name] has the day to herself she likes to go to Bingo", there were many examples of people's individual preferences and wishes being at the forefront of the care and support provided.

People's care plans were reviewed fully on an annual basis or updates were made as people's needs changed. There were records kept of individuals' support plan reviews. These were carried out with people and their relatives if required in people's shared lives homes; they were completed by a shared lives officer in conjunction with the person's care manager and shared lives carer. Shared lives carers recorded the daily support they provided in diaries. This information gave details of the care provided to people and observations of their general well-being.

The provider had a complaints process in place. Complaints were recorded on the electronic system and dealt with by the registered manager. During inspection we saw examples of how complaints were recorded, investigated and closed within policy timescales to the complainant's satisfaction. If a person using the service or a shared lives carer wanted to complain, these were logged in the same way and there were copies of the complaints policy within their homes so that they knew how to raise any concerns if the need arose.

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager and office team. One care worker said, "they are so helpful, if I need anything I just have to ring them and they sort it out or tell me how to sort it out." One person said, "yes I know them, I've met them and they were very nice".

The service cultivated a tangible positive, caring, culture which was encouraged by the registered manager. Shared lives officers were passionate about the service and were keen to develop it and themselves in accordance with best practice. There was a stable staffing structure within the office team and the registered manager told us that with regard to practice issues or making changes to the service, the whole team had been involved in decision making. Staff told us that this management style made them feel valued and included. Staff were supported to develop and encouraged to undertake additional training or secondments to enhance their development. The officers within the service had been employed at Portsmouth Shared Lives for many years.

The service had robust management systems and audit processes in place to monitor the safety and effectiveness of service provision. This enabled the registered manager to look at any areas identified for improvement and act upon them as necessary. The registered manager sought feedback from people and from staff using surveys. The registered manager told us that they wanted to develop the service and alongside the National Shared Lives guidelines they were trying to incorporate the Care Certificate within the approval process for shared lives carers.

Meetings were held every four weeks with office staff to discuss any operational issues and to cascade any relevant professional updates. Shared lives carers attended meetings three times a year to discuss any issues relevant to the service. A quarterly newsletter was produced by the registered manager which contained national updates relevant to practice and any changes to guidance documents were also noted. Skittles evenings and a Christmas party were also arranged to offer shared lives carers the opportunity to feel engaged as part of the shared lives team.