PSS (UK)

PSS Shared Lives Lincolnshire

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
PSS Shared Lives Lincolnshire is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers own homes who have a learning disability or autism. The service can provide care for adults of all ages and covered Lincolnshire.

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. At the time of the inspection the service was providing support for nine people.

People's experience of using this service and what we found
The majority of shared lives carers we spoke to provided negative feedback on the management of the service. They raised some concerns regarding support and communication; the provider was taking action to address this.

We have made a recommendation about communication with shared lives carers.

There were systems and processes in place to identify and manage risks to people's care. There were organisational governance processes in place to monitor the quality of the service.

There were comprehensive recruitment processes in place to make sure people were matched with suitable shared lives carers to support people effectively in their own homes.

Shared lives carers completed a range of training to help them support people appropriately.

People received their medicines from shared lives carers who had been trained to safely administer medicines.

Shared lives carers had received training on infection prevention and control. Information and guidance on infection control measures were available for shared lives carers and people.

Shared lives carers had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Attitudes and behaviours of leaders led to shared lives carers feeling unsupported and lack of communication, we saw no direct impact on people. However, despite systems in place to communicate, there is a risk
shared lives carers may disengage with the provider limiting oversight, and access to support and guidance from PSS Shared Lives Lincolnshire to enhance people's lives.

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 05/03/2019 and this is the first inspection.

Why we inspected
This was a planned inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

PSS Shared Lives Lincolnshire

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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
PSS Shared Lives Lincolnshire 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.

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 to ensure measures could be put in place to reduce COVID-19 risks.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
During the inspection we met the registered manager, recruiter and service coordinator. We spoke with four

shared lives carers. We looked at the care records for three people, three staff records, as well as a variety of systems related to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at monitoring data and quality assurance records.

Good

Is the service safe?

Our findings

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

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

Preventing and controlling infection

- COVID 19 care plans were in place for people. However, these did not identify all areas of risk associated with COVID 19 and how they would be mitigated. This increased the risk to people's health.
- There were systems in place to prevent and control infection. Shared lives carers completed infection control training. The provider sent information and guidance to shared lives carers to keep them up to date.
- The registered manager told us the shared lives carers were responsible for ensuring they had suitable equipment to prevent and control infections, such as Personal Protective Equipment (PPE).

Using medicines safely

- Staff checked people's medicines records when they conducted monitoring visits. However, when phone monitoring visits took place medicines records were not always visually checked and recording of checks was inconsistent. This meant people were at risk as the provider had not fully developed systems to ensure oversight of medicines were
in place.
- The registered manager told us not all people who used the service needed support with medicines. Where people did, there were systems and processes in place to ensure shared lives carers supported people safely.
- Shared lives carers were appropriately trained to administer medicines safely to people. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. Shared lives carers and staff completed training on safeguarding.
- Records showed safeguarding was discussed with shared lives carers during monitoring visits, this gave them an opportunity to highlight any concerns.
- The provider had a safeguarding policy in place. Safeguarding issues were identified and reported in line with the providers legal responsibility.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed. Measures were in place to mitigate the risks and ensure people's needs were met. For example, one person's care plan identified how to support them safely in the home environment and what kitchen utensils not to leave out.
- People who had specific medical conditions were supported by trained staff. For example, one person had diabetes, whilst they generally managed their condition, there were also guidelines on how shared lives

carers should support the person and what medical intervention was required.
● Records showed a range of checks were in place to monitor the safety of the home environment. These included gas and electrical safety test, fire evacuation plans and health and safety in the home. The provider ensured checks were reviewed.

Staffing and recruitment
● The provider had a comprehensive recruitment process in place. Staff presented a report on each applicant to a panel of representatives to review before deciding whether to appoint as a shared lives carer. Staff used the assessment information to match people with potential shared lives carers to make sure people's placements were suitable. The matching process included initial introductory meetings between people and a shared lives carer, followed by a transitional period before the placement becomes permanent.
● The assessment process showed a number of background checks had been completed including a Disclosure and Barring Service check (DBS). DBS checks help employers to identify if staff have any criminal convictions that may affect their suitability to work with the people they care for. Further assessments included virtual visits in their homes and evaluating their knowledge, experience and attitudes.

Learning lessons when things go wrong
● The provider had systems in place for recording and responding to incidents and accidents and then learning from these.
● Records showed shared lives carers responded to incidents and informed staff appropriately. One shared lives carer told us "If any accidents happen, I will let them know, I do this within 24 hours."
● Shared Lives carers identified lessons to be learnt from incidents. For example, one person's behaviours that challenge had been increasing. The shared lives carers analysed their approach and responses to the person and triggers were identified. This then enabled the shared lives carers to adapt their approach and improve the communication and reduce the risk of challenging behaviour reoccurring.

Good

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 was 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

- Records showed the provider assessed people's needs. Different areas of the persons daily life were assessed, such has their personal care needs, communication, mobility, medical and nutritional needs. Assessments included activities and interests and religious and cultural needs. People, staff and the shared lives carers were involved during the assessment process, and the information was used to develop care plans and risk assessments.
- One person's care plan included guidance on how to support them in the community, where they may show behaviours that challenge. The guidance showed what may trigger the behaviour and the approaches to be used by shared lives carers and staff to support the person to de-escalate the situation and reduce distress.
- Processes were in place to ensure SLC's and their homes would be compatible and suitable. Assessment and matching meetings followed by a period of transition ensured people's needs were met appropriately. The home environment is checked to make sure it is safe, and the person had their own bedroom.

Staff support: induction, training, skills and experience

- We had a mixed response from shared lives carers regarding the training. For example, one shared lives carer told us "It's online at the moment, some of it is not relevant to shared lives, I told them, but the training has not changed yet." They also told us "I have asked PSS for specialised communication training; this had not happened." This meant communication could be limited with the person they support. The shared lives carer sought additional training themselves.
- Shared lives carers completed a range of training to ensure they could meet the needs of people they support. One person who experienced seizures were supported by trained staff to meet this specific need. .

- Another shared lives carer told us "There's a lot more courses, I do them online, I don't find them a problem."
- The registered manager monitored shared lives carers and staff learning and development to make sure they completed or refreshed their training when required.

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

- Peoples nutritional needs were detailed in their care plan. One person required full support to maintain a healthy diet and was also encouraged to be involved and gain cooking skills.
- Likes and dislikes were clearly detailed in care plans alongside dietary requirements. For example, one person liked traditional food, another person did not have a certain food included in their diet has it was evidenced this caused digestive issues.

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

- Records showed shared lives carers ensured people attended their medical appointments, this included yearly reviews with the GP, dentist and optician.
- Shared lives carers had accessed health care services and liaised with adult social care professionals when a person they supported found it difficult during the lockdown and COVID restrictions, which limited social activities. Support and intervention from professional had a positive impact and improved outcomes for the person.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people's capacity needed to be considered and assessments completed. The registered manager told us the shared lives carers and the persons allocated adult social care professional were responsible. When people lacked the mental capacity to agree to their care arrangements and may amount to a deprivation of their liberty records showed these were in place. We saw the provider checked a copy of the legal authorisation when a person's deprivation of liberty had been authorised.
- Shared lives staff and carers had completed training on the MCA. Shared lives carers we spoke with were familiar with people's authorised deprivations of liberty and explained how they supported people in their best interests. For example, accompanying a person whenever they went out in the community to make sure they were safe.

Good

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 was 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

- Some people had been living with the same shared lives carers for a number of years. In some cases, the shared lives carers had first been people's foster carers when they were younger. This meant people had stability and continuity of living with the same shared lives carers in the same home environment, additionally the shared lives carers knew the persons needs very well.
- The registered manager and recruitment staff explained how they assessed potential shared lives carers' attitudes to working inclusively during recruitment. Staff and shared lives carers had completed training in promoting equality and diversity.

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

- Shared lives carers helped people to make day to day decisions about their care. For example, one shared lives carer told us " [name of person] was due to return to the day service they attend, when I spoke to [name of person], they became distressed." The shared lives carer recognised something wasn't right and support the person to make an active choice in their preferred communication method. The person was able to express "no", and a new day service was introduced, which enhanced the persons social inclusion.
- People were involved in decisions about the shared lives carers with whom they would stay. For example, we saw when a person had decided they did not want to stay with a shared lives carer, this decision was respected, and arrangements made for the person to return to their family.

Respecting and promoting people's privacy, dignity and independence

- People's support plans demonstrated how shared lives carers encouraged them to be independent. A shared lives carer described how they had supported a person to learn to gain life skills and live semi-independently. This meant despite needing prompts and support, where possible privacy and independence was encouraged.

Good

Is the service responsive?

Our findings

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

This was 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

- Records showed care plans were personalised to meet people's individual needs. Peoples mental, social and physical needs were considered when care plans were developed. For example, care plans cover 'how I am feeling' emotionally, with guidance for shared lives carers how the person will show if they are happy, sad, frustrated and how to respond.
- Peoples personalised care plans contained a section on 'how I like to spend my day'. This was developed with the shared lives carer and the person to maintain routines that were important to them. For example, one person was supported to the supermarket to purchase items independently. This was a meaningful activity which was encouraged as the persons self-esteem and independence had grown
- One person had been supported by a shared lives carer for several years, relatives who they lived alongside were then recruited and became the person main shared lives carer. This meant the relationships built between the person and the shared lives carers family continued and understood their needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records showed the provider had assessed people's communication needs. Peoples care plans clearly set out what their preferred communication method were, and the level of support needed and any equipment, for example hearing aids.
- One person's care plan described how they had limited verbal communication and used Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language. Signs and symbols are used with speech, in spoken word order. The shared lives carer had made communication cards as well to aid understanding.

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

- Shared lives carers supported people to develop and maintain relationships that mattered to them. Care plans had a section on 'Things that are important to me' which included contact with family and friends that matter to the person. For example, one person's care plan documented how the shared lives carers support the person to have visits with their family.
- Records showed the COVID 19 restrictions and lockdowns had impacted on people, affecting their

wellbeing. Isolation and shielding requirements had led to an escalation in behaviours that challenge for some people. Where possible shared lives carers had arranged for phone calls to take place with the persons friends which had a positive effect.

● Community activities had been limited due to COVID restrictions including day provisions people attended. Shared lives carers had supported people to engage in activities, these included shopping, walking, car rides, crafts and baking. One person was particularly happy to return to their day provision.

Improving care quality in response to complaints or concerns

● The provider had a system in place to record complaints when they were received, and action taken. There was a policy and procedure in place for handling complaints

● One shared lives carer told us "If I can't get hold of [name of development worker] then I call [name of registered manager], but we have not really had many problems to call about."

End of life care and support

● No one was receiving end of life care at the time of our inspection. Currently people using the service had not been diagnosed with any life-limiting conditions.

● The registered manager told us an end of life working group was formed with regular meetings held. They plan to introduce end of life policy and care plans to support people, their families and shared lives carers with future end of life care needs.

Good

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

- Record showed systems and processes were in place to communicate with shared lives carers. However, shared lives carers we spoke with felt the level of communication could be improved. One shared lives carer told us "PSS have failed to explain what shared lives entails from the outset, which has made things very difficult." Another shared lives carer told us "I spoke to the manager, there was no empathy or real understanding of our needs."
- We discussed the concerns raised regarding communication with the provider who demonstrated emails events and workshops had been arranged for shared lives carers, but there had been a lack of engagement with these initiatives from the shared lives carers.
- The provider's quality assurance systems included regular monitoring visits to shared lives carers homes to evaluate their care and support. Due to the COVID-19 pandemic the provider needed to adapt their approach and this contact had taken place over the phone. However, when we spoke with shared lives carers, they felt this was not effective. One shared lives carer told us "They only seem to talk about training nothing else."
- We found no impact or risk for people and following the inspection the provider was developing routes for shared lives carers to openly discuss any issues. They also showed us an action plan they had developed to address the issues with communication and support for shared lives carers.

We recommend the provider reviews how they engage with shared lives carers, to establish what communication processes are effective. Gain views and feedback from shared lives carers to improve communication going forward.

- Records showed there were a range of audits in place to monitor the quality of the service people received. We saw actions had been completed to address any outstanding issues.
- The provider had systems and processes in place to provide oversight of the service. This included a manager action plan with personal targets agreed with the provider for service improvement and a quality review audit covering all aspects of the service.

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; Continuous learning and improving care

- Records showed the provider held fortnightly and monthly management meetings with all members of

the management team locally and nationally. Staff had the opportunity to discuss the services, share progress and update on relevant guidance.

● The provider had a system in place to monitor and record complaints, accidents and incidents. Records showed details of events that had occurred, and the action taken. The provider also had a lesson learnt system which demonstrated outcomes and actions to prevent reoccurrence.

● The provider understood their responsibilities to act in an open and honest way if something went wrong. They were aware of their responsibilities to keep us informed of significant events at the service. We received statuary notifications showing how different events had been managed.

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

● People and shared lives carers who have used the service had opportunities to be involved in the running of the service by becoming Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. For example, one shared lives carer attended recruitment panels.

● The provider had arranged a virtual open day prior to our inspection. This was to inform the public and stakeholders about what PSS shared lives is, how to get involved and the experiences of supporting adults with learning disabilities.

Working in partnership with others

● The service worked in partnership with external agencies to ensure people receive timely care. Records showed adult social care professionals felt PSS had been proactive in providing and sharing information and joint working had led to a positive experience for the person.