

# Calderdale Metropolitan Borough Council

## Shared Lives of Calderdale

### 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

This was an announced inspection on the 28 September 2016 and we made calls to people using the service and their relatives on the 04 October 2016. At the time of our inspection there were 43 people using the service.

We last inspected Shared Lives of Calderdale December 2013 and it was compliant in all areas inspected against at that time.

Calderdale Shared Lives Scheme provides a service for people who are vulnerable and need support to live independently in a family setting. The scheme widens the choice of services available to vulnerable people living in the community. Support is provided in three different ways; long term stay, respite care and day services.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and they were being protected from harm and abuse by staff and shared lives workers who knew their responsibilities. Risks to people's health and well-being had been assessed to support them to remain safe.

People's individual needs had been considered to keep them safe during an emergency and the provider had a plan in place to make sure that the service would continue in the event of an emergency.

The provider sought to keep people safe by analysing accidents and incidents. They had looked to reduce the number of these whenever possible. For example, where a person's level of support needed to increase due to their mental health, guidance from a social worker had been requested.

People were being supported by staff who had been checked before they had started to work for the provider. This had helped the provider to make safer recruitment decisions. When a member of the public had applied to become a carer, we found there was a thorough process in place to check their suitability.

People received the support they required with their medicines. Staff and carers had received training to support them to handle medicines safely and there was written guidance available to them to provide safe support to people.

People received support from carers and staff who had undertaken training.

Staff and shared lives workers received support and guidance in order to understand their responsibilities. For example, shared lives workers had regular visits from staff members. The registered manager provided staff with regular meetings to support them to carry out their roles effectively.

People's consent to care and treatment had been documented. We found the provider working with the guidelines of the Mental Capacity Act 2005.

People were being supported by staff and carers who understood the requirements of the MCA. They were able to describe how they would seek additional support if they had concerns about people's ability to make decisions for themselves.

People chose the food they wanted. Their eating and drinking preferences and needs were known by carers. People were also being supported to remain healthy. Staff and shared lives workers knew how to do this and information about people's health needs was available in their support plans. Where there was concern about people's health, staff and shared lives workers knew what to do and took the appropriate action.

People were supported by shared lives workers who showed kindness and compassion. Their dignity and privacy was being respected and their confidential and sensitive care records were being stored safely.

Shared lives workers and staff knew about people's preferences and what was important to them. People were being supported to be as independent as they wanted.

People or their representatives had been involved and had contributed to the planning and reviewing of their care and support. Where people needed support to be involved, information and access to advocacy services had been made available to them.

People had support plans that were focused on things that were important to them and known by shared lives workers. They received care and support based on this. People were undertaking hobbies and interests that they enjoyed.

People knew how to complain if they had needed to. The provider took action where necessary when they had received a complaint.

Shared lives workers and staff told us that the service was well-led. There were opportunities available to them to give ideas for improvement to the provider.

Shared lives workers and staff told us, and we saw, that they were supported and were clear about their roles and responsibilities. They received regular feedback on their work in order to improve the quality of the care and support offered to people.

There was a registered manager in place who understood the requirements of their role. They had worked with the provider to regularly assess the quality of the service. The registered manager had plans in place to improve the service.

## 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.

People were being protected from abuse and avoidable harm by shared lives workers and staff that knew about their responsibilities.

The provider had a thorough recruitment process to check the suitability of prospective carers.

People received safe support with their medicines when this was needed.

### Is the service effective?

Good 

The service was effective.

People received care and support from staff and shared lives workers who had received training and guidance.

The service worked in live with the principles of the Mental Capacity Act 2005.

People's nutrition and health was being supported by shared lives workers and staff who knew how to report and act on any changes to their well-being.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion from staff and carers and their dignity and privacy was being respected.

Shared lives workers and staff knew about people's preferences and how to support them to stay as independent as they had wanted.

People were involved in planning their own care and support where they could. People had received information about advocacy services.

### **Is the service responsive?**

The service was responsive.

People or their representatives had contributed to the review of their care needs where they could. They received support based on their preferences.

Care records were written in a person centred way and reflected the person's needs clearly.

People knew how to make a complaint and they had opportunities to offer feedback to the provider.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Shared lives workers and staff were supported by the registered manager and knew about their responsibilities. Opportunities to give suggestions about the service to improve were available to them.

The registered manager was aware of their responsibilities and was available for people to speak with.

A robust audit system was in place to identify shortfalls.

**Good** ●

# Shared Lives of Calderdale

## **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 the 28 September and 04 October 2016 and the visits were announced. We gave 24 hours' notice that we would be coming as we needed to be sure that someone would be in the office. We last inspected Shared Lives of Calderdale December 2013 and it was compliant in all areas inspected against at that time.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. Before the inspection, the provider completed 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 took this into account when we made judgements in this report.

We looked at four care records for people that used the service, one staff file and three shared lives workers' files. We spoke with five people who used the service and two shared lives workers. The registered manager was not present during the inspection however we spoke with two staff members. We looked at quality monitoring arrangements and other staff support documents including supervision records, audits, surveys and individual training records.

## Is the service safe?

### Our findings

People told us that they felt safe with the shared lives workers who had offered them support. Comments included, "Fantastic service" and, "Really nice, really friendly". Shared lives workers described how they had kept people safe. One told us, "We do intensive background checks before people can become a 'carer'."

The shared lives workers told us the service worked to the local authority's multi-agency safeguarding policy and procedure. They were aware of their responsibilities to act on and notify the relevant authorities of any allegations of abuse. One staff member told us, "Shared lives workers are trained in safeguarding. Any concerns they have or we have are reported without delay." Shared lives staff told us they had received training in the safeguarding of adults and were able to tell us the action they would take. This meant the provider knew their responsibilities to make sure people were supported to keep safe.

People's health and well-being was being assessed where there were identified risks. Shared lives workers told us about risks to people and how they had assessments in place that they followed. We saw the shared lives workers had completed risk assessments and these had been reviewed on a regular basis. They had been completed in the areas of, for example, the home environment, choking, road safety and falls. These had detailed measures that shared lives workers were to take to reduce the likelihood of an accident or incident occurring. We also saw risk assessments had focused on things that people could do for themselves and had documented how people could be supported to retain their skills. For example, we saw a person was managing their own medicines and a staff member had made sure the necessary checks had taken place to support the person to do this safely. In these ways people were being kept safe by having risk assessments in place that focused on their abilities.

People had received the appropriate support when an accident or incident had occurred. This was because the provider had made available to shared lives workers a procedure for dealing with accidents and incidents. We saw where necessary, assistance from other professionals had been sought. We also saw accidents and incidents had been recorded by shared lives workers and then analysed by the registered manager. The registered manager had documented what action was needed to reduce the likelihood of a similar event occurring. For example, they had sought the assistance of a social worker to reassess a person's needs following an incident. This meant people could be confident that accidents and incidents would be managed safely to reduce their occurrence where possible.

People were being kept safe from the risk of unsafe equipment. This was because the shared lives workers made regular checks and equipment was maintained.

Systems were in place to ensure people received the right support to keep safe during an emergency as the provider had considered an emergency procedure plan. This directed shared lives workers on how to assist people out of their homes if required. Shared lives workers knew the arrangements that were in place. We also saw the provider had a business continuity plan in place. This had detailed arrangements for the continuation of the service in the event of an emergency. For example, we saw there were arrangements in place if people required emergency accommodation due to the illness of their main shared lives worker.

This meant people would have been safe and would continue to receive support in the event of an unforeseen situation.

The provider had safe recruitment processes in place. Where a prospective shared lives worker had approached the service, a thorough check of their home and an application had been initiated. The applicant was also subject to a decision made by a panel of managers from within the organisation to check their suitability before they had become a shared lives worker. One shared lives worker told us, "Pre-assessment was thorough I attended numerous meetings before any placement." The registered manager had carried out checks including a criminal records check for each applicant and we saw these had mainly been renewed every three years in line with the provider's policy. The supported lives staff told us these checks had been carried out to protect people from unsafe practices or from receiving support from shared lives workers not equipped to carry out the care and support. This meant the provider had thorough arrangements in place to check the suitability of shared lives workers.

People often managed their own medicines but when shared lives workers offered assistance, it was given as prescribed and handled safely. People confirmed they received their medicines when they had required it. One shared lives worker told us, "We encourage them to take their own medicines; if they forget then we remind them." Another shared lives worker described their responsibilities. They told us, "I only prompt them to ask if they have taken them." We saw that there was a medicines policy available to shared lives workers. The policy included guidance on the safe administration of medicines as well as the action shared lives workers should take if they made a medicine error. Shared lives workers told us where they offered assistance with medicines they had received training and records confirmed this. This meant people could be sure that shared lives workers had the guidance and support available to handle medicines safely.

## Is the service effective?

### Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights. The 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. In the case of domiciliary care applications must be made to the Court of Protection (COP). We found the service was working within the principles of the MCA. The supported lives staff told us seven people had been referred to the COP.

We saw from training records and staff told us they had received MCA training. We asked staff about the MCA and all gave us a good description of this legislation and what it meant to them and the people they supported. Staff and shared lives workers were aware to give people as much choice as possible and where decisions were to be made for people these should be the least restrictive option. The service supplied copies of relevant documentation including; 'Guidance for providers of shared lives on MCA 2005', 'MCA forum document', 'Calderdale local implementation network for MCA' and an audit tool on MCA was also used. We saw most people had signed their support plan to state they had consented to the care and support planned. We saw people's support plans had been created in consideration of the MCA.

Supported lives staff understood their responsibilities where there was concern about a person's capacity to make decisions. Shared lives workers also understood their responsibilities. One shared lives worker said, "They make all the choices they can, sometimes they are wrong but they learn from them." This showed us those offering support to people knew the action to take if they had concerns about people's capacity. We saw most staff and carers had received training in the MCA.

People received care and support from staff and shared lives workers who had received training to improve their skills and knowledge. One person told us, "They [shared lives workers] know exactly what they are doing; I know I can go to them to ask questions." Staff and shared lives workers confirmed they had received regular training to keep their knowledge up to date. One shared lives worker said, "Training and support has been good. I go to meetings every three months where training updates are provided and we can share our experience with other carers," Another shared lives worker said, "I go to support meetings for training. I have done courses on dementia, hygiene and respect recently. The training is very good." Shared lives workers were satisfied with the amount of training they had received. One told us, "There is plenty of training available and we get asked if we need anything else." We looked at the training records and saw staff and carers had recently undertaken training relevant to their role. We saw the registered manager had analysed the future training needs of staff and shared lives workers and had taken action to book courses.

People were being supported by shared lives workers and staff who had received guidance on how to

undertake their role effectively. As part of the application process, shared lives workers had undertaken training so that they were aware of their responsibilities. One shared lives worker told us, "We speak with them [the shared lives staff] all the time." We saw in staff files that staff had regular individual meetings with the registered manager. These had occurred every six weeks and covered areas such as the discussion of shared lives workers' practice and training needs. We also saw staff and shared lives workers had completed an induction when they had started working for the provider that had given them guidance on what tasks would be required of them. The shared lives staff told us they received annual appraisal to review their performance. In these ways the provider had arrangements in place to support the staff and carers in providing effective support to people.

People told us they had food and drinks available to them whenever they required them. They chose what they ate and drank based on their preferences. One person told us, "The food is always lovely." Another said, "I can have what I like." People's food and drink preferences had been recorded in their support plans and were known by shared lives workers. One shared lives worker told us, "We sometimes go out for a meal in a restaurant too which they enjoy." We saw the service gave support to shared lives workers with a guidance document on how to support people with nutrition.

People were being supported to maintain their health and well-being. People told us their health needs were being met. One shared lives worker told us, "We support them [person who used the service] to appointments." Another said, "If they [person's name] want my support they I will help them with appointments." We saw in people's care records that health professionals who were currently supporting them were listed. We also saw people's support plan detailed how to support them when they were unwell. For example, in one support plan we saw the person could become quiet and withdrawn when unwell. This meant people received effective support to maintain their health as carers had information available to them.

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion from the shared lives workers who offered them care and support. One person said, "Really nice, really friendly ". Another told us, "Exceptional, can't fault it. Fantastic service." Shared lives workers told us about their approach to offering care. One said, "We have really good communication. Gets on well with [person's name] family, so all works very well. This helps a positive relationship overall."

People felt their privacy and dignity was being maintained. One person told us, "Best people in the world. They help me plan for my future and are really supportive." We saw records indicated and people told us shared lives workers spoke with them in a kind way, listened to them and responded to their questions or concerns. This meant people were shown respect when receiving care and support.

People's support plans had detailed people's preferences and personal histories and were known by the shared lives workers. We saw that routines for people based on their preferences had been recorded and shared lives workers were able to describe why these were important to them. Shared lives workers told us initially they looked at people's support plans to find out about the people they offered support to, but over time they got to know their preferences well. On one day of inspection a person told us the shared lives workers helped support them to develop life skills, attend college and they were planning help with getting a job.

Where people were able to, it was documented how they had been involved in making decisions and planning their own care. The supported lives staff told us people had been involved where they could and they would review their processes to make sure this was recorded. We saw records of people's involvement and that people received the support they had required. People had been given information on advocacy services available to them. An advocate is a trained professional who can support people to speak up for themselves. This meant where people could, they had opportunities to be involved in the planning of their care and support.

Shared lives workers knew how to give people information in the ways they had required it because staff documented this in people's support plans. We saw people's communication needs and preferences had been detailed in their support plans. Shared lives workers told us they were familiar with how people communicated because they lived with them.

People described how they were encouraged to be independent so they kept or learnt new skills. One person told us, "They support me to be independent; I do things around the house." Another said they were supported to be independent with washing, dressing and taking their medicines. Carers described how they had supported people to learn new skills and to be as independent as they had wanted to be. One told us they supported the person to write letters, attend appointments, plan long term goals and offered relationship support. A supported lives staff member said people were supported to be as independent as possible. We saw people's support plans had documented the skills that people had to remain independent. For example, in one person's support plan we read they were able to make some food for themselves.

People were being supported to maintain relationships that were important to them. One person told us they saw their relatives regularly. People told us they had developed friendships from within the services. We saw people's care records had documented significant others that were important to them. This meant the provider had offered a service which enabled friendships and relationships that were important to people.

People could be sure information about them was treated in a safe way. This was because the provider had made available to staff and shared lives workers a confidentiality policy. This had detailed how to keep information secure and how and when to share information. Staff and shared lives workers were able to describe how they kept people's sensitive information secure and we saw it was when we visited a person in their own home. This meant that only those authorised to do so had access to people's private information and staff and shared lives workers understood their responsibilities to maintain the safety of their care records.

## Is the service responsive?

### Our findings

People had contributed to the assessments and planning of their care and support. One person said, "I have meetings with shared lives management. We talk about how good it's been and if any problems." A shared lives worker told us, "We [shared lives worker and person that used the service] meet every six months for a person centred planning meeting." People confirmed the shared lives workers knew about their needs and offered their support accordingly. One person told us, "The family I live with used to foster me, so they knew me well."

People's individual needs had been considered and assessed by the provider when they had been offered a shared lives placement. We saw a matching exercise was undertaken by the provider to make sure any potential shared lives worker had the right mix of skills and experience to be suitable to the people they may have been supporting. A shared lives worker told us, "Pre-assessment was thorough and I attended numerous meetings before a placement. We were given a choice and there was never any pressure into accepting people. We were matched with people of similar interest and activities. People's views were taken into account." This showed us people received care and support that was responsive to their individual and changing needs.

People had support plans that focused on them as individuals. They contained information on things that were important to people and were written in such a way that shared lives workers would have been able to offer individualised care and support in ways people had wanted it. For example, one person's support plan had what they could do for themselves and what they required support with. One section of a person's support plan identified what a person did when they felt ill. We also saw people's personal histories had been documented and shared lives workers were able to describe people's backgrounds and important life events. One shared lives worker told us they had, "Been supporting [person's name] with transport planning and developing independence using buses." People received personalised care and support from staff who knew their requirements and could respond accordingly.

People were taking part in hobbies and interests that were important to them. One person told us, "We go out together on trips/holidays, support to do shopping." Another said, "I attend college and then they will help me with getting a job." We also saw people had timetables of activities in their support plans so shared lives workers knew the activities that people undertook. These contained details about where the person went each day as well as information on how they got there. This meant the provider had made sure that people received personalised care and support based on their interests.

People's needs were being regularly reviewed. Shared lives workers told us reviews occurred every 12 weeks or when a person's needs changed. Care records confirmed this and reviews had included the consideration of any changes to people's needs or concerns about their health and well-being. This meant shared lives workers had up to date information on the people they offered care and support to.

People and their shared lives workers knew how to complain but told us they had not had to make a complaint. One person told us, "If I had to complain I would go to my carer and I know they would help."

Shared lives workers told us they would report any concerns to the shared lives staff. We were told by people they were confident that any concern or complaint made would be handled well. We saw people had been made aware of the provider's complaints policy as they had been given this when they had started to use the service. The provider had identified and recorded no complaints and 17 compliments in the last 12 months. This meant that should the provider receive a concern or complaint, people and their relatives could be sure that it would be responded to and any necessary action taken.

The provider had made arrangements to learn from people's experiences. People and their shared lives workers had been invited to two annual events. Twice a year the shared lives team invited people together to have fun and to learn their views on the service. Shared lives staff told us this was a good opportunity to spend with people and to gain information to improve services. This showed us the provider was seeking to hear people's experiences of their care and support with a view to learning from any concerns.

## Is the service well-led?

### Our findings

Shared lives workers told us they thought the service was well-led. One said, "Support from management, is extremely good." Another shared lives worker told us, "The management of the service is very good." Staff members described the registered manager positively. One said they had a clear direction of the service.

The registered manager, shared lives workers and staff members had a shared vision about the service's aims and objectives and could describe them. The provider had a statement of purpose that had been made available to everyone involved in the service and outlined what people could expect to receive. We read that high quality care, independence and choice were key values that the service hoped to provide. We heard these objectives to be the focus of shared lives workers and staff when we spoke with them. This meant shared lives workers and staff worked together to an agreed vision to support people to receive care based on these principles.

Shared lives workers and staff felt supported by the registered manager. A shared lives worker told us, "I see the shared lives staff every six weeks." Staff members felt they could give suggestions on how the service could improve and agreed the registered manager would look at changing things if this had meant better outcomes for people who used the service. We saw staff meetings had regularly occurred and records showed staff had been asked for suggestions on how the service could improve. Staff members spoke positively about the individual meetings they had regularly with the registered manager. They told us these were useful to reflect on their work with the registered manager and to consider their training needs. This meant the provider offered shared lives workers and staff support and valued their ideas and opinions on how the service could be improved.

The provider had made arrangements to review the delivery of care and support it had offered to people and shared lives workers. During the two annual events attended by shared lives workers, the provider gave feedback to them about any changes and asked for any ideas on improvements. We also saw evidence shared lives workers giving their feedback to the scheme. One shared lives worker said, "Good communication from the office, we can speak with [staff name] when we need to, always answers the phone. Really open culture from office. "Their views were listened to and acknowledged. The registered manager looked to arrange more events to bring shared lives workers together. In these ways the provider was open to ideas for how to improve the service and showed effective leadership.

The provider had carried out quality checks of the service to make sure the care and support offered to people was to a high standard. For example, there were four monthly quality monitoring reports completed. These covered areas such as the consideration of any comments or complaints received, learning from the previous review and asking about changes to the support levels of people being supported. The shared lives staff told us the registered manager asked for people's comments and reviewed significant events to make sure they were complete and contained all of the information. We were also told spot checks on shared lives workers had occurred to make sure they were delivering high quality care and support to people.

The supported lives staff were able to describe the support needs of people as well as the different types of

services available to them. This showed good leadership. They also understood the requirements of their role. We saw they had submitted the required notifications to the local authority and CQC for significant incidents. For example, where the registered manager had been made aware of allegations of abuse, they had notified the appropriate authorities and assisted with the investigations. This meant the registered manager understood the expectations of their role.