Cambridgeshire County Council

Cambridgeshire 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

This announced inspection took place between 20 and 21 December 2018. At our inspection in June 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Cambridgeshire Shared Lives Scheme is registered to provide the regulated activity of personal care. The scheme recruits and supports approved carers who share their home and/or community life for a few hours a week, an overnight stay, or a longer term live-in arrangement, for younger and older adults who need support.

Shared Lives carers' strengths, knowledge and personalities are matched to the needs of the person who needs support. Introductory visits enable people to become familiar with the carer, their family and their home to enable them to make a choice about who provides their support and ensure the carer feels fully able to support the person who will be staying with them in their home. This could be for day support, respite, or to move in with their Shared Lives carer's family for a longer period of time.

At the time of our inspection there were 97 people using the scheme of which 15 people received the regulated activity of personal care. Not everyone using Cambridgeshire Shared Lives Scheme receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was not in post. The previous registered manager left on 30 August 2018. A new manager had been in post for 10 weeks and they were applying for registration with the Commission.

People continued to receive a safe service. Carers understood how to keep people safe and how to report any concerns about safeguarding. Any incidents of concern were reported and acted on. Staff were recruited in a safe way. The provider ensured they had the right skills to meet people's needs in a safe way and understood the proper and safe use of medicines. Where needed infection control and prevention procedures were adhered to.

People continued to receive a service that was effective. Staff were equipped with the knowledge and skills required through relevant training to provide effective and responsive support to meet people's needs. People ate and drank healthily. Staff and carers supported people to access healthcare services and respected people's decisions.

People continued to receive a service that was kind, sincere, compassionate and caring. Staff knew people well, listened to what they said and acted accordingly. Staff and carers upheld people's dignity and privacy.

Staff and carers knew what each person's preferences were and promoted these. People's concerns were acted on before they became a complaint. Systems and policies were in place should people need support at the end of their lives.

The service was well-led by a manager who had identified areas for improvement. The manager supported the staff team to be open and honest. People were involved in determining how the service was run. The manager and staff team worked well with others involved in people's care. The provider ensured that we were told about important events. Staff and carers upheld the provider's values for making a difference to the quality of people's care, people led fulfilling lives as a result.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Cambridgeshire 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 as part of our regulatory functions. This inspection checked 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.

This announced inspection took place on 20 and 21 December 2018. The inspection was undertaken by one inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from responses to our survey questionnaire and information from statutory notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 20 December 2018 we visited the service and visited and spoke with two people in their homes. We also spoke with the manager, two senior care coordinators and three carers. We also spoke with three relatives. On the 21 December 2018 we spoke with a further two carers and two relatives.

We looked at care documentation for five people using the service and their medicines' administration records. We also looked at three staff files, staff training and supervision planning records and other records

relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents and complaints.

Good

Is the service safe?

Our findings

The provider had systems in place to help protect people from the risk of harm. Staff and carers received training in safeguarding and equality and diversity and they knew about the reporting processes in place should they have any concerns about a person's safety. Staff and carers gave people information about staying safe; they encouraged them to raise any concerns they may have had.

One staff member told us that if they had any concerns, "I would contact the manager or the regional manager. I can call the safeguarding authority if needed." A relative said that staff always made sure their family member had the right types of food and used their walking aid.

Risks to people were assessed, recorded and managed well and people were supported to access the community safely. The manager had adhered to the provider's policies to ensure carers' homes were safe for people to live, eat and sleep in. One person told us that they always felt safe in the carer's home; any risk to their safety was managed with minimal restriction on their freedom and choice. For example, for eating and drinking. One relative told us that when their family member had started to use the service, an added smoke detector had been installed in the carer's home in case of a fire occurring. Checks to manage risks to people at carer's homes included, ensuring their property met fire, electrical and gas safety regulations.

The manager and staff team managed the recruitment procedure. This included a careful matching process to ensure a person was comfortable with the carer. People were given a choice about who provided their care and/or support and staff ensured the carer was able to fully support the person. The provider continued to carry out screening checks on prospective new staff and carers before they started their employment. These checks included checks through the Disclosure and Barring Service, criminal record, previous employment history and references. Only staff and carers who were suitable were employed. Relatives told us that they had developed a bond with, and trust in, the carers and they felt that their family members had enough support to keep them safe. Staffing levels fluctuated on a day to day basis according to the support each person needed. The staff rota reflected changes in numbers during social and planned activities in and outside of the service

Trained, competent staff and carers administered medicines and managed them safely. Checks were in place to ensure carers administered medicines as prescribed, including 'as and when needed' medicines such as pain relief. One staff member told us, "We always check people's medicines when taking responsibility from relatives and handing them back." However, we found the providers procedure was not always followed correctly and medicine administration records (MARs) were not always completed as they should be. This meant an accurate audit trail was not kept to demonstrate if the medicines were taken as prescribed and if not – why not. The manager told us that they would improve the system to ensure an accurate record was kept.

Policies and procedures were in place and staff and carers received training to help ensure that the risk of infection and cross contamination were minimised or eliminated. One carer described to us how they ensured they always washed their hands and wore gloves and protective aprons before providing personal

care. One relative said, "[Family member] is always clean and tidy when they come home."

Accidents and incidents were recorded and monitored and action taken to prevent the risk of recurrences. For example, investigations were completed into the possible reasons why a person fell and actions taken such as a review of the environment, prescribed medicines or if any additional training was required. Learning from incidents also included sharing actions taken with the social worker.

Good

Is the service effective?

Our findings

The Shared Lives scheme enabled people to continue to live independently with support. Care coordinators assessed a person's specific care and social needs and these were met by staff that had the right competencies, knowledge, skills and attitude they needed to carry out their role effectively. People were matched to carers with the same social interests such as animals or sports so they could also build a social relationship.

The scheme supported carers with relevant training and regular support meetings. One carer told us, "I definitely get all the training and support I need. If there is ever anything I am unsure of, I call the office and staff there are always very helpful and supportive." People needed varying levels of support from carers and training provided reflected this. Training included subject areas specific to people's needs such as Autism, dementia and risk management. Staff and Shared Lives carers received an induction and continued support based on people's needs and how to meet these effectively, and without discrimination. The manager planned and monitored training to ensure staff and carers were supported to keep their knowledge up-to-date, in line with best practice and completed in a timely manner.

Staff and carers, where needed, supported people to eat and drink enough. One person told us their favourite food was pasta based meals but staff varied their diet. One carer said they were mindful to make sure people drank enough according to the temperature or weather. People with nutritional risks such as, allergies were supported to eat safely both at the carer's home and when in the community. One carer said, "I am there to give people independence but also to ensure they eat healthily as much as possible. It is also good for people to learn to buy healthy foods and have treats too."

Staff, carers and relatives helped and supported people to access various health care services. One relative told us, "I am sure the carer would call for emergency assistance if [family member] ever became unwell." Staff worked with people to encourage them to maintain their health and gave carers the guidance to do this effectively. If the person wanted them to, carers supported them to make and to attend health appointments.

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. The provider and manager worked with other professionals involved in people's care, such as social workers.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff and carers had received training and had a good understanding of how to take account of people's mental capacity and if this varied through the day. They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person. The

provider took account any Court of Protection orders to keep people safe but with the least amount of restriction. For instance, people being supervised at all times by carers when out in the community or being an appointee for people's financial affairs.

Good

Is the service caring?

Our findings

People received a caring service from staff and carers who respected their diverse needs and showed them kindness, empathy and compassion. One person said that their carers "always spoke with them nicely" and treated them "very well." A relative said that carer's kindness was "beyond words". Care plans were written in a way that people could understand such as, with pictures or larger print. One person told us that they had "felt fully involved" in their care planning both when they first met staff and regularly since. A relative said they, "Couldn't praise the carers and office staff enough for the positive difference they had made to their family member's life". This was reflected in the person's consistent happiness and the way they looked forward to the support they received.

Systems, policies and procedure were in place to support people should they need formal or lay advocacy. A lay advocate can support a person to understand legal processes and documentation. Records showed us that applications to advocates for people had been legally authorised, such as for financial matters. Staff supported carers to ensure people's rights were upheld in the carers home and in the community.

People were complimentary about the caring nature of the care staff and often referred to staff as being more of a friend. Relatives were also complimentary about staff and carers' knowledge of their family member; how considerate they were to their needs and how they interacted with them, for example preparing and cooking a meal together. A person receiving care had the choice of the carer they were matched with. One person showed us how much they liked their carer by clapping with excitement. A relative told us that their family member had a change in carer because they had not bonded as well as expected. The relative said, "Everything is brilliant now. The new carer is more like a family member."

People told us staff spoke with them in an appropriate and sensitive way. One carer told us, "I have worked for the scheme for several years but I am always introduced to any new person I care for. I listen to what people want as well as having a good knowledge of their care plan." Staff promoted equality and diversity and supported people to be involved in their care. One relative told us that having a carer of a similar age to their family member had helped to promote their independence with daily living skills at home and out in the community. The manager told us that it was important to recruit and retain the staff and carers with the right skills and aptitude to learn how to support people to be as independent as possible. One person was proud to show us the Christmas decorations they had made because of the confidence carers had given them to do this.

People received a service that was based on their individual needs. One person said, "I love my [education] days and my carers help me get there and back." Care coordinators and office based staff kept in regular contact with people by working some care shifts. This was as well as regularly contacting people or visiting family members in person. Information they gathered was held securely and only shared where people had agreed to this.

People were treated with respect no matter what their care needs were. We found that staff promoted people's independence, privacy and dignity. One relative told us how respectful staff and carers were of their

family member's privacy and independence. A carer said, "I spend time talking with the person, get to be as relaxed as possible and keep them covered or give them private time. It's their choice how much I help them." Staff gave people time to undertake their own care or aspects of it. All people and relatives we spoke with told us that carers and staff upheld people's confidentiality.

Good

Is the service responsive?

Our findings

People received care and support that was planned and centred on their individual needs and preferences. They were supported to access education, work and the community. This support included to undertake education, work, pastimes and social stimulation. People were given the support they needed to go for a bike ride, use public transport, learn to swim, go to a music festival, cook and prepare meals.

Care plans were not always sufficiently detailed to guide staff and carers on the nature and level of care and support each person needed. For example, they included statements such as, 'needs reassurance' and 'needs verbal encouragement', but there was no detail to enable staff to provide this in a consistent and meaningful way. The manager told us they would add this detail.

Staff and carers knew people's individual communication skills and abilities and they used their preferred methods well, such as sign language, objects of reference or technology. This helped people to engage through conversation and enabled them take part in social occupation and activity.

Relatives, social workers and others such as community nurses were actively involved in people's care and support, working together towards positive outcomes for people. One person told us how proud they were that they were now able to take their own medicines. Staff and carers had spent many months working with the person to develop their skills and confidence to be able to do this and it had enriched their life. A relative told us how much more independent their family member had become. They said, "It is good that we can spend time with our [family member] but they gain more skills being out in the community."

Emphasis was placed on achieving successful placements for people with a carer most suited to their needs. The manager, relatives and staff saw success when people's care placements had benefitted people the most. One example of this was a person who had won an award for their educational achievements. One person told us how they had lots of conversation about their favourite aircraft and how their carer found them a book about it.

A relative told us how their family member liked to be pampered; have their nails and hair done and watch their favourite football team and players. A carer told us, "It is so nice to be part of people's lives and enable them to live a normal a life as possible, and to add those special moments where people tell you how special this made them feel."

The provider had a robust complaints process. Concerns were effectively acted on before they became a complaint. For instance, by listening to what people said or communicated, their body language or change in their usual behaviours. Staff supported people and carers if ever a complaint was made. One staff member told us that by having regular and meaningful contact with people they would soon identify if things weren't as expected or if the person was unhappy about something. Information from complaints was used to help prevent recurrences. For example, carers were unable to change their availability unless it was agreed by the manager or care coordinators.

Although no person at the time of our inspection needed end-of-life care, there were systems, and policies for people, relatives and carers to access support at that time. Staff received training which they used to give carers knowledge about the support people could need. The manager told us how they would involve palliative care teams and other health professionals and seek people's advanced wishes about care at the end of a person's life. This included those about resuscitation and where and how the person wanted to spend their final days. Care plans gave staff and carers information about what people's preferences were where this had been decided on.

Good

Is the service well-led?

Our findings

A registered manager was not in post. The registered manager had left on 30 August 2018. A new manager had been in post for 10 weeks and they were in the process of applying to be a registered manager. 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. The manager was supported by the regional manager. This support included, on the job coaching, practical training as well as planned and regular one to one supervision.

The provider had ensured they had notified us about the events they have to. The manager provided effective leadership and support to the staff team in their day to day work through one to one, and team meetings. One staff member said that this was a great opportunity to discuss each person using the scheme and what worked well, or where changes were possible. A carer told us, "The care coordinators are very experienced and they listen to us. They balance our suggestions against what the people we support would benefit the most from." One staff member told us, "I definitely feel supported by the manager. I can ask for help if I need. We share ideas too which helps improve the quality of people's care."

Staff and carers worked well together to promote a positive culture that is person centred, inclusive and empowering. One staff member told us how the scheme gave people the opportunity to increase their confidence and independence and achieve what they wished for such as having a holiday abroad.

The provider had governance and oversight systems in place to audit and monitor the quality of the service and drive improvement. However, audits did not find shortfalls in care and medication records. The provider's staff undertook regular checks on Shared Lives carers to ensure they were working to the provider's standards of care. Feedback was given to carers in a positive way which helped increase their skills.

The manager worked with other agencies involved in people's care including the local safeguarding authority, health care services, social workers and education providers. The location of the scheme's office also lent itself to working collaboratively such as with the Older People's team and Learning Disability Partnership.