

London Borough of Greenwich

Royal Greenwich Shared Lives

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

We undertook an announced inspection on 5 January 2018 of Royal Greenwich Shared Lives (RGSL). RGSL trains and supports shared lives carers (carers) who provide personal care and support for people within their own family homes and community to enable people to live as independently as possible. RGSL caters for adults who have a learning or physical disability or need support to maintain their mental health. At the time of the inspection, 39 people were using the service and 11 people were receiving respite care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 27 January 2015, the service was rated Good.

At this inspection we found the service remained Good.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and carers we spoke with were aware of people's likes and dislikes. Care plans were regularly reviewed and were updated when people's needs changed.

Systems and processes were in place to help protect people from the risk of harm. Carers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risks to people were identified and managed so that people were safe

Systems were in place to make sure people received their medicines safely.

Carers had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Carers we spoke with had an understanding of the principles of the Mental Capacity Act 2005 (MCA). Capacity to make specific decisions was recorded in people's care plans.

People were supported with the nutritional and hydration needs. Carers were aware of people's dietary requirements and the support they needed with their food and drink.

Carers told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at team meetings.

There was a management structure in place with a team of carers, five placement officers, an administrator,

the registered manager and the provider. Carers spoke positively about working for the service.

The quality of the service was monitored by regular monitoring visits and annual reviews of people's care. Feedback about the service was also sought through questionnaires. Feedback was positive about the service people received.

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.

Royal Greenwich Shared Lives

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by an expert 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. Before we visited the service we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service

We spoke with 12 people using the service and nine relatives. We also spoke with the registered manager, a placement officer and six carers. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

All the people we spoke to told us they felt safe in the company of carers. One person told us "Yes, I feel very safe" and "Yes, I am safe. I am very happy". Relatives told us "Yes, [person] feels very safe. It's an excellent environment. It's very good. I have no complaints" and "Oh, definitely [person] feels safe".

Risks to people were identified and managed to help keep people safe. Individual risk assessments were completed for each person in relation to areas of their care including personal care, safe water temperatures when providing personal care, eating and drinking, out in the community, mobility and their home environment. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for carers on how to support people safely. Assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks with the minimum necessary restrictions. Risk assessments were reviewed and updated when appropriate.

When people displayed signs of behaviour that may challenge, the service assessed the potential triggers and signs which would cause them discomfort and identified the appropriate support that was required by staff to help them feel at ease. Records showed the service used proactive strategies to deal with behaviours that challenged such as giving people space and reassurance.

Proactive strategies to keep people safe were in place to maintain their independence as much as possible which resulted in having positive impacts on people's daily living skills. For example one person was at risk of scalding when using the kettle. To minimise the risk of scalding, they used a one cup kettle which limited the usage of hot water to make a hot drink for themselves. This person was also at risk of accidents if left alone but the service placed an effective and minimal restrictive strategy in which the person could remain alone independently for an hour but was aware of how to contact emergency services if needed.

The registered manager told us and records showed the service had started to implement the Herbert Protocol documents for people who access the community independently or have the potential to get lost in the community. The Herbert Protocol is an initiative in association with the Metropolitan Police that provides quick information for vulnerable people should they go missing.

Comprehensive health and safety checks were conducted of carers homes in which people were placed to ensure the environment was safe. These included checks of electrical appliances with appropriate certification, water temperatures, planned escape routes and procedures in the case of an emergency, first aid, sufficient ventilation, lighting, window restrictors, tripping hazards and ensuring cleaning fluids and other substances were kept in a safe place.

People's capacity to understand what to do in a fire was detailed and the appropriate support identified. People had an individualised personal fire evacuation plan in place which were in picture format. These contained pictures of the escape route and meeting points in the event of a fire.

Technology was personalised according to people's needs was used to enhance the quality of the service being provided and ensure people's safety. For example, one person was hard of hearing which meant they would be unable to hear the fire alarm, a vibrating pillow and flashing lightbulb was installed in their room which ensured they would become aware of the fire alarm if needed. For another person an intercom system was in place which they could use to contact carers if they experienced any difficulties. An alarm system was also in place which alerted carers of the person's movements to ensure they were safe.

Accidents and incidents were recorded. Any necessary action had been taken by the registered manager and measures put in place to minimise the risk of reoccurrence to help ensure the people were safe from further incidents. The registered manager told us they would always implement improvements and monitor the situation to prevent an accident happening again. This was done through on going monitoring visits conducted by placement officers.

People told us where necessary, they had access to any equipment they needed. Equipment people required in response to their needs were made available through appropriate referrals to relevant healthcare professionals. For example, one person had been assessed by an occupational therapist and provided with a bath board and step to ensure they were able to get in and out of the bath safely.

There were suitable arrangements in place to ensure people received their medicines safely. One relative told us "[Person] is supervised as much as they need to be". Any support people required with their medicines was clearly outlined in their support plans. We found Medicines Administration Records (MAR) had been fully completed which meant people received their medicines as prescribed. However we found there were inconsistencies in the way information was recorded. For example some MAR sheets would state the times medication needed to be taken and others would just simply state 'two a day'. There was limited information on how medicines should be taken or the reasons why they were prescribed to be given 'as required' (PRN). The registered manager told us carers recorded information in different ways but always followed the advice of the GP/pharmacist and instructions on the medicines packets. The registered manager told us that he would ensure this was addressed and followed up by the placement officers during their monitoring visits.

There were safeguarding and whistleblowing policies in place and records showed carers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. Carers were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse. They told us "To keep them safe. I would report it straight away" and "I would report it to everyone, the manager, social services and CQC."

Arrangements were in place to manage people's finances. Expenditure sheets were maintained by carers which showed expenditure and proof of purchase. The registered manager liaised with the Financial Protection and Appointees (FPA) team at the Royal Borough of Greenwich to ensure people's finances were being appropriately managed and were not a risk of financial abuse. People told us that carers helped them with financial issues. One relative told us carers always maintained meticulous financial records. Carers were aware of their responsibilities in relation to managing people's monies.

There was an extensive recruitment process in place. Appropriate checks had been undertaken to ensure prospective employees were suitable including checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Where possible, people were actively involved in decisions about the carers who would potentially be providing their care and support. This involved a series of meetings with carers. The registered manager told

us this was a useful part of the recruitment process as they got to see how a potential carer interacted with a person with a learning disability.

There were enough staff to safely meet people's needs. Each person had carer with whom they would stay with. Out of hours support was also in place which was provided by the local authorities out of hours service and the registered manager could also be contacted if needed. When speaking to staff, they confirmed this and told us "We also have an out of hours number we can use if we needed it" and "An out of hours number is provided. At Christmas, I was given numbers at and dates when staff were back from Christmas. That really helped."

Is the service effective?

Our findings

People spoke positively about carers and felt they fully understood their care needs. People told us "I think they understand my needs very well. Nothing can be improved" and "Yes, they understand my needs. I have no concerns. Overall, I rate them as 10 out of 10." Relatives also spoke positively about carers. They told us "[Person's] carer is very understanding. She knows everything that is going on", "They definitely have the skills. They can't be faulted" and "We are extremely pleased with the carer. She is obviously brilliant. Goes above and beyond. She is superb."

Carers told us they felt supported by their colleagues and management and spoke positively about working at the service. They told us "They are supportive. We get listened to", "I love what I do" and "It's really really good here. I've had no problem whatsoever."

One carer told us "They are very well organised. And they always give me enough time to discuss any concerns I have. The training is good. But, above all, RGSL always do what they say they will do. It's a good team. They work very hard".

Carers received an induction and ongoing training that helped them to meet people's needs. Topics included medication training, safeguarding, health and safety, food hygiene, effective communication and Equality. The registered manager told us that carers could also choose any training in relation to a particular area if they wanted to. For example, during a carers meeting they chose and received training in areas such as dementia for people with a learning disability, promoting and supporting healthy eating, effective communication including basic sign, supporting people with their sexual health and individual identity. The service had implemented the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.

Carers spoke positively about the training they received. They told us "Training is good. You get to meet other carers as well which is really good. The training does help me" and "All the training is all helpful and is available. If there are any changes, new training is available. We are always asked if we need any training."

Comprehensive monitoring visits were conducted to assess carers competencies and review their performance. Following these visits, issues affecting their role and actions identified to support carers learning and development were discussed. Any areas of improvement was noted and followed up.

Carers told us "They make clear their expectations and what is expected from me" and "When I needed something they were straight on it and helped me. They came out and got things resolved" and "They come and see how we are doing. They have specific areas they need to look at each visit. They check the home, the environment and check the finances. Also how we are, updates on people and if there is anything I need."

We reviewed whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. Support plans contained information about people's mental state and cognition, and areas in which they could or could not make their decisions about their care. Records showed when a person lacked the capacity to make a specific decision, people's families were involved in making a decision in the person's best interests. Management and carers we spoke with had a good understanding of the MCA and had received MCA training.

People told us carers always asked for their consent before providing them with care and support. A relative told us "The carer is very careful to ensure that they do not do anything that [person] would not want".

People's needs were assessed by the registered manager with their participation and when applicable with their family and healthcare and social care professionals involvement, prior to them being admitted to the shared lives scheme. This helped to ensure that the service was appropriate and could meet the person's needs. Ongoing reviews and assessments were undertaken if people's needs had changed to adapt the care and support to suit the person's needs and ensure the appropriate support was being provided to the person.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported by their carers to access health and medical services when necessary. People and relatives confirmed this and told us carers always arranged appointments as necessary.

People were supported with their nutrition and hydration needs. Support plans provided guidance for carers to ensure the person was appropriately supported with their eating and drinking and not at risk of malnutrition and dehydration. People spoke positively about the quality of food and support they received. They told us "It's lovely", "It's nice" and "It's really good". A relative described the food as "Excellent" and another relative told us "The carer's family often take [person] out to lunch".

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about the carers and told us they were treated with kindness. They told us "They are really kind", "I am very happy", "[Person] is extremely happy and regards their Shared Lives family as their first home", "They treat [person] as family" and "[Person] has real affection for their main carer".

The registered manager told us that they ensured people were matched with the most suitable carers according to their needs and preferences so positive caring relationships could be developed. He told us they would always ask people whether they were happy with their carers.

Carers spoke positively about the way the service matched the carers with people. They told us "They sent an assessment for us to read and we agreed a meeting with the person. That went well so a tea visit was arranged and then overnight visits. We really got to know the person that way. They see how we all get on and then a pre move meeting before they move into the home. There is six weeks monitoring process after that" and "We get to know each other. We get told of all their appointments, details of their health and care needs. You know they are looking out for the person and the carers, you need that support."

Carers were able to tell us how they built caring relationships with people but also respecting people's privacy and times where they may wish to spend on their own. They told us "[Person] likes to stay in their room but I will check sometimes if they are okay and prompt them to come downstairs if they wanted. We then have tea and biscuits together. At the weekend, we now have a DVD night which [person] looks forward to. [Person] chooses the DVD and they really look forward to it" and "They have their own area where they have their TV and their own space."

People confirmed their privacy was respected and independence was encouraged. They told us "Absolutely", "Definitely" and "Yes, they always knock". People also told us they were treated with dignity and respect. They told us "Yes, they do treat me with respect. I have no complaints" and "They respect me all the time".

Carers had a good understanding of treating people with respect and dignity. They told us "They go in to the bathroom themselves, but I stay outside to maintain their privacy and ask if they are okay" and "Sometimes we need to remind [person] to wash their hair but they can do the rest. I knock the door and let them know when I am coming in and just talk so they know what I am doing" and "They can do some things but we have to do the rest. They can dress themselves and we just support them."

Support plans included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted and people's individual needs met. Support plans detailed people's religious and cultural needs and how people wished to be supported with this. A relative told us "[Person's] carers make it possible to take part in lots of church activities and has lots of friends."

There were arrangements in place to ensure people were involved in expressing their views. There were

yearly reviews with people, carers, and their relatives (where appropriate) and local authority representatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Reviews were held sooner if needed or when people's needs or circumstances changed. People told us they felt involved with the planning of the care and had been involved in such reviews.

People were also provided with a guide which included information about the service, their aims and details of the placement officer and registered manager. The guide also included information about fire safety, the complaints process, safeguarding and the support available in accordance with the MCA. The guide was in easy read format and detailed that information about people was treated confidentially. In the office, people's care records and carers' personal records were stored securely which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's support needs were assessed prior to receiving support from the service and support plans were developed following this. Support plans were detailed and person centred. They covered all aspects of people's needs such as personal care, eating and drinking, religion and culture, day to day living, finances, well being, activities, health, medication and mobility. Support plans detailed information for carers on how each person wanted their care to be delivered.

Comprehensive regular reviews and monitoring of people's care were taking place to make sure they remained up to date in accordance with people's needs. Monitoring visits were extensive and covered all aspects of people's care and particular themes including property and premises, finance and record keeping, health and well being and that carers were upholding principles of good care. This demonstrated that the registered manager and carers were aware of people's specific ongoing needs and were able to provide the appropriate support people needed to achieve positive outcomes.

Carers helped empower people to have as much control and independence with their lives and take part in normal daily life as much as possible. Relatives spoke very positively about this. One relative told us that "The care family had encouraged [person] to get involved in drawing, painting, and sewing. [Person] can do so much more than if they were here". Another relative told us "[Person] absolutely loves it. [Person] has really flourished since being with them. Really come out of their shell. They have taken [person] out and about. Done things they have never done before. It's brilliant. The carer is so amenable to us visiting. We had a meeting yesterday [about the care plan]. Spent two and half hours going through everything. I cannot praise Greenwich Shared Lives enough".

People were also supported to have intimate relationships if they wished to do so. Care plans clearly detailed the support people needed in relation to this and there were relevant risk assessments to ensure measures were in place to address any vulnerability people may have in this area. This included ongoing support for the person so they were able talk to someone if they needed and access to relevant healthcare agencies if needed.

People were supported to participate in an active lifestyle and maintain community and social links and hobbies and interests. Records showed people attended Zumba classes, cookery, animal care classes and day centres. Two people were taken out to the local disco organised by a charity group. Records also showed people were encouraged to seek further education and employment. One person told us they worked in a charity shop. Another person told us that they worked in the cafe at the local library and another person went to an education college.

We noted a very complimentary note from one person to the registered manager about how happy they were with the service and the positive impact it had on their life. They stated 'I would like to speak to you about how my life has changed with [carers]. They have helped me with college and got me volunteering work. [Carer] helped me to stop smoking. You have made me happy also because when you told me I was

moving into [carers] house, I was very happy. I had fun when we had a BBQ.'

When speaking with carers they were able to give us examples of how they supported people to be actively involved in what they enjoyed. They told us "[Person] goes to the day centre four times a week. They like going to the park and I take them shopping. [Person] loves coming for a ride in the car and likes to push the trolley", "The day centre is good as [Person] gets to learn different skills, they learn to cook and do the washing up. [Person] helps me cut the vegetables at home."

One carer told us "We are used to each other. I am really happy. [Person] is part of the family."

Some people were unable to verbally communicate however support plans contained information on how people communicated and how carers should communicate with them. For example, in one person's support plan it stated '[Person] is unable to communicate verbally. Sometimes they like to point at what they want and sometimes would push the object away if [person] does not like it' and '[Person] may not always respond but they do listen.'

Carers were aware of people's communication needs and how to support them accordingly. They told us "If there is an issue, we know from their behaviours", "We try and get [person] to speak as before they would just point but now they do speak. It's the way you talk to them that is important and they like simple direct sentences" and "They do understand what is said. They will respond by just saying yes or no. I can always tell by their body language as well."

The service also provided a respite service for short breaks or respite. We received very positive feedback about the service people received. A person who uses the respite service told us "I definitely look forward to going there. They are lovely people." A relative of a respite user told us "The co-ordinator is fantastic. They took time to marry up [person] with the right families. This co-ordinator personally introduced us to both families. It's a really good service. We have never looked back. Fantastic service. We can't thank them enough. They have been really good" and "[Person] loves going. They are well cared for. Everything is fine". Another relative said "They are brilliant. We feel comfortable leaving [person] with them. If [person] is happy, we are happy".

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that concerns raised had been investigated and responded to promptly by the registered manager. Relatives we spoke with had no complaints or concerns about the service. Relatives told us that they were confident that any concerns would be resolved constructively, and quickly.

Is the service well-led?

Our findings

People and their relatives spoke positively about how the service was managed. One relative told us "It's well organised. Support is always there if you need it". Another relative thought the management was effective and that "The manager is in touch once a month, and more often if necessary. Overall, this service is excellent" and one relative described the shared lives organiser as "Brilliant. Very helpful".

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 service had notified us of incidents and other matters to do with the service when legally required to do so.

The registered manager monitored the quality of service being provided through regular visits and an annual review of people's care to ensure the service was meeting people's needs and changes to their care were responded to promptly. The registered manager evaluated the service and identified learning to drive continuous improvement and manage future performance more effectively. For example, they had identified inconsistencies in the way people were supported with their finances. As a result of this they worked jointly with the Financial Protection and Appointee Team to help ensure people were supported to manage their finances where possible.

People were able to attend 'Service User forums' in which they had the opportunity to meet with staff and the registered manager to discuss any issues or problems they may have or to meet other people using the service. Carers are not present at these forums which enabled people to provide feedback and any issues were then addressed.

People and relatives were asked for their views about the service and their feedback was acted on to improve care provided. This was done through feedback questionnaires. The feedback had been analysed and positive feedback had been received about the service.

The registered manager and placement officers were knowledgeable about people's needs and circumstances and promptly dealt with any changes or issues raised. They worked jointly with a range of health and social care professionals to the benefit of people and effectively managed the service so that people received the support they needed. The registered manager told us they also worked in partnership with the London Fire Brigade (LFB). Records showed the LFB had visited carers to ensure fire arrangements in carers homes were sufficient and safe.

There was an open and inclusive approach to running the service and carers were involved and had the opportunities to contribute towards how the service was run. Carers told us they were well supported by the registered manager. Comments included, "[Registered manager] is easy to talk to", "You don't feel oh he is a manager and you can't talk to him, he is good like that", "He does listen. He is very good and follows things through. We can challenge him and positive outcomes for the carers have been achieved" and "He is very

inclusive and approachable and is there for you when there is an issue."

All the carers had an allocated placement officer who would work with them to ensure they met the standards and people's needs were being met. Carers spoke positively about their placement officers. They told us "I get on really well with the placement officer – She is very organised" and "I have always had good placement officer. Lovely and supportive I've had no issues at all. If there is an issue, placement officer is always around and gets back to us."

A placement officer spoke positively about the service and the support they received from the registered manager. They told us "We don't want to let people down" and "He is a really good manager. He thinks very holistically and he really pushes you to develop. I have learnt so much."

There were regular carers' meetings to enable them to share ideas and discuss good practice when working with people. Carers were routinely asked for their views and any concerns they may have. Carers told us "We sometimes have speakers that come and speak on specific issue and it's a chance to see other carers", "They do role play and ask us particular questions/scenarios which we then discuss as a group and we learn a lot that way" and "We can speak out and voice our opinions."

Carers also told us they were continually kept informed and updated with information about the service so they were of the service's ethos and standards expected from them. There was a carer focus group in place. The carers would meet on a regular basis to share experiences and identify any issues which may need to be addressed or improved. The registered manager told us the carer focus group was a channel for carers they hoped to develop further. One carer representative told us "The carers can talk to us and share with us. They can ask us anything and we can raise it with the manager and he does listen."

Staff were asked to provide feedback about the service, how it was managed, staff development and whether carers felt supported. Completed staff surveys showed staff felt positive about the management of the service.