

Walsall Metropolitan Borough Council

Goscote Centre

Inspection report

Goscote Lane
Walsall
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Goscote Centre is a shared lives service that provides care and support to people within a family environment. Approved Shared Lives Carers support adults with a learning disability or autism. People lived with their carers on a short or long-term basis depending on their needs. There was 66 people using the service at the time of the inspection. The Care Quality Commission (CQC) only inspects the regulated activity of 'personal care' being provided to people who use the service. However, we do take account of any wider social care provided.

People's experience of using this service and what we found

Some aspects of record keeping and systems to monitor and improve the quality of the service people received needed further development. We found risks to the health and safety of people were usually fully assessed and the provider took reasonable steps to lessen such risks. People told us that they felt safe living with their carers. The provider carried out safe recruitment processes to protect people from harm.

There was a staffing structure in place that ensured there was enough staff to support the role of the shared lives carers. Regular meetings took place with carers and staff so that there was an opportunity to learn and share good practice.

Carers knew how to support people to eat and drink enough to keep them well. People were supported to have their mental and physical healthcare needs met. Shared Lives staff and carers sought and took advice from relevant health professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

All the people we spoke with told us they liked where they were living and they were well cared for. People were given choices and control over their care. Staff and carers protected people's privacy and dignity when supporting people. People were supported to be as independent as possible.

We found systems were in place for Shared Lives workers to follow so that assessment and monitoring of carers and the shared lives placement took place. People and their relatives knew who to contact if they had any complaints. The registered manager provided staff with appropriate leadership and support. Shared Lives staff and carers told us the registered manager was approachable and supportive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was requires improvement (published 19 December 2016). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Goscote Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector.

Service and service type

Shared Lives is a service registered to provide personal care to people living with Shared Lives carers in a family environment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service two days' notice of the inspection site visit because we needed to be sure people using the service and carers would be available to speak with us, either in person or on the telephone.

Inspection activity started on 5 June 2019 and ended on 7 June 2019. We visited the office location on 5 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and two assistant co-ordinators. We also spoke with five shared lives carers.

We reviewed a range of records. This included three people's care records. We looked at records relating to staff and carer recruitment processes and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to care plans and risk assessments for two people.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe living with their carers. Relatives also told us they felt their family member was safe.
- Each person had an allocated staff member from the scheme who visited them regularly and spoke with them in private so that they had the opportunity to discuss any concerns.
- All carers and Shared Lives staff received safeguarding training.
- Carers and staff were clear of the provider's safeguarding procedure and their responsibilities to report any suspicions of abuse. One carer told us, "I would always challenge if I saw something that was not quite right."

Assessing risk, safety monitoring and management

- Risks to people's safety were usually assessed and plans put in place to minimise risk of harm and to provide safe support. For example, we saw detailed assessments in place regarding risk from using the hoist or when someone had epilepsy. In one instance we found a risk assessment relating to Percutaneous endoscopic gastronomy (PEG) was not sufficiently detailed regarding potential risks. We were informed this was in the process of being reviewed. Following our inspection, the registered manager sent evidence this had been updated.
- Carers' homes underwent a health and safety audit at the time the carer joined the Shared Lives scheme as well as an annual assessment. Carers told us these checks were very thorough. One carer gave an example of how staff had also checked their caravan was safe as it was used for the person to have holidays.

Staffing and recruitment

- The service ensured people were only offered support if the right carer could be matched with them and their needs could be met in a family environment.
- The service employed enough staff to manage the service and to provide regular contact and support to carers as well as to oversee people's care.
- The recruitment processes for carers was thorough and safe. An independent panel reviewed carers' assessment reports and interviewed prospective carers prior to approving their joining the service.

Using medicines safely

- All carers responsible for the administration of medicines received training to do this. People told us they had their medicines when they needed them. One person told us, "I get my tablets."
- Checks that people received their medicines were undertaken by staff to ensure this was completed safely by carers.

Preventing and controlling infection

- Carers and staff received training on infection control techniques and food hygiene. One carer told us how they ensured good infection control practice in relation to a health need for a person.
- Monitoring visits helped to ensure effective infection control procedures were maintained.

Learning lessons when things go wrong

- The provider investigated safeguarding matters, accidents and incidents. There was a system in place to look for risk patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a comprehensive assessment of their care and support needs. This enabled the service to 'match' people with carers who had the skills, knowledge and same interests as the person. The service described this matching process as being essential to the success of a person's placement within a family.
- People were provided with opportunities to meet carers and make a choice about who they would like to live with. A relative told us, "The whole process was lovely- not rushed. We had the chance to meet carers several times, it was all gradual."

Staff support: induction, training, skills and experience

- The service provided a comprehensive training programme. All carers undertook mandatory training in health and safety topics and specialist training was provided to ensure carers had the skills to meet people's individual care needs.
- Carers who supported a person with Percutaneous endoscopic gastronomy (PEG) had received training from a health professional. We were informed there was no written evidence they had been assessed as competent following this training. The registered manager sent us information to demonstrate how they were addressing this following our inspection.
- Carers told us the training they received was satisfactory. They said they could ask for any training at any time and this would be facilitated.
- Carers were all happy with the support they received from the scheme. They said Shared Lives staff were always available and very approachable. One carer told us, "I get good support from the scheme, I cannot fault them."
- Some carers had a background of work in health and social care and could bring this experience to the role. We were informed that where carers were new to care they would be provided with the opportunity to complete the Care Certificate. The Care Certificate consists of an identified set of induction standards to equip staff/carers with the knowledge they need to provide safe and compassionate care.
- Staff received regular training, support and supervision which allowed them to raise any concerns and issues and look at their professional development.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's health needs were detailed in their support plans and guidance was available about who to contact if people needed treatment or advice.
- People said that they were enabled to see a range of health professionals when they needed, such as their GP, optician or dentist.

- Care plans listed people's likes and dislikes in relation to food and drink and any specific dietary, cultural or religious requirements
- People told us they were involved in choosing the food and drink they had.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people and carers received the support they needed. We received positive comments from two care professionals about the service.
- Staff told us how they were working to improve links with fostering services to help make the transition smoother for people and carers who were transitioning from child services to the Shared Lives scheme.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA. Records we reviewed showed the provider could demonstrate good practice in relation to the (MCA).
- The provider had followed the correct process of notifying the local authority so that an appropriate application could be made to the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people we spoke with told us they were treated with kindness and we observed people had positive and warm relationships with the carer who supported them.
- One person told us, "My carer is nice to me and makes me laugh."
- People's diverse needs were respected. The carers and staff we spoke with were aware of people's individual needs and preferences. Staff told us how ensuring people's diverse needs would be met were an important part of the matching process when people were initially referred to the service.

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

- People were fully involved and encouraged to make decisions about how they wished to be supported.
- Regular reviews ensured people's views were sought and acted upon. People told us how they could decide what they would like to do.
- People's relatives were involved in decisions about people's care, where this was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People told us their carers and the scheme staff treated them with respect, consideration, kindness and dignity. One person told us several times how happy they were.
- People told us they had their own rooms and private space.
- People gave examples of how their independence was promoted, for example with opportunities to be involved in domestic chores. A carer told us, "Its lovely to share my life with someone who would otherwise not get the opportunity to be so independent."
- People's right to privacy was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential information was respected and kept secure.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people and their carers transitioned from child fostering services to Shared Lives service. This meant people continued to be supported by carers they knew.
- People received care that was person centred and responsive to their needs. People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- An example of the service being responsive was when a carer had not been well. They told us they had asked for urgent respite care and this was arranged on the same day with a respite carer the person knew well.
- Staff told us how one person's mobility needs had increased. The service had supported the carer to apply for a grant and adaptations had been made to their home to provide a wet room.
- People were supported to participate in a wide range of hobbies, interests and new experiences which reflected their interests. For example, some people had been supported to go on holidays.

Meeting people's communication needs

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

- People's communication needs were identified, assessed and recorded in their care plans. Information was available in a range of formats when this was needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and a copy was given to people when they started using the service.
- None of the people, carers or relatives we spoke with had raised any concerns about the service.
- All the relatives and carers we spoke with told us they knew who to complain to and felt confident any concerns would be listened to and acted upon.

End of life care and support

- There was no-one at the end of their life at the time of this inspection. We were informed that if needed, staff and carers would work with people and palliative care professionals to ensure people's end of life needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems in place were not always effective to consistently assess, monitor or mitigate the risks relating to the health, safety and welfare of the service users. Audits of care records needed to be strengthened to ensure risk assessments were suitably detailed.
- Systems needed to be developed to demonstrate carers were competent when undertaking clinical tasks delegated by health care professionals. Following our inspection we received information from the registered manager to show this was being addressed.
- The registered manager had previously notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. During our inspection we identified one incident that should have been notified to us. Evidence was available to show the incident had been appropriately notified to the local authority safeguarding team so that action could be taken to ensure the person was safe. The registered manager said the lack of notification to CQC was an oversight and submitted the notification soon after our inspection.
- Monitoring visits were in place to review the placement and the carer's performance. Records showed the visits covered a full range of people's care needs including checks on medicines and finance records.
- Carers were positive about the way the scheme was run. They told us the manager and staff were helpful, dedicated, thorough and always supportive. Staff were positive about the registered manager. They told us they were included in discussions about future plans for the service. One staff told us, "There is good support, good leadership from the top down."

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

- Regular staff meetings ensured the values of the organisation were reinforced. Meetings were also held for carers, so they could discuss any issues in an informal setting.
- People were involved in the service. One person had recently had the opportunity to be part of the panel considering the application from a carer in another scheme.
- Staff had opportunities to raise any issues for discussion with the registered manager and said they felt they could do this at any time.
- The provider sought people's and their relatives' views about the service on the level of care they received and what improvements could be made. This included regular reviews, monitoring visits and written surveys. A relative told us, "I can raise any issues. Issues raised in the past have always been resolved."

Continuous learning and improving care

- An annual service plan had been completed regarding the future development of the service. We saw evidence that action was being taken to achieve areas identified for improvement.

Working in partnership with others

- The service was a member of the Shared Lives Plus network which is a network for family based ways of supporting adults that offers guidance and a way of sharing ideas and practice, to help improve the quality of the service.
- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed.