

Bedford Borough Council

Shared Lives Bedford

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

Shared Lives Bedford provides personal care for people with learning disabilities in Bedford. The service provides people with support by matching them with shared lives carers, who care for people in their own home as part of their family. The service helped to match, facilitate and support these placements on either a respite or long-term basis. At the time of our inspection there were eight people receiving full-time care from the service and one person receiving respite care.

This inspection was announced and took place on 08 March 2016.

The service had 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.

There were systems in place to ensure that people were protected from harm or abuse. Staff and shared lives carers received training in this area and were aware of their responsibilities in terms of recording abuse. The service had a positive approach to risk, and encouraged people to take risks. In these cases, the risks were assessed and steps put in place to keep people as safe as possible. Staff and shared lives carers were recruited following robust procedures to ensure they were suitable for their roles. People were encouraged to manage their own medication, but training and support was available for shared lives carers, to ensure this was done safely and correctly.

New staff members and shared lives carers received induction training, to ensure they had the skills they needed to perform their roles. They also received on-going training which was specific to the individual that they were providing care for. There was regular support and supervision for members of staff and shared lives carers, to ensure they were confident and comfortable in their role. Shared lives carers worked with people to provide them with a healthy diet and to involve them in the preparation of their meals. They also supported people to have access to healthcare professionals when necessary.

There were strong relationships between people and their shared lives carers. People lived in family settings and were treated as a member of the family by shared lives carers and their other family members. There were also strong relationships with members of staff from the service, who provided support for people, as well as shared lives carers to help make sure placements were successful. People had been involved in planning their care and were consulted about how they wanted to be cared for. People were treated with dignity and respect and supported to develop and maintain relationships with friends and other family members.

There was a robust procedure in place to ensure people were matched up with a suitable shared lives carer, to give their placement every chance of success. Regular meetings and reviews were held with people both with and without their shared lives carers to ensure they were happy with their care and to make any

adjustments necessary to their care plans. There were systems in place to get people's feedback about their care, as well as to receive and deal with any comments or complaints that people raised.

People and their shared lives carers were positive about the service they received, including the support they got from the service. People were aware of who the registered manager was and felt they were able to contact them if needed. Staff were empowered to perform their roles and were keen to help the service develop. There were quality assurance systems in place to monitor the care being provided, and to identify areas for improvement.

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 felt that they were kept safe by the service. Staff and shared lives carers had been trained in abuse and were aware of their responsibilities in terms of reporting and recording potential abuse.

Risks to people's safety were assessed and managed by the service. Positive risks and people's independence were promoted by the service.

Staff and shared lives carers had been recruited following safe and robust procedures.

Where necessary, people were supported to take their medication and there were systems in place to record the administration of medicines.

Is the service effective?

Good ●

The service was effective.

Shared lives carers and members of staff received induction and on-going training to ensure they had the skills and knowledge they needed to perform their roles. They were also provided with regular supervision and support.

People were encouraged to make choices for themselves about their care. The principles of the Mental Capacity Act 2005 were followed if needed.

Shared lives carers supported people to be involved in preparing their meals and drinks and helped them to have a healthy and nutritional diet.

People were supported to attend appointments with different healthcare professionals as necessary.

Is the service caring?

Good ●

The service was caring.

People were able to develop strong and meaningful relationships with their shared lives carers, as well as members of staff from the service.

Care plans had been produced collaboratively between people, their shared lives carers and members of staff, to ensure they met people's needs and represented their views and wishes.

People were treated with dignity and respect and were encouraged to maintain relationships with friends and family members.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which was based upon their specific needs and wishes.

Care placements were carefully considered and there was a robust process in place to match people with shared lives carers.

The service carried out regular reviews of people's care which involved them and their shared lives carers.

There were systems in place to gain feedback from people. Comments and complaints were encouraged and fully investigated.

Is the service well-led?

Good ●

The service was well-led.

People and shared lives carers felt well supported by the service. They were aware of who the registered manager was and felt able to contact them for support or advice whenever they needed to.

Staff members felt well supported by the service, and felt empowered to perform their roles and develop the service.

The registered manager had implemented a range of checks and audits to monitor the service and identify areas for development.

Shared Lives Bedford

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.

This inspection took place on 08 March 2016 and was announced. The provider was given 48 hours' notice because the location provides services in community settings, and we needed to be sure that the registered manager would be in to support the inspection process.

The inspection team comprised of one inspector and 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. The expert in this case had experience of caring for family members with a range of different needs, who accessed a number of different types of services.

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 any improvements they plan to make. We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We spoke with two people who used the service and three shared lives carers. We also spoke with the registered manager and two shared lives officers, who help to co-ordinate and monitor people's care and support.

We looked at five people's care records to see if they were accurate and reflected people's needs. We also reviewed five shared lives carers files and training records along with further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us that they felt safe receiving care from the service. One person told us, "I always feel safe. If there was anything bothering me I would go to [Shared lives carer]." Another person said, "[Shared lives carers] make sure I am not out on my own." People went on to explain that their shared lives carers made sure they are able to do the things they wanted to, but were kept safe at the same time.

The shared lives carers we spoke with confirmed that the safety of people was of the utmost importance, however they also worked to make sure people could be independent and do the things they wanted to do. One carer said, "We make sure [Person's name] is safe at all times. That is not to say we wrap him in cotton wool." Another shared lives carer said, "We make sure they were kept safe at all times."

Staff at the service also told us that everybody worked together to ensure people were kept safe and protected from harm or abuse. They explained that the shared lives carers were provided with training in safeguarding and abuse, so that they were aware of their responsibilities in terms of reporting potential or suspected abuse. They also told us that they conducted regular meetings and visits with people both with and without their shared lives carers. This was to make sure they were happy and to provide them with an opportunity to discuss any concerns they may have. We saw that shared lives carers had received this training, and that regular meetings between people and the office staff took place. In addition, there were robust procedures in place for the recording and reporting of potential safeguarding concerns. The registered manager showed us that there had been one safeguarding incident recorded in the past year, and we saw that the service and the shared lives carers had taken appropriate action to keep people, safe.

Risks to people's safety were assessed to provide guidance on how to manage these risks. People and their shared lives carers told us that risk assessments were in place to help keep people safe, but also to promote their independence. One shared lives carer told us, "We have just been working with [staff name] from Shared Lives. She has risk assessed him having a debit card. It is a great step forward for more independence."

The registered manager told us that, although people lived in a family setting, it was important that potential risks to them and their safety were identified and acted upon. They showed us that each person had a number of risk assessments in place for the environment, as well as the activities and trips that they liked to do in the community. The registered manager explained that the purpose of these risk assessments was to enable people to take risks and enjoy their lives, rather than to stop them from doing things. We saw that risk assessments were in place and were specific to each person and the activities that interested them. They included information regarding control measures out in place to help minimise the impact of those risks. People and their shared lives carers had also been involved in assessing risks, to ensure they were appropriate and reflected people's needs and wishes. We also saw that a regular newsletter was sent out to people and their shared lives carers. This included a reminder about risk assessments for any holidays being booked for people to go away, stating that the service would support the production of these risk assessments.

Shared lives carers had been carefully selected, following a robust procedure to ensure they were of good character and suitable to perform their role. Staff explained to us that each shared lives carer needed to have a number of background checks carried out, including a Disclosure and Barring Service (DBS) criminal records check and at least three references. They also explained that they had a system in place to monitor DBS checks, to ensure they were still in date and still valid. We saw that there were robust systems in place to ensure that shared lives carers were suitable for their roles.

People's medication was safely managed by the service. People explained that they were encouraged to be independent with taking their medication; however they were able to be supported if needed. One person told us, "I sometimes forget so [Shared lives carer] will remind me." Staff at the service told us that they encouraged people to be independent, but also provided shared lives carers with training and support to ensure people could be given their medication if necessary. They told us that there were Medication Administration Record (MAR) charts available for when people required support to take their medication, and that they were checked regularly, to ensure medication was taken and recorded appropriately. People's records showed all of their prescribed medication, including information such as time and strength of dosage required. Where necessary MAR charts had been completed in full to document people's medication administration.

Is the service effective?

Our findings

Shared lives carers and members of staff received regular training to ensure they had the skills they needed to meet people's needs. Staff members told us that new staff and shared lives carers attended induction training to ensure they had the basic skills that they needed to perform their roles, including areas such as safeguarding and health and safety. One staff member told us, "We do the care certificate and there is an internal trainer. There are plans for us to implement the Care Certificate into the induction and make it specific to Shared Lives." The registered manager told us that the care certificate was used as part of the induction process for new staff members, however it was not yet part of the induction for shared lives carers. There were plans in place for this to be developed and integrated with the existing induction. Records confirmed that induction programmes were in place for shared lives carers and members of staff, and their progress during their induction was under regular review.

Staff members also told us that they received regular on-going training, to help them develop new skills and to refresh their previous skill sets. One staff member said, "Oh yes, we get all the training that we need." A shared lives carer told us, "There are courses you can go on and they really take an interest." They went on to explain that shared lives carers received bespoke training, determined by the needs of the people they cared for. For example, they told us that they would only receive moving and handling training if the person living with them had specific mobility needs. In this way, the service ensured that shared lives carers had the skills that they required, but time was not spent providing them with training that was not required. Training records and certificates showed that staff and shared lives carers received the training they required to meet people's specific needs.

There was regular supervision and support for members of staff and shared lives carers at the service. One shared lives carer told us, "They come and meet us to make sure all is okay. I feel well supported." Staff members explained that they received regular supervisions from the registered manager, and in turn they went to see each of the shared lives carers on a regular basis, to see if they required any support or needed to discuss any concerns they might have. One staff member said, "It's nice to get that one-to-one time. It's good to discuss service users and anything I need to move forward with." There were records to show that regular supervisions and meetings were held for staff members and shared lives carers. These were used to identify training or support needs as well as to discuss what was going well for people and their shared lives carers.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The service had appropriate systems in place to ensure the principles of the MCA were followed, and that people's choices and wishes were respected. People told us that they were able to make decisions for themselves and that the service and their shared lives carers supported them to do this. One person said, "They do understand me, they don't make me do anything I don't want to do." Staff members explained that it was important to promote people's independence, and allowing them to make their own decisions was a large part of this. We saw evidence to show that people had been involved in decision making processes, and that their views and opinions were central to any decision that was made. Where there were possible occasions where a person may lack mental capacity, appropriate assessments were carried out to test this, and steps were taken to ensure that decisions were made in their best interests and in-line with their known views and wishes. None of the people receiving care from the service were being deprived of their liberty, however staff and the registered manager were aware of the process they had to follow, should this become necessary in the future.

People were supported to have a balanced and healthy diet, in-line with the family setting in which they lived. People were happy with the food and drink they received, and were involved in preparing meals as much as possible. One person told us, "[Shared lives carer] knows what I like and we go shopping together. [Shared lives carer] cooks healthy meals; we have a really good time." Another person said, "I get a choice of food." Staff told us that people and their shared lives carers were encouraged to work together to prepare the meals and drinks they wanted. They also told us that where people had specific dietary requirements, these were recorded and communicated to the shared lives carers, so that they were aware of what specific food was needed. Additional training and support would also be provided if necessary.

One shared lives carer explained to us about a specific condition that the person they cared for had. They told us how they monitored their weight and food and drink intake, to help them manage their condition. For example, they told us that they took their own snacks out on trips into the community, such as going to the cinema, to ensure their needs were met. We looked at people's care plans and saw that any specific nutritional needs were clearly recorded and reviewed, to help guide the shared lives carers.

Shared lives carers also supported people to ensure their health needs were being met. One shared lives carer explained a person's specific health care needs; including the different healthcare professional appointments they attended. They told us that this helped the person to be as healthy as possible and therefore could be as active as they wanted to be. Staff members explained that they would support people and their shared lives carers with appointments if necessary. People's care records confirmed they had regularly attended appointments in their local community, and that any changes or specific instructions were communicated between shared lives carers and the service, to ensure they were carried out.

Is the service caring?

Our findings

Positive and meaningful relationships were promoted by the service. People were happy with the shared lives carers, and their families, that they lived with. In a number of cases people had lived with the same family for a number of years and the service had also allowed people to remain with their foster family, who had cared for them from their childhood years. This meant that existing, positive relationships were maintained, removing the potential disruption and distress caused by moving a person between different care placements.

People described the shared lives carers they lived with as family and knew them well. They were happy to be living in a home-based family environment. One person said, "They [Shared lives carers] are nice and caring and know me well. I feel very comfortable here." Another person said, "[Shared lives carer] looks after me well. Everything is good and I am very happy here."

Shared lives carers were also positive about the fact that they were able to enjoy a family life with the people that they cared for. They explained that the service allowed them to build strong relationships with people and, in some cases, continue to live with people who they had cared for over a number of years. This provided people with continuity and prevented them from being forced to move out of their family home when they reached adulthood, due to the foster-care arrangements.

Staff members were positive about the service they provided, and spoke with pride about the impact that it had on people. One staff member said, "When you get the fit right it is a life changing service. No placements have broken down yet." Staff members explained that the service allowed people to move out of more traditional care services, into family settings where they were able to build strong and meaningful relationships. They explained that staff and the service still had an input and developed close professional relationships with people and shared lives carers, but the relationship between people and their shared lives carer developed to be a strong, family-based one. This gave people a greater sense of belonging and meaning, and helped them to live more positive, independent and community-based lives.

People and their shared lives carers told us that they were involved in planning their own care. They explained that there were care plans in place which they discussed with staff from the service. However, due to the family-based nature of the care, they were able to be more flexible in terms of what they did on a day-to-day basis. Staff members confirmed that care plans were developed in a collaborative way, and that people and their shared lives carers had the freedom to do what they wanted to do, as the person would if they lived completely independently.

We checked people's care plans and saw evidence to show they had been involved in planning their own care. Their care plans showed that their own views and wishes had been taken into account, and that care had been planned in such a way as to meet their specific needs in the way that they wanted them to be met.

As people lived in a home setting with their shared lives carers, they felt that their privacy and dignity was maintained. They explained that they lived with their family, which provided them with a feeling of

belonging, as well as privacy and security. People also told us that they were able to maintain friendships and relationships with others, including their biological family if they wished. One person said, "They take me to visit my friends and family, they take me to see my Mum." People's care plans recorded who was important to them and how they wanted to maintain contact with them, to help guide shared lives carers and staff. In addition, we saw evidence that staff members had received training and guidance on dignity and respect, to help them ensure they were maintaining people's dignity at all times.

Is the service responsive?

Our findings

People received person-centred care which was specific to their individual needs. Staff members explained to us that when people were first referred to the service, a detailed assessment was carried out to identify their specific needs and wishes. This information was used to develop a profile sheet regarding the person, which staff then used to help them match the person to a specific shared lives carer. Records confirmed that each person had a comprehensive assessment carried out to ensure they were suitable for a shared lives placement, and to help guide members of staff in placing the person.

Staff also explained to us that there was a robust process in place for potential shared lives carers. They explained that once recruitment checks were carried out, a number of other checks and assessments were completed to measure their suitability to become a shared lives carer. This included health and safety checks of their home, discussions with them and members of their family and checks of additional information, such as their financial security and insurance status. Staff members explained that such detailed checks were necessary to ensure that placements had as much chance as possible of being successful. Once all the checks were completed, staff members and the registered manager would support the person with any areas of training or support they needed. They also helped them to make preparations to go to a panel, who would decide whether or not to approve them as shared lives carers. We saw evidence that a number of robust checks were carried out, as well as training and support, to help shared lives carers pass the panel stage. We also saw that each shared lives carer had a certificate of approval, issued by the panel.

The registered manager told us that once an assessment had been carried out regarding a person's specific needs, members of staff would begin the process of matching them with the approved shared lives carers who were waiting for a placement. Staff explained that it was very important to match people with a shared lives carer with similar interests and values, to maximise the potential for that placement to succeed. They told us that once they had come up with a number of matches, the person was given a profile sheet for each match. From this information they were then able to decide whether or not they wanted to meet with any of the matches and begin the process to commence their placement.

Staff members told us that once a person had selected a potential shared lives carer, they would facilitate an initial meeting between them both, so that they could start getting to know each other. Staff explained that, following the initial meeting, there was no set procedure as to how a placement would progress. One staff member told us, "Each case is very different; it's the strength of the service." They explained that they would meet with both and discuss if and how they would like to proceed. The number of meetings and presence of staff at these meetings was determined by both parties, until they both felt that they were happy to proceed with the placement. This meant that people were able to choose exactly where they wanted to live and were provided with all the support they needed from the service, to ensure they were comfortable before a placement started.

Regular reviews of people's placements took place, to ensure they were still happy and to allow them, or their shared lives carers, to raise any concerns or comments they may have. People told us that these

meetings took place regularly and they found them useful. One person said, "The council people [staff members] come to talk to me, they ask me questions." Shared lives carers confirmed that these regular meetings took place. One shared lives carer said, "We have reviews and [staff member] meets up with [person's name] regularly, they go for a coffee and a chat."

Staff members also told us there were regular reviews, to monitor how people's care was progressing. One staff member said, "We carry out three-monthly reviews, as well as annual full reviews of people's files." Another staff member said, "We meet with them and the carers regularly, but if we got a call we'd go out straight away." Staff members also explained that they met with people together with their shared lives carers, and also independently, to ensure they had the opportunity to tell them about any concerns they may have. There were records to show that these meetings took place, and that care plans were reviewed and updated as a result of the discussions which took place.

The registered manager told us there were systems and procedures in place to gain people's feedback about the care they received. They informed us that there were regular surveys carried out to get feedback from people, as well as to gain insight from shared lives carers about how they felt things were going, and about the support they received from the service. The registered manager also told us they encouraged people and shared lives carers to give them feedback about the service whenever they wanted to. There were also systems in place for complaints or comments to be raised, and acted upon. We saw that any complaints received were investigated and acted on appropriately. In addition, forms for complaints and providing feedback, including surveys, were available in easy-to-read formats, to make them accessible for people using the service.

Is the service well-led?

Our findings

People were positive about the impact the service had on their care and their quality of life. They explained they were happy to be able to live at home in a family environment, and that this may not have been possible without the service. Shared lives carers were also positive about the impact the service had on people's lives, as well as their own. They explained that the service allowed people and themselves to have a family life and to develop their relationships.

Shared lives carers explained that the support they received from the service was an important part of making sure placements were successful and that people had the best quality of life they could. One shared lives carer told us, "The support you get is great, you only have to ask." Another said, "The support is brilliant." They explained that they were always able to get hold of somebody from the service if they needed them, and that the service made sure they always had the information they needed.

People and their shared lives carers were able to tell us who the registered manager was, and told us that they were always available, should they need them. Staff members told us that the registered manager was always available, but they also trusted and empowered the staff to perform their roles with a degree of freedom. We spoke with the registered manager who told us it was important for staff members' development to give them a chance to show what they were capable of. They were also aware of their regulatory requirements and we saw that they had ensured that statutory notifications, such as notifications about safeguarding incidents or concerns, were sent to the Care Quality Commission.

Members of staff told us that there was a clear ethos and culture at the service. They were positive about their roles and gained pleasure from seeing successful placements which resulted in people being able to have a happy home life, in a family setting. Staff members also told us that they were proud of the service they provided and were working with other departments and authorities to develop and expand the service. One staff member said, "We are really really keen to expand our service." The registered manager explained that they, and staff members, had met with a number of different teams to increase the knowledge and understanding of what the service could offer, with a goal to support more people to move out of traditional care placements and into family-based shared lives settings. We saw evidence to show that the service had worked to establish a bank of potential shared lives carers, so that any future referrals could potentially be placed quickly, depending on compatibility.

The registered manager told us they were part of a national shared lives group, which regularly discussed progress and ideas, and shared best practice across the country, to help develop shared lives services. We saw they had attended national conferences and had applied some of the information and ideas they had gained from these to the service, to help improve the care that people received.

The registered manager also had a number of quality assurance procedures in place, to help them monitor the quality of care from the service, as well as to identify areas for improvement. We saw that there were audits in place to check areas such as staff files, shared lives carers information and people's care plans. These checks were to ensure that all the information necessary was in them, and to see where they could be

improved to make them more effective and user-friendly. The registered manager also told us that they used the feedback from people and shared lives carers in their regular meetings and annual surveys, to identify areas for development within the service.