Sheffield City Council

Shared Lives - Sheffield Adult Placement 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 inspection took place on 01 February 2016 and was announced. This means we told the provider that we would be inspecting the service before we carried out the inspection. We did this because the person who managed the service was sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the person who managed the service would be available.

The last inspection of the service took place in May 2013 and we found the service was compliant with the regulations inspected at that time.

Shared lives - Sheffield Adult Placement provides day care, befriending, short and long term care to vulnerable adults, including older people, people with learning disabilities, people with physical disabilities and people with mental health problems. People are supported to live independently to maintain friendships and relationships, to be safe and supported to live in the 'approved carer's' home as part of the immediate family. Shared Lives arrangements are formed using a matching process. The process involves participants getting to know each other at their own pace, before making any long term commitment to sharing a home. Shared Lives arrangements only succeed where the Shared Lives approved carer is able to meet the identified needs of the person placed with them and the person gets on well with the approved carer and other people living in the house. At the time of our inspection, there were eight people using the service.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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 registered manager was not present on the day of our inspection but one of the provider's operational managers was managing the service until the registered manager returned.

The service made sure people were protected from abuse and followed effective safeguarding procedures. We found records were complete and updated regularly. People who used the service and approved carers were 'matched' to ensure each placement was suitable.

We found approved carers were adequately trained and monitored. The service had an effective and efficient computer system in place to monitor training needs and monitor provider visits.

We found there was an open culture at the service, where approved carers and people who used the service felt able to speak with management and felt confident in doing so. People confirmed they had their dignity and respect maintained and felt able to raise any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from bullying, harassment, avoidable harm and abuse as relevant risk assessments had been carried out and reviewed on a regular basis, or if the person's needs had changed.

Relevant pre-employment checks were carried out on all approved carers to ensure they were safe for a person who used the service to live with.

Information was provided to approved carers regarding peoples' medicines and the level of support required.

Is the service effective?

Good

The service was effective.

Approved carers had the knowledge and skills they needed to carry out their roles and responsibilities. Approved carers had regular monitoring visits and training updates were undertaken when required.

The service worked to the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and were supported to have sufficient amounts to eat, drink and maintain a well-balanced diet. People had access to relevant healthcare professionals, where and when required, and were supported by staff to do so.

Is the service caring?

Good

The service was caring.

Approved carers had built positive, caring relationships with people who used the service. People were supported to express their views and were involved in making decisions about their care and support.

Approved carers were able to explain to us how they protected and promoted people's privacy and dignity. People who used the service confirmed their own privacy and dignity was respected.

People said their approved carers were easy to talk to and kind.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and responsive to their needs. People and their families or representatives had been involved in the planning of their care and support, where appropriate and when possible. This included information regarding the person's likes and dislikes, preferences and preferred activities.

People said they felt able to complain to staff or the registered manager and felt confident these concerns would be dealt with. Complaints were uploaded onto the service's 'lessons learned' database and monitored so the service could identify any patterns or trends.

Is the service well-led?

Good

The service was well led.

There was an emphasis on support, fairness and transparency from staff and the person who managed the service. Staff meetings took place regularly, where staff could raise any issues or concerns.

There was good management and leadership at the service. Audits and checks were carried out and surveys were regularly sent to people who used the service and their relatives. Results from these surveys were collated and analysed to identify any actions that needed to be addressed.

Shared Lives - Sheffield Adult Placement 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 inspection took place on 01 February 2016 and was announced. This means we told the provider that we would be inspecting the service before we carried out the inspection. We did this because the person who managed the service was sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the person who managed the service would be available.

The inspection team was made up of two adult social care inspectors. Prior to our inspection, we looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR did not highlight any concerning information about the service. Also before our inspection, we spoke with stakeholders. A stakeholder is a person or organisation who has interest, concern or involvement with an organisation. Stakeholders we spoke with told us they had no current concerns about Shared Lives – Sheffield Adult Placement Scheme. We also reviewed any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

During our inspection, we spoke with the person who managed the service and two support workers, who provided support to the service's approved carers. Following our inspection, we spoke with four people who used the service and four approved carers. We also carried out visits to four people in their Shared Lives arrangements, where we spoke with people, their approved carers and friends.

We looked at documents kept by the service including the care records of three people who used the service

and the personnel records of two approved carers. We looked at records relating to the management and monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff made sure they were protected from abuse. We saw and people told us, when we visited them in their homes that they were safe in their Shared Lives arrangement.

The approved carers we spoke with told us they felt people who used the service were kept safe. One approved carer said; "[People who used the service] are really safe. They are like family so we make sure they are safe." Another approved carer told us; "When [the service] comes out [to the person's home] they ask if everything is ok, review [person using the service] and make sure that all their risk assessments are up to date. If there are any changes in [person's] needs, we let them know and they change assessments and plans to reflect that."

Approved carers we spoke with told us they were happy with the arrangements but that Shared Lives – Sheffield Adult Placement Scheme would benefit by finding additional approved carers, who could provide a respite (short-stay) service. One approved carer said; "We love having [people supported] living with us. They are part of the family. We do worry sometimes though that [person who usually provides respite support for this particular person] sometimes may not be available for respite and we'd be a little stuck then. It's just finding someone who is caring enough and who is willing to do it."

Approved carers understood what was meant by 'infection prevention and control'. One approved carer we spoke with told us; "Even though [person] lives in our home and they are family, we still use gloves when [providing] personal cares. It makes sure no infections are spread and that no one gets ill."

Care records we looked at demonstrated people were protected from abuse and avoidable harm. Each care record contained reviewed risk assessments and care plans, which were reviewed on a three-monthly basis and contained information on how to keep the person safe. People who used the service, their relatives, approved carers and other professionals were involved in the assessments and care plans, where possible and appropriate. There were risk assessments and care plans in place that detailed how to keep the person protected from discrimination. They also contained details of the needs and support each person required. For example, in one care record, where the person required support with personal care, we read; "[Person] has different flannels to use for different parts of her body and doesn't like to use soap."

We found that, when a person had started using the service, assessments were carried out to determine which approved carer the person would be best suited to live with, based on likes, dislikes and interests. Following these assessments, the person was introduced to the approved carers. Risk assessments were carried out on the approved carers' homes to ensure they were safe for the person who used the service to live in. Care documents contained 'daily logs', where details of the person's day were recorded. This demonstrated there were appropriate assessments and plans to meet people's needs and to protect people from bullying, harassment, avoidable harm and abuse.

Approved carers we spoke with were able to tell us about different types of abuse, any signs to look out for and how they would report any concerns, either within the organisation or externally. Every approved carer

we spoke with told us they had received safeguarding training and received regular updates when required. One approved carer we spoke with told us; "[Person] is my family. If I thought there was any chance of abuse happening, I would report it straight away." Another approved carer said; "I would have no problems in reporting abuse. I know where I can go and who to go to." This meant staff knew about abuse and how to report any concerns.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Safeguarding concerns at the service were reported to the local authority safeguarding team and the service followed their own safeguarding procedures in doing so. At the time of our inspection, there were no current, open safeguarding alerts. This meant risks and safeguarding concerns and alerts were managed well.

Shared Lives arrangements were formed using a matching process. The 'matching process' takes account of; the person's assessed needs and wishes; the skills, knowledge and experience of the approved carer; the personal interests of the person and the approved carer; the location of the approved carer's home; the facilities and accommodation the approved carer could offer; and the cultures and/or faiths that are important to the person and the approved carer. The homes of approved carers were checked regularly to ensure they were safe and had appropriate insurance cover in place to protect people who used the service.

Staff personnel files that we looked at contained adequate pre-employment checks that had been carried out by the registered provider. These checks included reference checks from previous employers to confirm their satisfactory conduct or a character reference from someone who knew the person outside of a working capacity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This meant the service followed safe recruitment practices to ensure the safety of people who used the service.

There were care records relating to medicines, which detailed the level of support required. For example, where a person required the approved carer to prompt them to take medicines, this was recorded and where another person required the approved carer to administer medicines, this was also recorded. Information was present in care records stating that, in line with policy, all medicines should be administered from original boxes with the person's name and how the medicine should be taken. Approved carers we spoke with were able to explain to us the correct procedures for administering or supporting people with medicines. This demonstrated staff were provided with instructions on the level of support each person required and how to administer medicines safely to people.

Good

Is the service effective?

Our findings

People told us they were well matched with their approved carers and that they were happy with the Shared Lives arrangements. One person told us, when we asked if they were happy and felt safe; "Yes, I'm safe and really happy."

The approved carers we spoke with told us they received regular training and updates, when required. One approved carer told us; "We receive so much training. I should show you my folder with all the certificates in, there's that many. We get updates as well when we need them." Approved carers also told us they received regular reviews, where a support worker from the service would go to their home to discuss and concerns, issues or training needs. One approved carer told us; "Every three months we have a review. [Name of support worker] comes out, chats to us, asks if everything is ok and then she does checks on the house, insurance etc. [Support worker] knows [people who used the service] really well too, which is nice."

An approved carer who we spoke with told us that they had recently had their support worker changed and that the new support worker did not know them, or the person who used the service very well. They said; "We have a new support worker but there didn't seem to be any handover with them. With our old support worker, they knew [people who used the service] inside out but now it's like they have to get to know [support worker] from scratch. It would have been better if [new support worker] had come out with [old support worker] so they could see what we're all like and get to know [people who used the service] a bit first."

Approved carers were able to explain to us the principles behind the Mental Capacity Act 2005 and what this meant for people who used the service. Approved carers told us they offered choice in every aspect of people's lives and people who used the service confirmed this.

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. In Shared Lives services, approved carers are monitored through an agreement, rather than supervisions and receive an annual review, rather than an appraisal. We looked at approved carer personnel files and found evidence that they received regular monitoring visits from managers and an annual review. We also saw dates had been recorded, stating when approved carers' next monitoring visits and reviews were due. We looked at the service's training matrix and found that approved carers were up to date with their training in all mandatory areas including health & safety, safeguarding, medicines, moving & handling and emergency first aid and, where required, refresher training courses were sourced. Where required or requested, additional training courses could be sourced, such as dementia awareness, autism & challenging behaviour. This demonstrated approved carers were adequately supported, through regular monitoring visits and reviews and that the service ensured all approved carers were up to date with their training requirements.

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. To deprive someone of their liberty as a domiciliary care service, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any applications had been made to the Court of Protection to deprive someone of their liberty. We saw one person lacked capacity to make decisions regarding their personal welfare. The service had ensured they worked in line with the principles of the MCA and had been to the Court of Protection, where the person's approved carer was given Legal Power of Attorney, which authorised the approved carer to make personal welfare decisions on the person's behalf. This demonstrated the service acted in line with the Mental Capacity Act 2005.

In care records, we saw hydration and nutrition assessments were completed to assess whether the person was at risk of becoming nutritionally compromised and that these were reviewed with appropriate frequency. Care records we looked at demonstrated people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice over what foods and drinks they consumed. Assessments were also in place, assessing and identifying any support needs that the person required. For example, in one care record we looked at, we saw that the person was diabetic and we read; "[Person] has been made aware of what she should and should not eat/drink as part of her diet" and "Encourage [person] to make healthy food and drink choices and to eat at regular intervals." We also saw additional information was recorded for staff on how to support the person to eat and drink, due to their mobility issues. We read; "Support would be required to carry any food and drink where need be as well as to make a drink or food due to [person] being unsteady on her feet." In another care record we read; "[Person] can make her own choices. She does like chocolate, cereals, very pale toast, sandwiches, ham, cheese, chicken and mayonnaise. Sausages, red sauce and butter. She will eat cucumber and some vegetables i.e. carrots, baby corn, peas and courgettes." This demonstrated people were supported to make choices and to have sufficient to eat and drink to maintain a balanced diet.

Care records evidenced that people were involved in their care and support and, when required, relevant healthcare professionals were contacted and involved when people's care needs had changed. This demonstrated the service supported people to maintain good health and wellbeing.

Good

Is the service caring?

Our findings

People who used the service told us they felt that the approved carers they lived with were kind and caring. Each person we spoke with told us they were happy with their Shared Lives arrangement.

Approved carers we spoke with told us; "We know [people who used the service] so well. Sometimes, I think even better than we know ourselves," "They aren't just people who we care for – they are family. This isn't a job really – we love [people who used the service]" and "Everything works so well. We all get along and have a laugh – like a family should be."

We asked approved carers how they ensured people had choice and control over their lives. One approved carer told us; "We just ask them. Obviously, we know [people who used the service] really well – they've been living with us for a good few years – so we know what they would like to eat but we still offer choice. There are certain things not to ask like, we know [person] does not like bacon or eggs so we never ask that because it can sometimes cause issues. It's just about knowing them as well as you can." Another approved carer told us; "[Person] likes to spend time in his bedroom of an evening. He moved furniture around his bedroom so we just leave him to it. That's what he wants to do so we let him. He knows he can come downstairs at any time but he likes spending time in his bedroom."

Approved carers had good knowledge around maintaining and promoting people's privacy and dignity. One approved carer told us; "[Person] has no inhibitions, he would walk out of the bathroom completely naked and think nothing of it so we just have to make sure we are on the ball and, if he does go to open the door, get a towel ready or ask if he has a towel to remind him" and "[Different person who used the service] is aware so we don't have to remind him. We just make sure he has his privacy so if he's in his bedroom, we always knock before going in." It was clear that people who used the service were made to feel that the approved carer's homes were also their homes.

Approved carers told us that, before a person who used the service was placed with them, they were able to meet and chat. One approved carer told us; "[Person who used the service] came to our house for a cup of tea to see how we got on. Then after that, they came a couple of times for something to eat, just to see if we got on and if we were compatible – if we were a match."

In care records we looked at, we saw that people had been involved in making decisions and planning care and support provided by the service. We saw evidence of people's input, which included details about the person's likes, dislikes and preferences. In one care record we looked at, we read; "[Person] loves books and libraries, she loves horses and she enjoys craft activities. [Person] likes routine and rules. [Person] watches the news but can fixate on aspects of certain stories." In another care record, under the heading "What I want to do with my time", we read "help out around the house; play music on the keyboard; attend appointments; making things out of clay and wood; to go on holidays." People were assured that their information was treated confidentially as the service used an electronic care system that was only available for use to staff with the correct permissions. This demonstrated the service made information available for approved carers get to know people better, to provide a personalised and person-centred approach to care

and support and that this information was treated confidentially.

We looked at the service's dignity and respect policy, which contained details of how to get information and support. Information was also present in this policy on how to complain if a person felt their dignity and respect was not promoted. This demonstrated that the service had policies and procedures in place to promote and maintain people's privacy, dignity and respect and they contained information on how to raise any concerns, if this did not happen.

People who used the service were asked for their input into care and support planning to ensure they received everything they needed from their care package. Where possible, people had signed their care plans to give their consent and demonstrate they were happy with their plan of care and support. In care records we looked at, we saw that people were encouraged to maintain their independence as much as possible.

Good

Is the service responsive?

Our findings

People who used the service told us they had plenty of choice and were happy with their Shared Lives arrangement. People told us they were asked about every aspect of their lives, so that care and support could be personalised.

Approved carers we spoke with told us; "Every person is individual so we just make sure that they get what they want" and "I wouldn't want to do something I didn't like so we can't expect anyone else to. They choose what they do and when they so it, as long as it's safe."

Approved carers told us they were able to give feedback during each of their three-monthly monitoring visits and that, if they felt the need, they were able to make a phone call to the Shared Lives – Sheffield Adult Placement Scheme office, where they could discuss anything with their support worker.

When we carried out visits to people in their shared lives arrangements, we saw that bedrooms were personalised and contained items of significance or importance to that person. For example, one person we visited, who was passionate about Doctor Who had their bedroom decorated with Doctor Who posters, bedding and a Doctor Who rug. There were statues and figurines of Doctor Who characters and the approved carers had had the bedroom door painted as Doctor Who's Tardis.

Care records we looked at were personalised and had been written with the involvement of people and their families, where possible and appropriate. People expressed their views, preferences, likes and dislikes, which were recorded in care files. Each care record was reviewed regularly to ensure care plans and risk assessments remained relevant. This meant information was available for staff to provide personalised, person-centred care and support.

Care records contained details of what was support was required and the person's level of independence in each particular area. For example, in one record, we read; "Supervision is required when [person] is preparing food and drinks, to prevent accidents and injuries occurring due to being registered as blind and his cognition." We also read in the same care record, where support needs regarding personal care were recorded; "[Person] is independent in this area and the bathrooms are set up for his support needs." This demonstrated information was made available for staff to provide care and support that catered to, and was responsive to people's needs and that care and support was centred on the person as an individual.

We saw information in care records regarding people's favourite past time activities. For example, in one care record we read; "[Person] likes Disney films and will read a variety of literature" and "[Person] does have a boyfriend called [name] and may go to tea at his home. His mum will then take them out to Meadowhall (local shopping mall) or he will visit her at home." This demonstrated that people who used the service were supported to maintain their independence and take part in activities that they enjoyed and that information was available for staff to read in order to provide person-centred care and support. This also demonstrated that the service supported people to maintain relationships with people that matter to them and avoid social isolation.

The service used the local authority complaints policy, which was last reviewed in April 2014, that contained details of how to complain and who people could complain to. Any complaints received were uploaded onto the service's database for 'lessons learned'. From this databases, actions were identified for service improvement. This demonstrated the service had an up to date complaints policy, addressed complaints and used complaints for service improvement.

Good

Is the service well-led?

Our findings

People who used the service told us they were able to express their views and that these views were listened to.

Approved carers we spoke with told us; "If we have suggestions about how to do something better, or if we think [person who used the service] would benefit from a change, we can phone the office and they take notice of what we say."

One of the approved carers we spoke with told us they were unsure who the registered manager was but that they knew who to contact if they had any concerns or feedback.

We asked approved carers, if they could change anything about the service to improve it, what would it be. Comments included; "More of a handover if the support worker is going to change" and "They need more respite carers. We do this 24 hours a day and sometimes, we need a break but finding more people who will be respite carers is hard for [the service]."

There was an emphasis on support, fairness, transparency and openness at the service. We saw staff had regular supervisions booked in and the person who managed the service confirmed that all approved carers received supervisions on a regular basis. During supervisions, staff discussed any concerns, training requirements or development needs they had. The attitude, values and behaviours of staff were kept under constant review through supervisions.

Staff meetings took place on a monthly basis with support workers and covered areas including, but not limited to; carer issues, training, allocations, health & safety and equality, diversity and inclusion. Staff meetings were also used for staff to raise any concerns they had, to discuss any changes in people's needs and wants and to give suggestions around improving the service. This demonstrated the service provided a forum for staff to discuss issues and concerns and to include staff in continuous improvement of the service provided.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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 registered manager was not present on the day of our inspection but one of the provider's operational managers was managing the service until the registered manager returned.

Audits of care records and documentation were carried out regularly and required actions were recorded. This included audits of peoples' care plans and risk assessments for the person, staff and environment.

There was a business continuity plan in place for the service, which was last reviewed in September 2015.

The business continuity plan contained details of risks or failures that would impact on service delivery, what impact each risk would have should it occur, what action would be taken and who was responsible for dealing with this. Risks identified on the business continuity plan included, but were not limited to severe weather, illness/pandemic/influenza and staff absences/shortage. There were details of local transport networks and providers. This demonstrated the service had plans in place for dealing with emergencies and incidents that impacted on service delivery.

We looked at the results from surveys sent out to people and their relatives. These surveys asked whether people were happy with the service they received, what they liked the most, what they would change (if anything), if they felt they were treated with dignity and respect, if they felt safe, if they were able to do things they wanted to do, if they could make choices, if they were supported to maintain their independence and if they would like to continue with their current approved carer. Everyone who returned their surveys all said positive things about the service and had no suggestions for improvements. Some comments made included; "I am very happy", "I like helping at allotment", "I know [approved carer] is there to keep me safe" and "I am very happy with the activities I do with my [approved] carers." This demonstrated the service encouraged feedback and actively sought it from people.

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held at the services office. The policies seen had been updated and reviewed to keep them up to date.