

South Tyneside MBC

South Tyneside Adult Placement Service

Inspection report

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Date of inspection visit:

30 March 2016

31 March 2016

Date of publication:

23 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 30 and 31 March 2016. The last inspection of this service was carried out 27 September 2013. The service met all regulations that were inspected against at that time.

South Tyneside Adult Placement Service (Shared Lives) aims to recruit carers to offer care, support and accommodation to vulnerable adults. Once recruited the service provides carers with training and support in order for them to meet the needs of the people whom they accommodate. Shared Lives supports carers by providing link workers, contact with social workers and 24 hour advice and support. At the time of our inspection the service was supporting 47 carers with an additional 21 who support with short breaks.

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. People and carers made positive comments about the service. They described the service as being safe. One person told us, "I am safe with [carer], it's just lovely to feel it's my home."

Staff had a clear understanding of safeguarding and whistleblowing. They were confident any concerns would be listened to and investigated to make sure people were protected. Staff understood the process of raising a safeguarding alert. Carers were also aware of how to raise concerns and felt that the registered manager would act.

Systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. People and carers we spoke to knew how to make a complaint. Information was available in pictorial form on how to make a complaint. At the time of the inspection the service had not received any formal complaints.

The registered manager confirmed the staff team were already employed by South Tyneside Council prior to taking up their current role. The Council's recruitment procedures had been followed which included relevant checks. For example, checks had been carried out with the disclosing and barring service, (DBS) before they were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

The service had a rigorous process in place to recruit carers, which included general health checks, character checks, references, DBS checks and discussions with family members. Carers were interviewed by link workers. From the collection of information a report was developed as to the suitability of the prospective carer and presented at an independent Shared Lives panel to make a decision to recruit the person as a carer.

Staff had received regular supervisions. The registered provider had an Employee Performance

Management (EPM) process in place for staff development which had taken the place of the annual appraisal. Carers received support on a monthly basis from the service, with meetings held on a regular basis to provide support and to share information from the service to the carers.

The Mental Capacity Act 2005 (MCA) was understood by staff and carers. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

People's choices were acknowledged. Each person had a range of social and leisure activities in their individual plans. One person spent time volunteering and told us, "I enjoy doing this, [carers] are going to help me do more." People were supported to be as independent as possible, and took part in family activities such as shopping, meal preparations and keeping their rooms clean.

People's healthcare needs were monitored and contact was made with other health care professionals when necessary. Carers helped people to lead a healthy lifestyle and supported them to health care appointments.

Individual plans and risk assessment were in place which showed people were involved in their care and set out how they wanted their support to be delivered. The service also followed the social workers plans for the person by way of support and plans for independence.

The service had systems in place to ensure medicines were managed in a safe way. Medication Administration Records (MAR) were up to date with no gaps or inaccuracies. MARs were sent in to the service every month to enable auditing.

We observed staff and carers with people and saw support was given in a respectful way. People were very comfortable in the presence of their carers and the staff. Genuine relationships were observed.

People, carers and staff told us the service was well run and well managed. They felt the registered manager was open, honest and approachable and the service promoted a positive culture for staff and for the people they supported. One person told us, "I have never needed to complain but if I did I would go to [registered manager]."

The registered provider had a business continuity plan in case of emergency. The plan contained contact details of respite carers who could support people in case of an emergency. Where an emergency affected the service's office, the team would relocate to another office in the building. The registered manager also had a laptop to enable remote working.

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.

There was a clear process for identifying risks to people and there were risk assessments and guidance for carers in place to manage these risks.

Processes to recruit carers were robust and thorough.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people and carers.

People had access to healthcare when necessary.

Staff had an understanding of the Mental Capacity Act and how it applied to the service.

Is the service caring?

Good ●

The service was caring.

People felt that they were treated with dignity and respect.

The service ensured people were as happy and comfortable with their carers as they could be.

Carers had genuine affection for the person they were supporting.

Is the service responsive?

Good ●

The service was responsive.

People were supported with individual activities but also were included in family events.

People and carers knew how to complain, information was

available in a pictorial format.

The quality assurance process ensured people's views were captured.

Is the service well-led?

Good ●

The service was well led.

The registered manager and staff were very proactive in the service.

Staff, people and carers felt the registered manager was open, honest and approachable.

The service promoted a positive culture for staff and for the people they supported.

South Tyneside Adult Placement Service

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.

The inspection took place on 30 and 31 March 2016 and was announced. The provider was given 48 hours' notice because the location provides an adult placement service and we needed to be sure that someone would be in the office.

The inspection was carried out by one adult social care inspector.

Before the inspection we checked information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us about events and incidents that happened at the service. A notification is information about an event which the service is required to tell us by law. We contacted the local authority commissioners for the service, the local safeguarding team and the clinical commissioning group [CCG]. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all the information to decide what areas to focus on during the inspection.

During the visit we observed staff and carers interacting with people. We spoke to the registered manager, two link workers, five people who used the service and three carers. We also contacted two health and social care professionals via email for their views on the service.

We looked at a range of records about people's care and how the service was managed. These included the care records for four people, staff training and supervision records, recruitment records for four carers and quality monitoring records.

Is the service safe?

Our findings

People felt the service was safe. One person told us, "I am safe and I know how to keep safe when I am out on my own." Another commented, "I have ICE (in case of emergency) in my mobile phone, just in case I need help when I am out." One carer told us, "People have their independence but we will discuss risks with them, together we plan ahead."

The registered manager told us, "To support people in the service to be safe is important. This starts with the recruitment process and goes on through training until there is an agreed match and beyond."

The registered provider had a range of policies and procedures in place to keep people safe. These included whistleblowing and safeguarding procedures. Staff and carers had a clear understanding of safeguarding and whistleblowing and were confident any concerns they raised would be listened to and acted upon. One carer told us, "We have a good relationship with [registered manager]. I would contact them if there was any concerns."

The registered manager confirmed the Shared Lives team were already employed by South Tyneside Council prior to taking up their current role. The Council's procedures had been followed which included relevant checks. For example, the registered provider carried out checks with the disclosure and barring service, (DBS) to confirm whether employees had a criminal record and were barred from working with vulnerable people. Before transferring over to the service, staff were interviewed for posts within the service, which incorporated interviews and induction into the new role facilitated by people and carers.

The service had four staff members who were responsible for a number of people and carers. Staff told us they felt the number was manageable. One staff member told us, "We are a team and are able to manage our workloads. Due to our recording systems any link worker could pick up an issue or problem."

We saw records confirming there was a process of approval in place to ensure that prospective carers were suitable for their role. These showed that checks had been carried out with the disclosing and barring service (DBS) before they were recruited to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References were also taken up along with checks on the carer's housing situation. Prospective carers were visited by a member of the staff team. These visits were documented and formed part of the assessment for suitability. The registered manager told us, "It's important that people know the commitment they are making. At this time we can answer any questions they may have."

We found reports were submitted to an independent approval panel which was made up of representatives from adult social care and health care professionals. Once the panel had considered the information a recommendation was made as to whether the application had been successful or not. The registered manager told us, "It all takes time but it is extremely important that the prospective carer is suitable for the service".

The registered manager kept records of accidents and incidents that had occurred within the service. These were detailed and included an incident form which recorded what had happened and what action had been taken. This meant the service could identify patterns or trends and put plans in place to reduce the risk of these happening again. Staff were made aware of findings through meetings and supervision.

We saw there was a clear process for identifying risks to people and there were risk assessments and guidance for carers in place to manage these risks. Risks associated with their health care and support covered areas such as accommodation, going out alone and traveling. Reviews had been held annually or more frequently if needed, changes were documented and stored electronically within the service. Copies were also provided for carers.

One health care professional commented, "In my experience risk assessments are completed in collaboration with social and health care staff. Psychological assessments are taken into consideration during the matching process."

People's medicines were managed safely and carers received training in safe handling of medicines. People told us carers supported them to take their medicines at the right time. One person told us, "[Carer] gets the tablets ready with a glass of water, that's how I like it." Another commented, "I have medicine at 9am and [carer] makes sure I take them." Carers told us there were processes in place for the ordering and storage of medicines. Medication administration records (MAR) were completed by carers and forwarded to the link worker on a monthly basis. We saw these records were scanned and saved in the service. MAR were completed correctly with no gaps or inaccuracies.

The registered provider had a business continuity plan in case of emergency. This would be followed if carers were ever unable to support the person. The plan contained contact details of respite carers who could support people in case of an emergency. Anyone who was named on the plan had been recruited as a respite carer or was a family member already living with the person. The registered provider had carried out checks with the disclosure and barring service (DBS) to confirm whether family members had a criminal record and were barred from working with vulnerable people. Where an emergency affected the service's office, the team would relocate to another office in the building. The registered manager also had a laptop to enable remote working.

Checks of the Shared Lives premises were carried out by South Tyneside Council's health and safety team. The carer's homes were subject to health and safety checks, for example the service maintained a record of gas safety checks and fire safety checks. Carers held a fire evacuation plan in case of emergency. People we spoke to knew what to do in the event an emergency.

Is the service effective?

Our findings

People who used Shared Lives told us the staff and their carers were good and they lived how they wanted to live. One person told us, "[Staff member] is my link worker and we always have a good chat and a catch up. I am just how I wanted to be." Another commented, "I was not happy and [registered manager] was brilliant. My link worker organised a match for me and supported me to move." A third person told us, "When I went for my first meeting I just knew that they were right for me. We are like a big family. I do so much, I go to work as well as being out and about. Me and [name] are like brothers."

Staff completed an induction into the service which covered mandatory training. For example, health and safety and safeguarding. We saw records of training which showed refresher training had been completed and was up to date. Staff also accessed training provided for carers which covered a range of specific subjects. For example, epilepsy and diabetes. One member of staff told us, "This keeps us up to date with good practice. I am keen to develop our carers as well. Training is a passion of mine."

Staff received regular supervision sessions where workload was discussed, home visits and any other issues or concerns that the staff member had. Actions were set with the registered manager to support the staff member to address any concerns. The registered provider had an Employee Performance Management (EPM) process in place for staff development. Staff had agreed their objectives over a three month period. The staff member and registered manager reviewed the objectives after the three month period. Once the EPM had been reviewed, new objectives were set for the next period.

Carers had completed a comprehensive induction covering a wide range of areas, including an overview of the service, values and attitudes, advocacy, confidentiality, equal opportunities, choice and responsibility, risk assessment, communication, short breaks and financial issues. One carer told us, "I feel very well trained, and have much more confidence now." Additional training was available in order to give the carer further knowledge in areas such as diabetes, dementia and Down's syndrome. A training plan was in place for carers to ensure training was refreshed. The service hoped to link the carers training with a national care training award called the Care Certificate.

Carers felt supported and commented the service was effective in supporting them and the people who lived with them. One carer told us, "We are well supported and the recent psychology course I did was really great. I loved it, it was really interesting and gave us a lot of insight."

One health care professional commented, "The mandatory training for the carers is at a good standard. Carers have been encouraged to complete psychology training sessions to help them understand learning disabilities, emotional development and attachment and how best to support people with emotional difficulties."

We saw a robust process for matching a person with a carer, which included information being shared followed by introduction meetings. The registered manager told us, "These are well planned and usually take place over a period of time from meeting for tea, to a meal and then perhaps to an overnight or

weekend break. However, we have had instances when meetings have been so positive that the person has moved in quickly."

The service had a range of information available for people who were interested in accessing support, which set out what could be expected and what support the service would give people. People told us they were given information by their social workers. One person told us, "I decided I needed to be with someone and am so happy that I have found the right place. I know my link worker very well and my carers can ring at any time if I need support." We saw that people had choices and these were acknowledged by carers. One carer told us, "It is important for them to be healthy. [Person] used to go to the gym. I would prefer them to continue but they have decided not to, it is their choice. If they want to return to it then we will support them again."

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 capacity to take particular decisions, any made on their behalf must be 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 application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). In 2014, a supreme court judgement extended the scope of the Deprivation of Liberty Safeguards (DoLS). This meant that if a person who lacked mental capacity was being deprived of their liberty in a community setting such as shared lives, an application must be made directly to the Court of Protection.

The registered manager explained the processes for applying the MCA within Shared Lives. Best interest assessments were carried out by the social worker prior to the person being placed with a carer. Any further decisions would be made with the involvement of the social worker, the person, family and/or advocate. For example we saw records of financial assessments for people, along with consent for financial support.

People told us they were supported to eat a healthy and varied diet, and had access to health care such as dentists and opticians. One person told us, "If I am not well then I go to the see the doctor."

We saw carer agreements and placement agreements related to specific carers and people. Carer arrangements were reviewed to ensure the support provided to the carer by the service met the needs of the person who was placed with them. The registered manager provided an annual update to the panel to ensure they were kept informed of the carer's progress.

The arrangement agreement for the person contained all the details discussed in the matching meetings, including the way in which the carers and other people would be involved in supporting the person. We saw records of placement reviews which were carried out by Shared Lives staff, carers and people on a monthly basis.

Is the service caring?

Our findings

People told us the registered manager and their link workers were caring. One person commented, "I have contacted [registered manager] before, things were not going well. They listened to me and we worked it out." Another commented, "We see them quite a lot, which is great."

The registered manager told us they wanted to ensure that people were as happy and comfortable with their carers as they could be. They told us, "I feel that this service has really made a difference to people's lives. I am very involved and believe that by being visible helps the link workers, carers and the people."

People were happy with the care they received from their carers. One person told us, "Where I am I feel like a big sister. In my house we discuss everything. We enjoy a takeaway on a weekend, [carer] cooks our main meal, but I help out." Another person told us, "I think my carers are wonderful, they have been here right from the start. They visited me in hospital when I was away from home."

People felt that they were treated with dignity and respect. They told us they had privacy in their homes and would just go to their own bedrooms if they wanted to. One person told us, "I have really come out of my shell since being here, but if I want I can always go to my room. I have a lovely room."

One person told us, "I enjoy doing my volunteer work and [carers] have helped me to do that. I have other things that I want to be able to do. My link worker also helps me, we do get on well." Another told us, "I have the best carers ever, Christmas was amazing."

We observed carers and people together. It was clear that people were very much part of the family, being involved in holidays, days out, and also accompanying carers on extended family member visits or parties. Behaviours were relaxed and people were comfortable speaking out. We saw lots of laughing and joking between them all.

Carers showed genuine affection for the person they were supporting, with actions and gestures demonstrating a positive relationship. Carers were central to developing people's skills and independence. They felt that by encouraging people to try and experience new things that interests in activities could be sparked. One carer told us, "We sometimes just plant the seed, and that makes them think. We love what we do. All the carers here are like a little community, we interact, attend social events and always have the support of [registered manager] and the team."

We saw respite arrangements were in place for people when their carers were on holiday. Some respite carers were extended family members. The registered manager told us, "For the people this is really great, they are used to the family members anyway so there is no change. The respite carers can also move into their relative's house, again making it so much better."

Staff we spoke to felt the service was caring. One told us, "We have had some fantastic success stories with positive outcomes. One person has come on so well and now speaks on behalf of people who are in Shared Lives."

One health care professional commented, "All Shared Lives workers demonstrate empathy and compassion towards the carers and people who live within the scheme."

Advocacy services were organised by the person's social worker. People told us that they had access to advocates. The service maintained a close working relationship with the advocates who were supporting people who used the scheme. One link worker advised two people who used the service had worked closely with the advocacy service and were involved in making a DVD to educate people.

Is the service responsive?

Our findings

One carer told us about the two people they support. Initially they supported one person and then following matching meetings and discussions with that person, another person moved into their home. They have now become firm friends and spend a lot of time together. They explained, "Both [people] go out together. They enjoy each other's company. The social life for them both is really good." People felt the service was responsive. One person told us, "We go to the pictures together, we all sit together and plan to go out, we have a plan B as well."

We looked at care records which contained recent review documentation and up to date monthly reports. We saw individualised support plans which encouraged independence and decision making. Support plans contained details of people's likes and preferences, these were incorporated into social and leisure activities. The carers were working proactively with people to develop living skills and provided support when required. For example, one person was currently undertaking a travel safely programme. One person told us, "I have been on a plane for the first time and we took lots of photos."

The registered manager told us, "It is so important for people to be part of the community, we have so many social events. This helps as some people have a joint interest and we can match people up to socialise together." One person told us, "[Other person] is like my brother we get on so well".

We spoke with three approved carers who were able to tell us about the individual needs of the people they supported. It was clear they were very responsive to people's needs. One carer told us, "There is always choice. We had discussions with [person] before another person came to live with us. Their feelings are very important." They told us any concerns or issues relevant to the person they supported were discussed with link workers or the registered manager.

Carers completed monthly records which were forwarded to the service. These records formed the basis of the monthly review. One carer told us, "I do my notes daily, I find it better that way. We have a very good relationship with [link worker] they do go over and beyond if we need any support." Communication systems were in place for sharing information with carers.

Carers attended a monthly support group. The format of the meeting provided carers with an opportunity to share information regarding developments within the scheme as well as opportunities to develop natural support to each other. They also had access to a network of support for each other by providing short breaks (if approved through the service). One carer told us, "It's important to have a respite service, so we know that [person] is being supported whilst we are away."

Staff we spoke to had a clear understanding of what a responsive service looked like and how they were involved in supporting people as they moved into their new homes with the carers. One staff member told us, "[Registered manager's] passion for this service has rubbed off on me, I really enjoy seeing people settle in to family life. We are a good team with good skills. I meet with the people and carers monthly and together we look at how things are going. We can plan and are always flexible with visits to fit in around them."

One health care professional commented, "I have many examples of people who have moved into shared lives after experiencing abuse and neglect, who have made significant progress in their emotional well-being as a result of consistency, responsiveness and availability of carers. I think that this shared lives scheme results in the best possible outcomes for many people. The service responds to advice and recommendations made by health care professionals."

The service had a complaints and compliments procedure which was available to people, relatives and carers. People and carers told us they were aware of the complaints procedure and knew how to complain. They felt that if they needed to complain the registered manager would respond and act on concerns. The procedure was also in pictorial format. No complaints had been received by the service. We saw some positive comments that had been sent to the service.

The registered manager told us about the annual consultation event that was held for people and carers. The event was attended by independent volunteers, advocacy staff and staff associated with a neighbouring Local Authority Shared Lives scheme. This ensured people were supported by independent people to complete questionnaires about the service. The feedback was analysed and used to develop the service. We were shown a copy of the annual report which every person and carer received. Comments from the consultation included, 'I have my own bank account,' '[carer] is supporting me to become independent to move on in the future,' and '[carer] treats me like one of the family'.

Is the service well-led?

Our findings

Staff and carers told us they felt well supported by the registered manager. One carer told us, "[registered manager] is always willing to help, we can ring any time and they will support us." They added, "We are made aware of what is going on in the scheme and are fully involved in planning events. We are a very sociable group of people and make sure that there is plenty going on." Staff commented that the registered manager was open and honest and very approachable. One staff member told us, "We work well together, we bounce off each other. [Registered manager] is at the end of the desk if we need them."

The vision of the registered manager was focused on people. During the inspection we found the registered manager and staff to be extremely proactive in the service. They knew all the people who used the service and their carers, and were able to give details about their matches and support needs. We saw a genuine relationship between the registered manager and carers and people. There was open dialogue between them and it was clear that they were comfortable in each other's company.

South Tyneside Adult Placement Service was a member of Shared Lives Plus which is a national advisory body for Shared Lives. The registered manager felt that by being part of such a large body the service benefited from the information that was disseminated to local members about supporting people in the community and that by embracing the involvement of the carers in the Shared Lives meeting could only improve outcomes for people. The registered manager explained that best practice was shared by way of membership of the Shared Lives Plus network.

Information from Shared Lives Plus events was disseminated to all schemes in the North East. This provided the registered manager with up to date knowledge of what was happening in the shared lives arena. We found people, carers and staff spoke highly of the registered manager. They felt the registered manager's enthusiasm in supporting the people of South Tyneside made the service successful with providing safe and homely environments.

We examined policies and procedures relating to the running of the service and those in place for carers. These were reviewed and maintained by the registered provider to ensure staff and carers had up to date information and guidance.

The registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC. The service kept all personal records electronically and in accordance with Data Protection protocols.

An action plan for developing the service was in place setting out tasks, the person responsible and the date completed. The registered manager oversaw the plan and actions were added when necessary, for example following consultation meetings and monthly carer meetings. Records of completed tasks were available.

The registered provider was reviewing documentation to monitor how staff interact with carers and people. The registered manager discussed the challenges of developing an unobtrusive way of collecting evidence.

They told us, "We are in people's homes at times and need to be mindful of that. We can look at opportunities in the community to observe."

Records showed regular meetings were held with carers and people. The registered manager advised relatives were contacted whenever there was a change or concern regarding their family member and the service's contact number was given to relatives so they could contact the service if they needed to.

There were no issues or concerns raised by any other agencies that we contacted prior to the inspection.