

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

Shared Lives - Sheffield recruits, trains and supports Shared Lives carers. We refer to Shared Lives carers as 'carers' throughout this report. A carer is an individual who provides personal care together with accommodation in their own home. This enables people to live as independently as possible. Carers are self-employed and no more than three people live with them at any one time. The scheme supports people aged over 18 who have a learning, physical or sensory disability. People may have mental health needs or be older and struggling to cope. At this inspection there were 12 people who used the service.

The scheme provides three main services: long term and short term placements, and day care. Emergency short term placement can be provided at short notice. These placements are usually because of an illness or family crisis.

Shared Lives has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service has 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 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible; the policies and systems in the schemes guided practice. People were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities.

Carers we spoke with had a clear understanding of safeguarding people and they would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risks, associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people.

People were provided with a clean, comfortable environment to live in and could personalise their own space to their requirements.

There was a programme of training, supervision and appraisal to support carers and office staff to support people using the schemes.

Shared Lives arrangements were 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 carers were 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.

We observed good interactions between carers and people placed in the various schemes. People were encouraged to make decisions about meals and involved in menu planning.

Complaints procedures were in place and were available in easy read for those that needed an alternative version.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of checks undertaken by managers at the service. The reports included any actions required and these were checked periodically to determine progress. The registered manager was supported in her role by a team of dedicated staff who were motivated and enthusiastic about their role in the organisation.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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 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 19 and 24 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the person who managed the service would be available. The inspection was undertaken by an adult social care inspector.

We visited the office location to see the staff and review care records and policies and procedures. We spoke with the registered manager, the first line manager whose role included organising training for carers and preparing records required for the panel and carrying out pre-assessment visits. Care support workers who had shared responsibility for recruitment of carers and also ensured health check were undertaken. Provider Support Assessors were also part of the recruitment of carers and conducting assessments.

On the second day we visited six people on long term placements and one person who used short term placements. We spoke with one relative and five carers who were supporting people who used the service.

Before the inspection, the provider was asked to complete 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 improvements they plan to make.

We considered this information during our inspection. We looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service.

Prior to our inspection we asked for feedback about the service from the local council commissioning team,

which we received. We used all this information to help us make a judgement about this service.

Is the service safe?

Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff at the office and carers we spoke with were very knowledgeable on procedures to follow. One carer said, "They are part of my family and I would not tolerate anyone hurting them in any way."

Without exception people we spoke with told us they felt safe living in the family home. One person said, "I have had difficulties in the past but this is my home and I want to stay here forever." Another person said, "This is my home, my (carer) are great we all get on like a big family."

People were supported to maintain their personal relationships. This was based on the carers' understanding who was important to the person, their life history, their cultural background and the beliefs. One person told us about a previous placement which had broken down. They said, "I was very unhappy but now I feel safe and supported to live my life as I want to."

We spoke with a staff member at the office who told us, "On very rare occasions things don't work out but we all pull together and act on the wishes of the person and make sure everyone is involved before moving to another Shared Lives carer."

People we spoke with told us their carers made sure they got their medication that they needed. Carers told us they had attended training in the safe management of medicines and people in their care had medication prescribed in a monitored dosage box which they checked each time a new box was delivered. Carers told us and we saw they recorded medication administered on a medication administration record.

Shared Lives had a rigorous and robust selection process which was followed when new carers were recruited. Carers we spoke with told us they had been involved in giving presentations to prospective new carers. They said, "Some people are not right for this type of service. You have to be prepared to 'share' your life with the people who come to live with you. We can usually tell the ones who don't understand this. We can give feedback to the panel (recruitment and selection) about our views." The registered manager told us about the recruitment process which could take a few weeks. The process included a number of the Shared Lives staff, carers, experts by experience and people who used the service. Carers are self-employed and responsible for producing certificates to give Shared Lives assurances that their property is safe for people who used the service to live in.

Staff who we spoke with at the office told us that they provide support to the carers. This included three monthly visits which enabled carers to discuss any concerns they may have and also gives carers opportunity to raise any identified training which may help them support the people who used the service.

People we visited were happy to show us their bedrooms which were personalised and clean and tidy. Carers were aware of the importance of infection prevention and control and had the relevant protective equipment such as gloves which were used when delivering personal care to people. Carers we spoke with told us that they had also attended training in this subject.

Is the service effective?

Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

The registered manager told us a great deal of consideration was given during the matching process which ensured the right carers provide support to people who used the service. One carer we spoke with said, "Shared Lives think of everything to make sure we are matched with the right people. A number of visits took place before (name of person) moved in. They have lived with me for over 12 years. We regard them as a family member.

Carers we spoke with told us they felt valued by shared lives and received the support they needed. One carer said, "If I have any problems I ring the office and there is always someone to listen to me." Another carer said, "The service is essential to the people especially if they are moving from children's services into adult placements. I think we need to get more people involved to prevent people having to go into residential care."

Staff that worked in the office at Shared Lives told us they worked in a very good team all working to the same values and goals. We saw staff received regular supervision and appraisals. Staff were encouraged to discuss any concern they may have about any of the placements and about their own personal development.

We saw the induction programme for new carers which covered safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. All carers also received a handbook with useful information and contact details.

People we spoke with told us they were able to make their own choices about the things they liked to do. Carers told us that they encouraged people to lead an independent life whilst maintaining their safety.

In people's support plans 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. 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. People we spoke with told us they liked to go out for family meals. One person said, "We go out for Sunday lunch it's great. We are having my favourite tonight pasta." Another person said, "I help to set the table and help with loading the dish washer. (Name of carer) is a great cook we have our meals together, like a family."

Is the service caring?

Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

Without exception people we spoke with said they loved being part of their family (carers). Some told us they had been part of their family for 14 years others said 12 years and another person said they came to live with their carer in an emergency respite when their previous placement broke down. They had been there for six years and had no intention of leaving.

It was obvious from our visits that people were extremely happy and led a fulfilled life. Carers also shared the fondness. One carer said, "I was so sad when (person's name) had to go into care. We go regularly to visit them. I love being a carer it's so rewarding. These two (pointing at the two people) they are like my own son's. We go everywhere together."

People's privacy and dignity was promoted. Carers spoke with people respectfully. One carer said, "We would not dream of entering (person's name) without their permission. It works both way we need our space and it's no different for (person's name)."

People had their own rooms which were personalised to reflect their personalities. One person showed us their bedroom which was full of 'Dr Who' memorabilia. The carers had even had the bedroom door made to look like the entrance to the Tardis. Another person loved playing on computer games and had a cupboard full of different games and music CD's.

Information was provided, including in accessible formats, to help people understand the care available to them. We saw leaflets that publicised the service. We were given access links to the internet which showed people and their carers talking about their shared lives.

People's independence was encouraged. People could develop their own friendships. A relative we spoke with told us, "My (family member) recently had a birthday and we hired a venue and put on a bit of a party. We were overwhelmed with the amount of people that came. She just knows so many people and has so many friends. It was great to see her so happy."

Is the service responsive?

Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

The people's files we looked at included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and on-going needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. For example, one person needed help with road safety. The carer was able to tell us how they supported the person so that they remained safe when out in the community. Another person required help with managing their money. The carer told us they were vulnerable when out on their own so needed supervision when shopping or spending their money.

We checked how the service was implementing the requirements of the accessible information standard. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

People's communication needs were recorded in their assessment. All of the support plans included a communication passport. Communication Passports are a practical and person-centred way of supporting people who cannot easily speak for themselves. Passports are a way of pulling complex information together and presenting it in an easy-to-follow format.

We looked at one person's support plan which told us how they communicated using Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. The people we visited could communicate their wishes. Where people had some difficulties in communicating with us the carers were able to explain what the person was saying. They knew people very well; they clearly understood their needs and wishes.

People also had hospital passports which were in an easy read format. The passport helped medical staff understand important things about the person if they became ill.

The registered manager told us they were developing and implementing a quality assurance survey for people who used the service in an easy read format. Other leaflets and web sites give more information for people to access if needed. For example, advocacy services. Advocates seek to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. The procedure was written using words and pictures [easy read]. There were no complaints or concerns recorded. People told us they would tell someone at the office if they were concerned about anything.

People we visited told us about some of their leisure activities that they enjoyed with both their carers and independently. One person told us and showed us pictures of holidays to Turkey. They said, "Everybody knows me as we go to the same place each year." They showed me rugs, throws and other gifts that had been given to them during the holidays. Other people told us about being in drama and gardening groups as part of their daily lives. People also told us that they liked doing things with their carers like going out for meals and shopping for food.

Is the service well-led?

Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

The service had a manager who was registered in June 2017. 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 aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. The Quality Assurance and service improvements action plan sent to us demonstrated service objectives including updating the carers handbook with new branding and updating the services vision and values statement.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Staff told us they were able to discuss any issues and were confident that their confidentiality would be respected. They told us that people who used the service enjoyed experiencing different cultures. In particular they enjoyed trying different foods produced by a carer from an Asian background.

The registered manager told us that they worked well with other services. For example, they worked closely with children's services so that people who were reaching the age of transitioning from children to adult services worked seamlessly.

Staff and carers spoke enthusiastically about the impact the service had on people's lives. Staff told us they enjoyed working at the service. Comments included, "It's a fantastic rewarding job," "We have great work ethics, we work as a team." Carers told us, "We are a family, I have been with Shared Lives and Adult Placement Schemes for many years and I hope to continue for many years to come."

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and the carers in the various schemes. Topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.