

Birmingham City Council

Shared Lives

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. This meant that we gave the service short notice so that management and staff were available to assist with our inspection.

Shared Lives Birmingham was last inspected in November 2013. At that time the provider met all the regulations we checked.

The Shared Lives scheme Birmingham recruits, trains and supports paid carers who provide placements for people within their own family homes in the community. The service caters for people aged over 18 who have a disability and for older adults with care needs. When we inspected the scheme was supporting 58 people who lived in family homes and there were 68 approved Shared Lives carers.

The service had a registered manager. The registered manager was absent at the time of the inspection and the

Summary of findings

provider had appointed a person to be in charge on a temporary basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The provider did not notify us of this change, which they are required to do.

The provider had not considered the impact of the Deprivation of Liberty Safeguards (DoLS) Supreme court ruling, which extended the safeguarding of independent scrutiny, where people may be deprived of their liberty. In community settings providers must make application to the court of protection.

All the people we spoke with told us that they liked where they were living and that they were well cared for. People told us that they were supported to be independent and to take part in their chosen hobbies and interests that they enjoyed.

Shared Lives carers told us that they had received the support and training they needed to carry out their role. Robust procedures and systems were in place to ensure that people who used the scheme were supported by carers who were suitable for their role.

Shared Lives workers told us that they had received the support they needed to carry out their role. They needed training in some areas to ensure their skills and

knowledge were maintained. We found that systems were in place for workers to follow so that robust assessment and monitoring of carers and the shared lives placement took place.

All the people we spoke with told us that their views were asked for and they had someone they could talk to if needed. All the staff that we spoke with in the different roles throughout the scheme understood their responsibility to speak out about poor practice if they needed to.

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

We found that the well-established systems in place to monitor the quality of the service had been maintained. Some improvements were needed to make sure that changes in the law in respect of DoLS were incorporated into practice. The provider also needed to comply with the law in respect of notifying us about specific information, we had not been told that the registered manager was absent from the service. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 was not consistently safe.

Shared Lives workers and Shared Lives carers needed training and support so that they complied with the requirements of Deprivation of Liberty Safeguards.

People told us that they were happy and safe.

Robust systems ensured that only carers who were suitable were approved.

Safeguarding procedures were in place and all staff (Shared lives workers and carers) knew about their responsibility to protect people from the risk of harm.

Requires Improvement



Is the service effective?

The service was effective.

Shared lives carers and workers had the knowledge and skills needed to support people effectively.

People received the support they needed to maintain good health and wellbeing.

Good



Is the service caring?

The service was caring.

People were encouraged to express their views and make decisions about their care.

People told us that they liked where they were living and the carers that supported them.

Shared Lives carers and workers were kind and compassionate and supported people to lead fulfilling lifestyles.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and planned. People received care that was personalised and individual to them.

People told us that they took part in a range of hobbies and interests that they enjoyed.

People told us that they could speak with someone if they were not happy. We saw that there were arrangements in place for dealing with concerns and complaints.

Good



Is the service well-led?

The service was not consistently well led.

Requires Improvement



Summary of findings

The provider had not informed us about the absence of the registered manager, which they are required to do so by law.

We found that the service promoted a positive and open culture. There were established systems in place for the monitoring of the service.

Shared Lives

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'.

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection was undertaken by one inspector.

As part of our inspection process, we asked the provider to complete a Provider Information Return (PIR). This is information we had asked the provider to send us about how they are meeting the requirements of the five key questions. The PIR was not returned within the required timescale. However when the PIR was returned to us it provided detailed information which helped inform our planning and the inspection process.

We spoke with the inspector who carried out the previous inspection and we checked the information we held about the service and the provider. This included notifications received from the provider about accidents and incidents.

A notification is information about important events which the provider is required to send us by law.

We visited the Shared Lives offices and we spoke with three Shared Lives workers. Shared Lives workers were employed by the scheme to assess, monitor and support Shared Lives carers. We also met the person in charge of the service and the chair of the Birmingham Shared Lives panel who approves carer's applications. Shared Lives carers were not employees of the service but were viewed as self-employed and work from home. They provide ordinary family life that can be either long term, or short term offering regular breaks for unpaid family carers.

We visited three day centres to meet with five people who lived in shared Lives placements and spoke with five people on the telephone. We carried out eight telephone interviews with Shared Lives carers and we spoke with three day centre staff members.

Is the service safe?

Our findings

We spoke to three scheme workers and they demonstrated that they had basic understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). In community settings we have a duty to ensure that providers have acted on the Supreme Court judgement where people may be deprived of their liberty. In community settings providers must make application to the Court of Protection if they believe that a person is being deprived of their liberty. When we spoke with Shared Lives workers they described to us some Shared Lives placements where people were supported and there were restrictions in place, such as bed rails to keep people safe. One worker had not received any DoLS training and two workers and the person in charge were not aware of the impact of the recent Supreme Court judgement. The impact of the Supreme Court ruling had not been implemented into the services procedures and practice. This was a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person told us, “I am really happy where I am living, I love it, and it’s my home. I didn’t like it where I lived before. I am happy now and yes I feel safe”.

All the Shared Lives carers we spoke with told us that they had the information they needed to make sure that risks to people were well managed. They told us that they had received the training they needed. They talked through some examples of managing risks and told us that there were support mechanisms in place from the scheme to support them with any difficult or emergency situations. Care records showed that people and their relatives, scheme workers and other professionals were involved in determining the risks associated with people’s care and support needs. This meant that Shared Lives carers had the skills, knowledge and support they needed to ensure people would be supported safely.

We saw records confirming that there was a robust process of approval in place to ensure that Shared Lives carers were

suitable for their role. This included health and safety checks of the property to ensure it was safe and suitable for a Shared Lives placement. The person in charge told us that each carer was required to go through a vetting process that included security checks on their suitability to work with people and they must complete specific training prior to being approved. This ensured the safety of everyone involved in the process.

All the staff we spoke with including scheme workers, carers and managers were knowledgeable about safeguarding issues and their responsibility to safeguard people. Staff were able to tell us how they would respond to allegations or concerns of abuse should any occur. Our records showed that we had received two incidents of abuse about this service. Both were about allegations of poor care practice and were still being investigated when we inspected. The registered provider is required to inform us of any incidents of abuse that occur in the service, this includes omissions of care or action that could harm.

All the scheme workers and carers we spoke with told us that they supported people to make informed decisions about their lives. We were told that if a person was unable to make an informed decision about an aspect of their life then discussions would take place with the person’s family, representative and relevant professional to agree a way forward in the person’s best interest.

The person in charge told us that they used a system based on national Shared Lives guidance, to determine the number of scheme workers needed to support the number of carers they supported. They told us that the current ratio of workers to carers met the guidance. We were told that an additional Shared Lives worker post was in the process of being recruited to, to support the development and growth of the service. Shared Lives workers that we spoke with told us that although their role was busy and challenging at times, they were able to visit the scheme placements and speak to people and carers when they needed to.

Is the service effective?

Our findings

All the people we spoke with told us positive things about where they were living and they told us about the support they had from their carer to make decisions and be independent. Most people we spoke with told us that they had been supported to cook, to be independent, plan holidays and enjoy everyday hobbies and interests. One person told us, “I do my own shopping and buy my own things. I go to the day centre. I have my own bedroom. I love my home”. Another person told us, “I am very, very happy. It is my home. I do lots of things. My carer is helping me with money skills”.

When a person is referred to the scheme a written assessment of their needs is required. The person in charge told us that this was completed with the involvement of the person, an advocate if needed and other professionals involved with the person’s care. The scheme workers described the assessment and matching process to us. They told us that the information in the assessment of need, and support plan would be used by the workers to assist in the matching process. This is when an individual person is matched to a scheme carer. The scheme workers told us that through its matching and introduction processes, they ensure that the placement will suit the person and the Shared Lives carer. The Shared Lives workers told us that the most important issue was for them to assess if the carer can meet the individual needs of the person. A Shared Lives worker told us, “Throughout the process we are continually assessing the carer to ensure that they can meet the person’s diverse needs”.

All the Shared Lives carers we spoke with told us that they had received good support from the scheme in preparation to carry out their role. A carer told us, “The scheme is very good; they support you through the whole process. The training is useful”. Another carer told us, “I felt supported throughout the process of being approved, everything was explained to me by the scheme workers you know what is expected of you they make it very clear”. Training records looked at confirmed that safeguarding and first aid training was completed by Shared Lives carers. If they supported a person with medication then this training was also completed. In addition carers completed at least three

training activities a year; this was flexible and included on line training and research. This meant that Shared Lives carers received the training they needed to carry out their role.

Shared Lives carers told us that they were allocated a named worker. A carer told us, “I have a named worker who is really good. I can ring them if I need to. They visit fairly regularly to see me and [person name], they also carry out a review each year. They are very hot on their paper work”. All Shared Lives workers we spoke with confirmed that they undertook on-going monitoring visits to carry out placement reviews with the person who used the service and supervision sessions with the Shared Lives carer. This showed that systems were in place to ensure the effective monitoring of Shared Lives placements.

A few people we spoke with told us that they helped to prepare their own meals and a few people told us that their carers did the cooking. One person told us, “I love the meals. My carer is a good cook”. Records looked at had details of people dietary needs and requirements. Shared Lives workers told us that any specialist dietary requirements including cultural needs and requirements around food preparation would be identified through the assessment process and shared with the Shared Lives carers so these needs would be met.

Shared Lives workers told us that they received regular supervision sessions with their manager. This role had been carried out by the deputy manager in the absence of the registered manager. They told us that these sessions provided the opportunity for them to share information about any concerns they may have about a placement and to agree any actions that may be needed. Training records looked at confirmed that scheme workers had received training. Two scheme workers told us that they needed training in some areas to maintain their knowledge and skills including moving and handling. A scheme worker told us that dementia training was scheduled to take place soon and they were looking forward to the opportunity to take part in this training to broaden their knowledge and understanding.

We saw on care records that a 28 day review and an annual review process was in place to ensure that placements were effectively monitored. Shared Lives carers told us that there were systems in place which enabled them to access three weeks respite service each year to enable them to have a break or to accommodate any unplanned leave.

Is the service caring?

Our findings

One person who used the service told us, “I really like my carer we do lots of things together. I am very happy “. Another person told us, “[carer’s name] is brilliant”. All the people we spoke with told us that they liked their carers very much and were happy with where they were living.

All the carers we spoke with told us that when they were matched with a person the scheme had given a great deal of consideration to the individual needs of the person and the suitability of the placement. A carer told us, “The scheme is very aware that people’s need’s in respect of age, gender, disability, race and religion is carefully considered so that we can support the person who comes to live with us “.

All the people we spoke with told us that they felt that they were involved in the day to day family life of the people they were living with. One person told us, “We do lots of things together shopping, going out for meals, the cleaning and we go on holiday”. Care records we sampled showed that people’s preferred method of communication was discussed and recorded in their care records. So that they got the support they needed to communicate their needs and choices.

All the Shared Lives carer’s we spoke with told us that they were committed to the role that they had agreed to undertake. Some carers had carried out the role for a number of years. Some carers had cared for a person in a foster carer’s role and when the child had reached adulthood, they had transitioned over to a shared lives carer role. A Shared Lives carer told us, “It’s amazing, I love it. I support [person’s name] but I get so much back from them, it’s a wonderful relationship. They are absolutely a part of my family”.

All the Shared Lives workers we spoke with were very committed to their role of supporting carers and ensuring that they have the qualities needed to carry out the role. One worker described to us the importance of their role. They told us that were continually assessing the carer’s suitability for their role. One worker told us, “We need to be confident that we are presenting credible Shared Lives carers to be approved who are kind, caring, skilled and compassionate. That is our role”.

When we visited the day centres we spoke with staff members. They told us that they had no concerns about the people who attended the day centre who lived in share lives placement. One staff member told us, “The people seem well cared for, well dressed, and the carers always support them to do activities on offer. They seem very happy. We have no concerns”.

Is the service responsive?

Our findings

All the people we spoke with told us that their carers had supported them to make decisions and choices about their everyday life. One person we spoke with told us, “I wanted to do more on a Saturday I was getting a bit bored. My carer helped me find a club that I could go to; I really enjoy it and I like seeing and meeting people”. Another person told us, “I like sport and I go to the Special Olympics. I have won medals I love it.”

From talking to people and looking at care records we saw that people had been supported to take part in a range of education, hobbies and interests to meet their individual needs. A number of people attended local authority run day services. All Shared Lives carers that we spoke with told us that they supported people to receive personalised care. One carer told us about how they had supported a person to achieve their goal of further education study. Another carer told us that the person they supported wanted to go on holiday to Scotland. They had planned the holiday and they were going shortly. This showed that people had been supported to live their own independent and fulfilling lives.

One person told us that their carer supported them to attend medical appointments when needed. We saw that care records had details of people’s health care needs. Shared Lives workers told us that if possible people were supported to maintain their own doctor and dentists and that people with a learning disability would be supported by their carer to have an annual health check. Care records sampled showed that people’s health care needs and how these were to be met were documented, and monitored by the Shared Lives workers.

We asked people who they would speak to if they had any concerns. Most people told us that they would speak to their Shared Lives carers, some people told also that they would also speak to staff at the day centre if they needed to, or a family member. The Shared Lives workers told us that they speak with people individually when they visited the person and carers we spoke with confirmed this.

All the scheme carers we spoke with told us that they had no concerns about the service. They told us they felt supported in their role. They told us that they would be confident in raising any concerns with their allocated worker or the person in charge if they needed to.

Shared Lives workers told us that people who used the scheme were provided with information about how to complain in an easy read format, so it was easier for people to understand. Shared Lives workers confirmed that this information would be talked through with people so they understood what to do if they were not happy about something.

We saw that the provider had a complaints procedure and there were systems in place for the recording and monitoring of complaints. The person in charge told us that they had received two complaints since our last inspection and neither complaint was in relation to care of the people that used the service. The complaints were being dealt with through their procedures.

The provider told us in information they had supplied prior to the inspection at introducing a different Shared Lives worker to support the person that used the service and a different worker would support the carer to avoid any conflict of interest that could occur. This showed that the provider was responding to the needs of the person who used the scheme to ensure their safety and wellbeing.

Is the service well-led?

Our findings

The registered manager had been absent since May 2014. The provider had appointed a person in charge on a temporary and part time basis in June 2014. We had not been informed and were not aware of these arrangements until August 2014 when we contacted the service. The provider had not told us about the absence of the registered person or the arrangements that were in place to manage the service. They are required to do so if the person registered is absent from managing the regulated activity for a continuous period of 28 days or more. This was a breach in Regulation 14 of the Care Quality Commission (Registration) Regulations 2009.

All the staff we spoke with throughout our inspection who were either shared lives carers or workers demonstrated to us that they were clear about their role. They spoke positively about the leadership of the service and knew the lines of responsibility within the organisation. They told us that during the absence of the registered manager they had aimed to maintain the standards of the service.

We found that there were well established systems and procedures in place for the referral, matching and assessment processes. A panel process had recently been introduced in Birmingham for the recommendation and approval of scheme carers. People who used the scheme were also involved in the panel process. This ensured that a high level quality assurance on the recruitment of Shared Lives carers takes place.

We found that systems were in place for the reporting of notifications to CQC, and incidents that involved people that used the service had been reported to us as required. We saw that there were systems and procedures in place for recording of untoward incidents, accidents and events. This information was accessible to look at on people's individual care records. We spoke with the person in charge about how it may be helpful to collate this information in a more centralised way so that the provider could demonstrate how trends were identified and used to inform and develop the scheme.

Shared Lives carers told us that regular meetings took place with other carers and we saw records confirming the dates and venues scheduled for the year ahead. A carer told us, "The meeting are very useful. I have learnt a lot from talking and listening to other carers. For example I have found out about suitable community activities for me and the person that I support, to go to". Minutes of the meetings we looked at were detailed and showed that structured discussion had taken place in respect of safeguarding procedures, accident reporting and the fairer charging systems in place that supports the funding of placements. This showed that Shared Lives carers were provided with an opportunity to share their views, meet other carers and receive information to inform their role.

We saw copies of the Shared Lives newsletter. This was produced every three months. We saw that a range of articles were included in the newsletter including information about the development of the scheme, a carers recruitment event, and celebrations enjoyed by people who used the scheme. Including a person's 60 birthday party and a write up about a person who had achieved their dream holiday of a cruise.

The provider sent out questionnaires to people who used the scheme and their carers in order to assess how they are doing. We saw that the results of last year's surveys had been shared in the December newsletter. The provider shared details of the results and said that the feedback would be used to further improve the service. An issue that had already been looked at was to improve the system for paying scheme carer's claims and a carer payment system that was based on the person's assessed needs, had been drafted. This showed the provider listened to the views of the people that used the service.

We saw that records of audits of care records had taken place to ensure that scheme workers fulfilled their responsibility to support people that used the service and their carers effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

People who used the service were not protected against the risk of control being unlawful or excessive.

Regulated activity

Personal care

Regulation

Regulation 14 CQC (Registration) Regulations 2009 Notifications – notice of absence

The provider had not taken steps to notify the commission of the absence of the registered person and the arrangements which have been made for the management of the carrying on of the regulated activity during the absence.