

Portsmouth City Council

Portsmouth Shared Lives Service

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 

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.

48 hours notice of the inspection was given to ensure that the people we needed to speak to were available.

Portsmouth Shared Lives service is a service provided by Portsmouth City Council (PCC) for adults who need help because of a physical or learning disability, or due to a mental health condition. The service provides people with accommodation in the homes of families and individuals, who are known as shared lives carers, for long stays, short stays or day support, and they share their shared lives carers family and community life. Shared lives carers can provide help with tasks, for example personal care, preparing meals, helping to manage money, or supporting trips out into the community.

Summary of findings

Shared lives carers are supported by shared lives officers who work for PCC to ensure people are safe and receive consistent and personalised support that meets their needs. At the time of our inspection there were 50 people using the service, 40 shared lives carers and four shared lives officers.

Portsmouth Shared Lives service had a registered manager in post that was responsible for the day to day running of the service. 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 told us the service was safe and relatives confirmed they felt their relatives were safe using the shared lives service. Shared lives officers and carers showed an understanding of how they could keep people safe. People told us they were encouraged to raise concerns about their safety. Shared lives officers and carers understood how to recognise and respond to suspected abuse and understood their responsibility to report any concerns regarding the safety and wellbeing of people. Shared lives officers and carers understood the requirements of the Mental Capacity Act 2005 and put them into practice.

People could make decisions about the care they received, and risk assessments were in place to support people to have a choice in how they were supported to meet their needs. There were safe recruitment practices because appropriate pre-employment checks were completed by PCC and shared lives officers prior to shared lives carers being accepted into the service.

People were supported by shared lives officers and carers who had the necessary skills and knowledge to meet their assessed needs. One relative said "They are skilled enough to care for [relative]." Shared lives officers and carers were supported in their role and had regular

supervisions with their manager or shared lives officer. People were involved in choosing the shared lives carer they wanted to live with and were involved in decisions about their nutrition and hydration needs. People were supported to receive healthcare services.

Shared lives officers and carers involved and treated people with compassion, kindness, dignity and respect. People were listened to, felt they mattered and spoke positively of their experience with feeling involved in their care. People's dignity was respected and they had privacy when they wanted. One relative said they were "well respected and well protected."

People's needs were regularly assessed by the shared lives officers and their records updated. People and their shared lives carers were involved in the assessment of their needs. Reviews took place regularly and people were involved in the reviews. Care plans were personalised and people had signed to indicate they had been involved in putting their plan of care together. People had access to activities or employment opportunities that were important to them. People knew how to make a complaint and complaints had been received and dealt with by shared lives officers and responded to in good time.

There was a clear management structure at the service. Shared lives officers were supported by a registered manager and were aware of the roles of the management team. People told us the service was well managed. People and shared lives carers confirmed they understood their right to share any concerns with the shared lives officers about the care and support provided. Incidents were recorded by shared lives officers and this information was used to monitor, investigate and take the appropriate action to reduce the risk of them happening again. Feedback was sought by shared lives officers from shared lives carers and people through a questionnaire and this feedback was used to make changes and improvements to the service.

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 safe. People and relatives told us they felt safe and were encouraged to raise concerns about their safety. Shared lives officers and carers showed an understanding of how they could keep people safe, how to recognise and respond to suspected abuse and understood the requirements of the Mental Capacity Act 2005

People told us they could make decisions about the care they received and have a choice in how they were supported to meet their needs. Risk assessments had been completed by the shared lives officers with people and shared lives carers and plans had been put into place to manage these risks.

The service had safe recruitment practices because appropriate pre-employment checks were completed by shared lives officers prior to shared lives carers being accepted into the service.

Good



Is the service effective?

The service was effective. People were supported by shared lives officers and carers who had the necessary skills and knowledge to meet their assessed needs.

Shared lives officers and carers were supported in their role and had regular supervisions with their manager or shared lives officers.

People were involved in choosing the shared lives carer they wanted to live with and were involved in decisions about their nutrition and hydration needs. People were supported to receive healthcare services.

Good



Is the service caring?

The service was caring. Shared lives carers and officers involved and treated people with compassion, kindness, dignity and respect. People, their relatives and professionals were positive about the care and support received from shared lives officers and carers.

People were listened to, felt they mattered and spoke positively of their experience with feeling involved in their care

People's dignity was respected and they had privacy when they wanted.

Good



Is the service responsive?

The service was responsive. People's needs were regularly assessed by shared lives officers and care plans updated. People and shared lives carers were involved in the assessment and review of their needs. Care plans were personalised and people had signed to indicate they had been involved in putting their plan of care together.

People had access to activities or employment opportunities that were important to them.

Most people and their relatives told us they had never made a complaint about the service. However they told us they felt confident to express concerns and if they had any issues they knew who to complain to. Some people told us they had made a complaint about the service and this had been dealt with and responded to.

Good



Summary of findings

Is the service well-led?

The service was well led. There were clear management structures in place. Shared lives officers and carers were aware of the roles of the management team and people told us the service was well managed. People and Shared lives carers confirmed they understood their right to share any concerns about the care and support provided.

Complaints and incidents were recorded and this information was used to monitor, investigate and take the appropriate action to reduce the risk of them happening again.

The Shared lives officers sought feedback from the shared lives carers and people through a questionnaire and used this feedback to make changes and improvements to the service.

Good



Portsmouth Shared Lives Service

Detailed findings

Background to this inspection

We visited Portsmouth Shared Lives service on the 6 August 2014. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received by the provider and spoke with the Local Authority safeguarding team to obtain their views on the service and the quality of care people received. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with seven people who used the service, eight relatives and four shared lives carers. We also spoke with four shared lives officers, and the service manager. The registered manager was not

available on the day of the inspection due to annual leave. We spent time looking at four people's care records and other records relating to the management of the service, such as, risk assessments, training records, recruitment records, safeguarding and incident reports, complaints, questionnaires and policies.

The last inspection of this service was in January 2014 where no concerns were identified.

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.

Is the service safe?

Our findings

People told us they felt safe and happy living with their shared lives carers and with the Portsmouth shared lives service. One person said, “I feel safe and looked after.” Relatives we spoke with confirmed they felt their relatives were safe. One relative said, “My [relative] is very happy, comfortable and well-guarded.” Shared lives officers and carers showed an understanding of how they could keep people safe. For example, by ensuring the environment was safe, equipment was checked and serviced regularly, and reporting concerns.

People told us they were encouraged to raise concerns about their safety. One person told us, “I feel safe because I can always talk to my carer and shared lives about anything.” Shared lives carers confirmed they always tried to support the person if they were concerned about anything and would encourage them to speak to the shared lives officers. We saw one to one meetings had taken place between the shared lives officers and people. These meetings were arranged to enable people to freely discuss concerns they had about their shared lives carers.

Shared lives officers and carers had received training on procedures to follow regarding the safeguarding of people at risk of abuse. Shared lives officers and carers confirmed they had received training on the safeguarding of adults at risk procedures and demonstrated an understanding of how to recognise and respond to suspected abuse. Shared lives officers and carers understood their responsibility to report any concerns regarding the safety and wellbeing of people. Shared lives officers told us, “If a carer had a concern we expect this to be passed onto us and we would speak with our manager and the safeguarding team ” and “I will make sure the person does not come to any harm, if I had concerns I would report to the shared lives officer and the social worker.”

Shared lives officers and carers were aware of the importance of disclosing concerns about poor practice or abuse and were informed about the organisations safeguarding and whistleblowing policy. One shared lives officers said, “I would always report on poor practice amongst our shared lives officers and shared lives carers.” A shared lives carer told us, “I would pass concerns onto shared lives officers and if they did not do anything I would raise the concern to the Care Quality Commission (CQC).”

Shared lives officers and carers had received training on the Mental Capacity Act (MCA) 2005 and understood the requirements of the MCA 2005 Code of Practice and put them into practice to protect people. One Shared lives officer had been trained to provide the MCA training to shared lives carers.

People told us they could make decisions about the care they received and had a choice in how they were supported to meet their needs. One person said, “Yes I have (choice and control) or I would have said.” Another person said, “I have lots of choice and I go to lots of places and football too. I’m big and I help myself.” Relatives responded positively when asked if they felt their relatives had freedom and choice over the care and support they received. One said, “My relative is not able to do anything on their own but they have exactly the right amount of freedom.” One shared lives carer told us, “Both people I care for can come and go as they please, however there are risks we need to take into consideration such as road safety and being made aware of where they are in case we are needed.” Shared lives officers would assess people’s needs and abilities and if any risks were highlighted they would complete a risk assessment and put plans in place that enabled the person to be safe whilst having freedom and choice to be part of their local community.

Risk assessments had been completed by shared lives officers with people and shared lives carers. Plans had been put into place to manage these risks. This meant people’s risks were managed appropriately and they were involved in making decisions about any risks they may take.

Portsmouth Shared Lives service had safe recruitment practices because appropriate pre-employment checks were completed by shared lives officers prior to shared lives carers being accepted into the service. Shared lives officers and carers confirmed they had completed a Disclosure and Barring Service (DBS) check and references were obtained. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services. Shared lives carers were interviewed by a panel of professionals who assessed their fitness for the role at the application stage. Shared lives carers confirmed they were subject to a recruitment process that included meeting with a panel of professionals, completing training courses and attending meetings with other shared lives carers.

Is the service effective?

Our findings

People were positive about the support they received from the shared lives carers. People we spoke with had been living with their shared lives carer for some time. One person said “They are very good carers, I really like them.” Another person said, “It works well.” Relatives told us their relatives were supported by Shared lives carers who had the necessary skills and knowledge to effectively meet their assessed needs. One relative said, “Excellent, they do it on the right level.” Another said “They are skilled enough to care for [relative].”

A training plan was in place which helped the registered manager keep up to date with the skills and knowledge of shared lives officers and carers. One shared lives officer was responsible for arranging the training for the shared lives carer to attend. A spreadsheet of the completed and updated training required by shared lives carers was kept. Shared lives officers and carers confirmed they received regular training and confirmed they received enough training to enable them to care for people effectively. One Shared lives officer said, “We are responsible for making sure our training is up to date. If we want any additional training we can speak with our manager and book ourselves on the training course.” A shared lives carer said, “I have different training all the time.” Another shared lives carer said, “I have attended additional training on epilepsy because I support a person with this.”

Shared lives officers and carers told us they felt well supported in their role and had regular supervisions with their manager or shared lives officer. Records were in place which showed Shared lives officers and carers were receiving regular supervisions and appraisals. Shared lives officers said they could speak with their manager at any time if they had any concerns. Shared lives carers confirmed they felt supported by the shared lives officers and service. One shared lives carer said, “Shared lives officers are very supportive, I just get on the phone and contact them if I need anything or have any concerns. Another shared lives carer said, “Excellent support, we have regular meetings and I am in regular contact with them.”

Shared lives officers confirmed people were involved in choosing the shared lives carer they wanted to live with. Following a referral to the service a meeting was arranged with people to discuss their personal views on their support and they were introduced to a shared lives carer to see if they were a right match. Following this a 28 day review was completed to check how the person was getting on with the shared lives carer and their family. One person said, “they match us well.” One relative we spoke with told us their relative had moved to a different family and the new family “have made such a difference.” They told us the change was supported by shared lives who were “very good”. Records present on people’s files confirmed introductory meetings and 28 day reviews took place.

People were involved in decisions about their nutrition and hydration needs and these were monitored and managed by the shared lives carers. One shared lives carer told us, “[Person] likes their food and they always take a packed lunch, a sandwich, drink and piece of fruit, with them when they go to the day centre. One person said, “I go out to dinner but the food is good here too.” Another person said, “We eat well, we have our own dining room, I have lovely meals.”

People were supported to receive healthcare services. Shared lives officers and carers worked effectively with healthcare professionals such as Continuing Health Care Professionals (CHC), District Nurses (DN), Occupational Therapists (OT), Physiotherapists (PT) or GP’s. People we spoke with confirmed they had seen a GP. One said “today for blood tests” and their shared lives carer explained they were diabetic. Another said they saw their GP monthly following a broken leg. Shared lives carers told us they supported people to attend appointments. One shared lives carer said, “I took [person] to a hospital visit on Tuesday this week and the other person I care for is being taken to the doctors today because they are not feeling well.”

Is the service caring?

Our findings

People, their relatives and professionals were positive about the care and support received from Shared lives officers and carers. We received comments such as families were kind and caring and two relatives added shared lives staff? were also caring and cared about what they did. One relative said “they go the extra mile.” Another relative said “The shared lives carer is like a member of our family.” One person said, “I’m one of the family, they are very kind to me.” Another person said, “They care about me and they look after me.”

People said they are listened to and felt they mattered. People told us they had meetings in their own homes with shared lives officers. One person said, “I go and have a coffee (with Shared Lives officer), we talk and then they bring it to the meeting.” Another person said, “I am involved and if I have any worries I will speak to the shared lives officers.”

People spoke positively of their experience with feeling involved in their care and one person said, “I have meetings at the house and I can invite who I want so I do.” Relatives confirmed their family members were involved in planning meetings. One relative said, “[Relative] is involved all the time.” Shared lives carers told us people were involved in their care daily and when reviews were carried out. One shared lives carer said, “We have to hold best interest meetings for the person I care for but they are always involved as much as possible.” One Shared lives officer said, “The service is for people and how we can support the shared lives carers to ensure they are meeting the needs of the service user.”

People told us they felt their dignity was respected and had privacy when they wanted. Shared lives carers confirmed they always made sure they respected people’s privacy and dignity by knocking on their doors before entering. Relatives we spoke with all felt privacy and dignity was protected. One relative said, “well respected and well protected.”

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed by shared lives officers and they and their carers were involved in the assessment of their needs. People told us reviews took place regularly and they were involved in these. One person said, "Shared Lives do come and do reviews. They are helpful and they come regularly. So I think they are good." Shared lives carers confirmed people's needs were regularly discussed and care plans were updated in response to any changes in the person's needs. One shared lives carer said, "[Person] has a review next month and they (the shared lives officer?) will be there."

There were assessments of needs that had been completed for four people and these had been updated regularly. Care plans were personalised and people had signed to indicate they had been involved in putting their plan of care together.

People told us they had access to activities or employment that were important to them. One person said, "I am very independent. I go and meet my [relative] and go volunteering at the central library." Another person said, "I have my own space and go to football when I want."

Shared lives officers and carers confirmed most people attended day centres during the week and were supported to visit friends, family and take part in activities when they chose to do so.

Most people and their relatives told us they had never made a complaint about the service. However they told us they felt confident to express concerns and if they had any issues they knew who to complain to. One person said, "Never, but if I did I would go to the duty social worker." Some people told us they had made a complaint about the service and this had been dealt with and responded to. One person said, "If there's a problem (carer) sorts it. Another person said, "I tell and it gets sorted." We looked at the complaints log and found complaints had been raised, dealt with and responded to in good time by the shared lives officers. We saw one complaint received on 17 March 2014 was still ongoing. However this complaint was being dealt with and meetings were taking place to resolve the matter. This meant people's concerns and complaints were encouraged and explored and responded to in good time.

Is the service well-led?

Our findings

People who used the service told us the service was well managed. There was good leadership and a clear management structure at the service. Shared lives officers were aware of the roles of the management team. They confirmed the registered manager was available whenever they needed to discuss concerns with them and they had a close working relationship with their manager who was described as “very accessible.”

Shared lives officers and carers we spoke with told us they felt supported and enjoyed their work. One shared lives officer said, “I really enjoy my job because we are giving people choice and better outcomes.” Another said, “We have a really good team ethos, we all support each other.” Records showed Shared lives officers and carers received regular supervision and appraisals.

People and shared lives carers confirmed they understood their right to share any concerns about the care and support provided. They said they were aware of the provider’s whistleblowing policy and they would use it to

report any concerns. Shared lives officers also told us the registered manager was very involved in their case loads and if there was an issue or concern this would be acted on immediately.

Records showed incidents that happened within the service were recorded. The registered manager and shared lives officers used this information to monitor and investigate incidents and take the appropriate action to reduce the risk of them happening again. Shared lives officers and carers were then told about any changes that had been implemented in response to these incidents. Notifications had been received by the Commission for concerns raised and dealt with. The provider had received complaints and we saw these complaints were dealt with and there was an appropriate system to monitor and investigate complaints.

The shared lives officers sought feedback from the shared lives carers and people through a questionnaire and used this feedback to make changes to the service. An example of this was the introduction of sharing knowledge of people to ensure all shared lives officers had awareness of every person’s needs and support.