

Calderdale Metropolitan Borough Council

Shared Lives of Calderdale

Inspection report

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26 February 2019

28 February 2019

01 March 2019

05 March 2019

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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

About the service:

Shared Lives of Calderdale is a family placement service providing support for people who would otherwise be vulnerable. People were receiving day support, respite care or long term placements. The Care Quality Commission (CQC) only inspects the regulated activity of 'personal care' being provided to people who use the service. However, we do take into account any wider social care provided. At the time of our inspection the service was providing support to 33 people, some of whom were receiving personal care support.

People's experience of using this service:

People felt safe and were happy with their carers. They felt listened to and supported to raise any issues they may have. Many told us how much they felt part of their family. Carers knew how to recognise and report potential abuse, and concerns were dealt with promptly by the service.

Risks were assessed in a person-centred manner and clear guidance was evident for carers. The service worked well as many people receiving support knew each other's carer, so there was a strong sense of community. Carers told us they felt part of a team. This meant there were contingencies in place in the event of emergencies.

Medication was safely managed as carers were trained and people were supported to self-medicate wherever possible. Carers had a sound understanding of promoting people's choice and allowing them to take positive risks.

The service had strong leadership which focused on continual self-reflection and promoted a culture of improvement. The registered manager ensured they knowledge of current best practice and sought advice of other services as needed. Carers received regular supervision and training, and all told us they could approach the registered manager and other staff whenever they needed to.

People received support with nutrition and accessing other services if required. Care records evidenced people's choices, preferences and any specific cultural needs. They reflected current needs and were regularly reviewed. We saw many incidences where independence was encouraged and privacy and dignity were always respected.

The service had not received any complaints, but we saw many compliments. Quality assurance measures provided the opportunity for regular reviews and evidenced positive relationship building, enabling people to develop in confidence.

People using the service and their carers were often approached for their views and everyone we spoke with would recommend the service.

Rating at last inspection: This is the first inspection of the service since being registered at its current address.

Why we inspected: This was a planned inspection as part of our inspection programme.

Follow up: The service will continue to be monitored in line with our inspection programme, and if information of concern is raised, this will be investigated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Shared Lives of Calderdale

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Shared Lives of Calderdale provides placements in family homes for people who would otherwise be vulnerable living in the community. People are supported by Shared Lives Carers (Carers) who provide accommodation, food and support depending on people's level of need. Many treat people as part of their family.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

We gave the service one day's notice of the inspection site visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity was completed on 26 February 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. On 5 March 2019 we met with five people using the service to discuss their views.

What we did:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the information recorded on the PIR was

evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with seven people using the service. In addition, we spoke with six staff including four carers, and the registered manager.

We looked at three care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and very supported. One person said, "I can talk about any issues I may have."
- The carers all recognised signs of potential abuse and knew how to report and protect people.
- The service made appropriate referrals to other agencies as needed.

Assessing risk, safety monitoring and management

- The carers told us about plans they had created to support people in the event of an emergency and these were reflected in care records.
- Where people had specific health conditions we found related risk assessments in place which provided guidance for the carers. Some of these needed further detail and the registered manager agreed to review these.
- Full risk assessments of the accommodation were conducted on an annual basis to ensure all standards were met. There were also risk assessments in place in regards to behaviour support and accessing the community safely. Risks focused on positive risk taking and provided carers with risk reduction strategies where needed.
- The service had had two minor accidents and these were logged appropriately.

Staffing and recruitment

- Carers were recruited with detailed checks taking place. There was an extensive recruitment process with appropriate checks of both the potential carer and their accommodation. Any other family members living in the accommodation were also subject to a Disclosure and Barring Check to ensure they were suitable to be with vulnerable people.
- The carers stressed how recruitment was a joint process for them to ask questions about the commitment as much as they were being assessed for suitability. Final appointments were agreed via an independent panel who scrutinised all assessment documentation for suitability. The registered manager was keen to involve people in receipt of the service to this panel to promote inclusivity.
- Due to the community nature of the service carers knew each other and as such, people receiving support, knew other carers. This meant if their carer was taken ill, there were other carers who would support people.

Using medicines safely

- People were supported with their medicines if they needed it. Carers told us the procedures they followed which were in line with national guidance. If people had more complex medication needs then specialist training was given to carers.
- Medication administration records were collected on a regular basis and checked by the office staff for any errors or omissions.

Preventing and controlling infection

- The carers explained to us the procedure they followed when supporting with personal care tasks.

Learning lessons when things go wrong

- There had been no significant incidents relating to the service but we saw records about other concerns which demonstrated the service knew how to respond and consider such issues.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed with clear outcomes and appropriate support plans drawn up.
- Carers displayed sound knowledge and understanding to support people effectively.

Staff support: induction, training, skills and experience

- The carers had a gradual induction where they took people on short term placements before committing to longer term ones. This ensured the service was happy with their performance and the carers were comfortable in their role.
- We were told, and saw records, of training sessions which provided regular updates for carers. Training covered all essential topics and also any requested areas. The service had accessed training around supporting people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community from another local care provider at the request of their own carers. Medication competency checks were conducted during the review.
- Carers also told us they contacted the service to discuss any issues and they provided a 'sounding board' to think things through. We saw detailed notes of conversations and advice given to carers where required. The staff also had detailed supervision where any issues could be raised and discussed in confidence.

Supporting people to eat and drink enough to maintain a balanced diet

- Carers told us they supported people make healthy choices. One person told us how they had been encouraged to cut down on takeaways and now preferred home-cooked meals.

Staff working with other agencies to provide consistent, effective, timely care

- Although the nature of the service was to provide individual care support in people's own homes all carers told us they felt part of a larger team. This was encouraged through meetings and discussions.

Adapting service, design, decoration to meet people's needs

- People told us they had personalised rooms and their own space in the homes they lived in. One person said, "I chose the colour and all my furniture. It feels like my home."

Supporting people to live healthier lives, access healthcare services and support

- People said they were supported to see GPs and other health professionals whenever they needed to. We saw records which confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf

of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The registered manager said no applications had been made.

- We checked whether the service was working within the principles of the MCA. People told us they were always listened to. They told us they were supported in developing their life skills such as cooking and travelling independently. One person said, "They always ask before doing anything with me to make sure I'm OK with it." Carers understood people should be allowed to make unwise decisions as per the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us carers were kind, caring and polite.
- All people told us they felt part of their carer's family. People told us even family members who were not officially their carers made them welcome and happy. One person said, "I could not have better carers." Another told us, "They feel like a parent to me and I am part of their family."
- People told us how spoilt they were on birthdays. The service always sent people cards on their special occasions.
- Some people were supported to attend church. Other people told us about their families' cultural needs and how they respected these. This had been through open discussions about the differences between them.

Supporting people to express their views and be involved in making decisions about their care

- One person said, "They (carers) are very good at understanding me." Another person told us about their educational course and how much support their carer was giving them to complete it.
- People's needs were reviewed regularly, and all aspects of their lives considered. The carer had a review as did the person living with them, and there was a joint review to ensure both parties were happy with all the arrangements.

Respecting and promoting people's privacy, dignity and independence

- People told us they had their own rooms and private space. One person told us how they were encouraged to take time out if they were becoming anxious and this helped them cope. Another had been supported to apply for a passport as they were keen to go abroad. Their carer was supporting them to achieve this goal.
- The registered manager advised us of one person who spoke about their progression through to living independently after receiving support from the service.
- People told us they were supported to build relationships, and this was checked at their review.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us of many situations where carers had directly helped them, including the management of finances. One person had been in debt but was now debt free and they were very grateful for all the help they had been given. Another person said, "I have everything I need." A further person told us, "If I need any new clothes they will take me shopping."
- The service arranged for some joint activities and people had enjoyed a Christmas meal out and a trip to the seaside. People were given photographs of their activities as a memento.
- Support plans provided key information for carers around all areas of a person's care needs. People's preferences were recorded and information about what was important to them. They were signed by both person and their carer to ensure both were happy with the plans.
- The service was meeting the requirements of the Accessible Information Standard. We saw where one person had been given two pictures of possible carers with their families and pets to see which one they preferred.
- Care reviews evidenced people were living fulfilled lives with as many activities as they wished to undertake. Some of these were taken with the support of the carer, and others were independent.

Improving care quality in response to complaints or concerns

- The service had not received any complaints but had many compliments. One read, "We're so very grateful for the excellent care and support given. We feel very reassured when [name] is in your care." Another one said, "Think this is a brilliant service and want to thank you for all the support you give."

End of life care and support

- This was not relevant in this service, so we did not inspect this aspect of care provision.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People said it was a "really good scheme." One person said, "I've never been in a better service. I wouldn't want to leave; I'd be heartbroken." Another told us, "it's a brilliant service. I'm happy with everything." All spoke positively of the registered manager and their team, describing them as very approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The carers spoke of how understanding the registered manager was, and they could discuss any concerns. They said they looked after their wellbeing. One said, "I can phone with any problems."
- Quarterly monitoring visits were in place to review the placement and the carer's performance.
- People's views were sought and their satisfaction and wellbeing checked. The reviews were holistic and considered all aspects of support given and a person's life goals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their carers were encouraged to engage with each other. We saw many examples of trips out, both together and for carers alone, to enable shared experiences. One person spoke with us about their holiday plans which they were being supported with.
- The carers spoke positively of the support they received. One carer told us, "They are always asking for our ideas on what else they could do. There is excellent communication." They received regular newsletters and attended meetings to discuss initiatives.
- A survey had recently been sent out for further feedback about the service.

Continuous learning and improving care

- All the people we spoke with said they would improve nothing about the service as it was great. One person said, "Nothing could be better."
- All the carers we spoke with would not hesitate to recommend the service as they felt it was constantly evolving. One told us, "It's a great option for people and I work with a fantastic team."
- The registered manager linked into other provider networks, both locally and nationally to ensure they were following current practice and learn from other organisations.

Working in partnership with others

- The service worked alongside all other relevant agencies including the local authority and third sector

groups. There had been a recent gardening activity in the local park where both people living with carers and their carers planted bulbs. This interaction with other carers and people helped promote a sense of community.