

London Borough of Brent

Brent Shared Lives

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 undertook an announced inspection on the 27 January 2015 of Brent Shared Lives (BSL). This was to ensure staff were available to assist with our inspection. The inspection was carried out by one inspector. At our last inspection on 21 February 2014 the service met the regulations inspected.

BSL trains and supports shared lives carers (carers) who provide personal care and support for people within their own family homes and community to enable people to live as independently as possible. At the time of the

inspection, BSL was supporting 29 people who lived in family homes and 32 approved carers. BSL caters for adults who have a disability or for older adults with care needs. The service also employed 2 case workers.

There was a registered manager in post. 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.

Summary of findings

The service had taken steps to help ensure people using the service were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies in place and records showed carers had received training in how to safeguard adults. When speaking to carers, they demonstrated an awareness of the importance of people not being subjected to abuse and neglect. Carers were aware of the different types of abuse and actions to take in response to a suspected abuse.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk taking plans were completed for people using the service. Each plan had identified the risk and measures to manage the risk and were individualised to people's needs and requirements but also physical and emotional well being.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. Carers were assessed and the application then handed to an independent panel to review. The registered manager told us the aim was to ensure they matched the person using the service to the most suitable and appropriate carer for them. Records showed that the carers home environment and circumstances were also assessed for suitability. The carers undertook a Skills for Care induction training and then are monitored for six months. Carers are then appointed after a successful probationary period.

People were cared for and supported by carers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Carers spoke positively about their experiences working for BSL.

Carers had a good understanding and were aware of the importance of treating people with respect and dignity. Carers also understood what privacy and dignity meant in relation to supporting people with personal care.

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible. Records showed there were meetings between people using the service, the carer and the case workers. People's support plans detailed how people communicated and specific gestures they used so carers were able to understand what people wanted.

People received personalised care that was responsive to their needs. People's care preferences, personal habits and daily routines were also reflected. The service encouraged and prompted people's independence. Daily skills such as being involved with household chores were encouraged to enable people to do tasks they were able to do by themselves.

People were supported to follow their interests, take part in them and maintain links with the wider community. Support plans showed people were encouraged and supported to go to college, look for work and engage in fitness activities such as swimming. People were also involved in activities such as attending a day centre, walks, gardening, shopping and community outings

People were supported to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members.

There was a clear management structure in place with a team of two case workers, registered manager and Head of Service. Carers spoke positively about the management and culture of BSL.

Records showed staff meetings were being held and that the staff had the opportunity to share good practice and any concerns they had.

Systems were in place to monitor and improve the quality of the service. The service had a system in place to obtain feedback about the quality of the service people received, identify and act upon areas for improvement.

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 using the service told us “I have a nice room. [Carer] is nice to me. She’s never angry. I feel very safe”, “I’m very happy, and this means a lot as I’m older now. It’s good to feel safe and I’m very relaxed here.”

There were safeguarding and whistleblowing policies. Carers were trained and in how to safeguard adults and were aware of actions to take in response to suspected abuse.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. There was a vetting procedure carers were required to go through to determine if they were suitable for a shared lives placement.

Good



Is the service effective?

The service was effective. People were cared for and supported by carers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. People were supported to make decisions in their best interests.

People were supported to maintain good health, had access to healthcare services and received on going healthcare support.

Good



Is the service caring?

The service was caring. People using the service told us “Carer is always very good to me. Everyone is good to me”, “[Carer] looks after me nicely. [Carer] is lovely with me”, “It’s good. I like it living here and feel safe”.

Carers had a good understanding and were aware of the importance of treating people with respect and dignity.

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible.

Good



Is the service responsive?

The service was responsive. One person using the service told us “I have a nice room. [Carer] does my hair. I like to go out. Go for a walk or go shopping and I do keep fit. Yes I enjoy it. [Carer] listens to me and I like living here.”

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. People using the service told us “Well it’s very good. I’ve had no problems at all with the service” and “It’s very well done.”

Good



Summary of findings

There was a clear management structure in place with a team of two case workers, registered manager and Head of Service.

Systems were in place to monitor and improve the quality of the service.

Brent Shared Lives

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 27 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a shared lives service. We needed to be sure someone was available on the day of the inspection.

One inspector carried out this inspection. We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we checked the information that we held about the service including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

We spoke with 10 people who were using service. We also spoke with nine carers and the registered manager. We also reviewed eight people's care plans, staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People using the service told us they felt safe living with their carers. Some of the comments received by people we spoke to included “I have a nice room. [Care support worker] is nice to me. She’s never angry. I feel very safe”, “I’m very happy, and this means a lot as I’m older now. It’s good to feel safe and I’m very relaxed here” and “I feel very safe and relaxed and I’m very happy here. There is never any shouting, and no one is nasty to me.”

The provider had taken steps to help ensure people using the service were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies in place and records showed carers had received training in how to safeguard adults. When speaking to carers, they demonstrated an awareness of the importance of people not being subjected to abuse and neglect. Carers were aware of the different types of abuse and actions to take in response to a suspected abuse. Records showed that carers encouraged people using the service of the need to speak up and let people know if they were concerned or not happy.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk taking plans were completed for people using the service. Each plan identified the risk and measures to manage the risk and were individualised to people’s needs and requirements but also physical and emotional well being. For example, due to the risk of a person suffering from a specific condition, there were measures in place to ensure this was monitored with involvement from the relevant healthcare professional. The risk plans also covered personal care, potential hazards in people’s homes and when people went outside into the community and travelled on public transport. Records also showed people were supported with their mobility if needed and the appropriate equipment was available for them to use such as wheelchair, hoist, bath seat and air mattresses. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum restrictions.

When speaking to the carers, they demonstrated a good understanding of risk management for the people they supported and consistently confirmed that they kept people safe from possible outside dangers. One carer told us “The way I assess risks depends on the person and the

risk. For example, the person I support is able to go out by themselves but just needs to be prompted to look both ways when crossing the road”, “If anything happens, I get them help but let the agency [BSL] know right away. One person has previously showed [particular condition] so I am alert to watch for this and everything is noted” and “[Person] has had no injuries or falls but I try to make it safe for them getting in and out of the bath but ensuring their dignity and privacy at the same time.”

The service had suitable arrangements place to manage medicines safely and appropriately. Records showed and carers confirmed they had received medicines training and policies and procedures were in place. There were people who could self administer their own medicines and where people were unable to do so, the appropriate support for that person was outlined in their support plans. Carers we spoke understood their role to ensure people took their medicines and completed medication administration records. One care worker told us “I do their medication and complete the sheets and these are also monitored by the caseworkers.”

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. The registered manager took us through the vetting procedure carers were required to go through to determine if they were suitable for a shared lives placement. The procedure included application, obtaining relevant documents such as proof of identification, criminal records checks, and right to work in the United Kingdom followed by a pre assessment meeting. Carers are then assessed and the application is then handed over to an independent panel to review. The registered manager told us they often tried to get people who will be using the service to sit on the panel so they were also involved in the decision making process. The registered manager told us the aim was to ensure they matched the person using the service to the most suitable and appropriate carer for them. Records showed that the carers home environment and circumstances were also assessed for suitability. The carers undertook a Skills for Care induction training and then were monitored for six months. Monitoring visits took place and feedback was sought from the person using the service about how they were being supported and whether they were satisfied and happy. Carers were then appointed after a successful probationary period.

Is the service effective?

Our findings

People were cared for and supported by carers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Carers spoke positively about their experiences working for BSL. Carers told us “We have had [person] stay with us for about 7 years. I feel very supported by BSL and feel very well looked after by [case worker] who is always on line and we have a meeting each month. They go through new policies with us”, “I just started last year. The support we get is fine and I really enjoy it.”

During our inspection, we looked at carers files and training records showed that carers had completed training in areas that helped them when supporting people. This training included safe guarding adults, understanding and supporting people with autism, dementia and mental health awareness, moving and manual handling, person centre risk assessment, mental capacity act and health and safety. Records showed carers received regular monitoring visits and an annual appraisal to monitor their performance. Carers told us “Yes I do get good support from BSL. We have meetings once a month and joint reviews once a year” and “BSL give us training and keep us up to date on procedures. They are wonderful and I can call [case worker] and they are there to help whenever. They have meetings each month. It’s really important for us.”

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. Support plans contained information about the person’s mental state and levels of comprehension and outlined where people were able to make choices and decisions about their care. Areas in which a person was unable to give verbal consent or did not have the capacity to make an informed decision about an area of their care, records showed

the person’s next of kin, healthcare professionals, advocacy, appointees and court of protection arrangements were in place to get information about the person’s needs, care and support and decisions were then made in the person’s best interests where required. Records also showed appropriate arrangements were in place to manage the finances of people using the service who did not have the capacity to do so themselves. Carers told us “I do all their money records and have a manager from BSL who does a full monthly check of all the accounts.

I have a receipt book and everything goes into this. We have help with making sure the money is all done properly” and “I have a full monthly check up and update with [case worker] to see everything is being done right and is going ok. We keep accounts for [persons] money which is checked each month.”

When speaking to the registered manager, we found they were aware of the recent Supreme Court judgement in respect of Deprivation of Liberties Safeguards. We saw people using the service were not restricted from leaving their homes. Feedback from people using the service and records showed that people went out and enjoyed various activities and community outings. In areas where a person was identified at being at risk when going out in the community, risk assessments were in place and we saw that if required, they were supported by carers when they went out.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Records of monitoring visits detailed records of appointments and medicine prescribed by healthcare professionals including GPs, psychiatrists and physiotherapists. For example, in one person’s support plan the person was experiencing difficulties in their knees which affected their mobility. Records showed the appropriate referrals had been made to the relevant health services and a wheelchair assessment. One person using the service told us “If I need the doctor. [Carer] gets to go with me. I have one appointment next week and [carer] will go with me.”

When speaking to carers, they had a good understanding of the care and support people needed in relation to their health. One carer told us “The district nurses call to see [person] and other services call and check to see [person]. We have a very good rapport with them all. They are an extra support to me as well. “Another carer told us “[Person] broke their hip. We helped [person] and dealt with it all. [Person] then had some rehabilitation and t now [person] has much safer shoes so their balance is much better.”

People were supported to get involved in decisions about their nutrition and hydration needs. People’s eating and drinking needs and preferences were recorded and their weight monitored. One person using the service told us “We have good food. The meals are lovely and we get a choice I am not keen on spaghetti” and “The food we have

Is the service effective?

is really nice and I get a choice.” We saw the service had also identified risks to people with particular needs with their eating and drinking. For example one person needed a soft diet and needed their food pureed. Another person had difficulty holding cutlery and needed support to cut up food and one person was at risk of choking as they had a

tendency to rush their food which they did not chew. Support plans and monitoring visits provided guidance for carers to ensure the person was appropriately supported with their eating and drinking and not at risk of malnutrition.

Is the service caring?

Our findings

People told us they were very happy with their carer and where they were living. Comments from people included “Carer is always very good to me. Everyone is good to me”, “[Carer] looks after me nicely. [Carer] is lovely with me”, “It’s good. I like it living here and feel safe”. And “Yes I like living here. It’s a nice place to live” and “It’s very good. Nice to stay with [carer]. They are very nice with me”.

When speaking with people using the service, they told us they felt “part of the family” as they were included with the carer’s families activities like going to church, doing the family shopping or going out together for a walk or meal. People told us “I enjoy it and I get on with people here”, “Its good and it’s nice to be with people”, “Yes, they listen to me. They are nice people”, “Its ok, and I’ve been with [carer] a long time. [Carer] is always very good to me” and “I get to come and go as I like. I feel very safe and relaxed here I have my own room.”

When speaking to carers, they had a good understanding of the people they supported and were aware of the importance of treating people with respect and dignity. Carers also understood what privacy and dignity meant in relation to supporting people with personal care. When speaking about one person and assisting them with personal care, one carer told us “I need to provide all [person’s] personal care. I make sure [person] is clean because [person] cannot dress themselves. This is always private. [Person] can do a lot for themselves. The [person] wants to make the effort and [person] can do most of their own washing which is more dignified.” Another carer told us “[Person] is now more elderly. Their needs are now

greater. I help [person] to bath and use the toilet. I help them to wash and do their toe nails but they do very personal things themselves and I’m there to help and to keep them safe but also as independent as possible.”

The service supported people to express their views and to be involved in making decisions about their care, treatment and support where possible. Records showed there were meetings between people using the service, the carer and the case workers. When speaking to people using the service, they confirmed this and told us “My room is nice and the food is good and I like the meals. They [BSL] ask me how I am getting on. They check out if I am happy”.

People’s support plans detailed how people communicated and the specific gestures they used. For example for one person, their support plan showed they would communicate in a low voice and short sentences and for another person it showed they were able to answer simple questions and puts their thumbs up and smiles.

When speaking to carers, they understood the importance of supporting people to express their views and involving them in decisions about their care especially where the person was not able to communicate effectively. Records showed that one carer had adopted the approach of providing the person they cared for with two choices which prompted the person to make the choice they wanted.” Carers also told us “[Person] makes gestures for example about if they wanted a cup of tea, or, [person] will shout or say ‘dinner;’” and “I ask them what meals or other things they like or not and they can tell me. [Person] communicates less but can make themselves known and shows me what they like.”

Is the service responsive?

Our findings

One person using the service told us “I have a nice room. [Carer] does my hair. I like to go out. Go for a walk or go shopping and I do keep fit. Yes I enjoy it. [Carer] listens to me and I like living here.”

People received personalised care that was responsive to their needs. We looked at the care plans of eight people using the service which contained an introductory section providing the personal details, medical history and a detailed support plan outlining the support a person needed with their physical and mental health and wellbeing, eating and drinking and meeting nutritional needs, keeping safe at home and outside, personal care needs, day-to-day household tasks and daily living skills, being part of the community, work and learning and making decisions and organising their lives. People’s care preferences, personal habits and daily routines were also reflected. This demonstrated that the registered manager was aware of people’s specific needs and provided appropriate information for the carers supporting them.

The service encouraged and prompted people’s independence. Daily skills such as being involved with household chores were encouraged to enable people to continue to do tasks they were able to do by themselves. For example one person using the service expressed their wish to do their own laundry and this was included in their support plan. The support plan then went onto detail steps to support the person to do their own laundry which included showing the person how to use the washing machine and applying stickers pointing to the buttons on the washing machine to prompt and remind the person how it was to be used. For another person, there were guidelines to support the person to use the microwave and make a cup of tea. The support plan highlighted to ‘break the task down’ i.e. filling the kettle with water, placing the tea bag in the cup so the person could follow it easily and safely.

People were supported to follow their interests, take part in them and maintain links with the wider

community. For example to support one person to be able to go out into the community by themselves, their care plan detailed it was important to initially familiarise the person with the particular route and remind them to cross the road safely. Once shown the person was then able to

independently follow the route themselves. Support plans showed people were encouraged and supported to go to college, look for work and engage in fitness activities such as swimming. People were also involved in activities such as attending a day centre, walks, gardening, shopping and community outings. One carer when speaking about the people they supported told us “I get a good idea of what they like or dislike. They have all got very individual tastes. One person likes to go out to the centre three days each week and does gardening and another likes their college courses. Before this person could not read or write but now goes to college four days a week and is also doing other things like singing and drawing. [Person] also goes to a club most Thursdays which they enjoy with others.”

People were also supported to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. One person using the service told us “Carer is nice with me and is very good at looking after us. Yes, the food is good and everything. I can come and go and I can visit my family. I go over to Ireland from time to time.” When speaking to carers, they understood the importance of people maintaining their relationships with their families; one carer told us “I keep [persons] sister involved. She can stay and then have time with [person].”

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored. Records showed monthly, three monthly and yearly reviews of people’s care plans and care provided had been conducted. These included reviewing areas such as finances, medication, day time activities and risk assessments. Records showed when the person’s needs had changed, the person’s care plan had been updated accordingly and measures put in place if additional support was required. We saw that people’s views and involvement was sought and encouraged in the reviews. One person told us “I have a monthly meeting to go through things and they check everything.” Carers also confirmed these meetings took place. One carer told us ““So far I’ve not had any problems with the agency [BSL]. We have good meetings each month, don’t let things fester and we get things sorted out.”

The service has clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had

Is the service responsive?

not been handled appropriately. People we spoke to indicated they had no complaints about the service or about the carers. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken

seriously and the registered manager would seek to resolve the matter quickly. One complaint had been received about the service. Records showed that the registered manager investigated and responded appropriately and resolved the matter satisfactorily.

Is the service well-led?

Our findings

When asked about BSL, people using the service told us “Well it’s very good. I’ve had no problems at all with the service” and “It’s very well done.”

There was a clear management structure in place with a team of two case workers, registered manager and Head of Service. Carers spoke positively about the management and culture of BSL. Care workers told us “I’ve done this for about six years. Yes I get the support I need or if I have to I can get in touch and have an emergency number, “I’ve been looking after [person] since last autumn. I definitely have had good support from BSL especially from [case worker], They are pretty good I get support. They keep us up to date” and “I’ve done this for 10 years. They have been very good. They make sure we are on top of things.”

Records also showed staff meetings were being held and that the staff had the opportunity to share good practice and any concerns they had.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback about the quality of the service people received through questionnaires. The registered manager showed us they had analysed the information to identify any areas of concerns or areas of improvement they could implement.

Records showed that people were asked if carers listened to them, how well the carer understood their situation, whether they were happy with the carers support and if they liked their carers, whether they were happy with the choice of activities, choice of menu and management of the person’s affairs such as finances, medication. The results showed nearly sixty per cent response rate from people using the service.

We saw feedback was very positive from people using the service. The results showed 100% satisfaction with people happy with their carer’s support and their home. The survey also showed the carers listened to people, people were happy with their activities, food and management of their affairs. Three people using the service did indicate that they were not happy with their personal care but did not give the reasons why and another person highlighted they wanted a single bed rather than a double bed in their room. The registered manager showed us that he had summarised the information and told us he would look into the issues highlighted and put an action plan in place to address the areas, look for way to improve the service and identify any learning that could be adopted and ensure people’s concerns were addressed and resolved.