

# London Borough of Richmond upon Thames

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# Shared Lives Scheme

## Inspection report

Civic Centre  
44 York Street  
Twickenham  
Middlesex  
TW1 3BZ

Tel: 02084875399

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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

This was an announced inspection that took place on 27 July 2016.

The Shared Lives service is run by the London Borough of Richmond and provides support and care for people with learning disabilities, autism, dementia or who are vulnerable. The support takes place in the scheme's Shared Lives carers homes and the community. This can be for respite or longer term care. The service is located in the Twickenham area.

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 and associated Regulations about how the service is run.

At the previous inspection on 4 December 2013, the scheme was compliant with the standards inspected. At this inspection the regulations were met.

People and their relatives told us they were very satisfied with the service provided. The activities and tasks took place in a way people liked and enjoyed. They felt safe and the Shared Lives carers and staff team supported them well. They thought the service provided was safe, effective, caring, responsive and well led.

The records covered all aspects of the care and support people received and were kept up to date. Peoples' choices were recorded, their needs identified and met. The support plans were complete, and regularly reviewed. The information enabled Shared Lives carers and staff to provide the service people needed.

The staff knew the people using the service and Shared Lives carers providing it well and this enabled them to provide support to people and those providing it. Everyone providing support worked well as a team and provided care and support in a professional, friendly and effective way. This was focussed on the individual and staff and Shared Lives carers had appropriate skills to do so. They were well trained, knowledgeable and accessible to people using the service and their relatives.

Staff and Shared Lives carers said they enjoyed their work and that the manager provided the support they needed. They also had access to good training that enabled them to carry out their roles.

People and their relatives were encouraged to discuss health and other needs with office staff, Shared Lives carers and had agreed information passed on to GP's and other community based health professionals, as appropriate. Shared Lives carers and staff protected people from nutrition and hydration associated risks by monitoring what they ate and drank if required. They gave advice about healthy food options and balanced diets whilst still providing meals that people enjoyed.

The staff knew about the Mental Capacity Act and their responsibilities regarding it.

People told us the manager was approachable, responsive, encouraged feedback and frequently monitored and assessed the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The scheme was safe.

The service had suitable numbers of Shared Lives carers and staff, who had been Disclosure and Barring (DBS) security cleared. There were effective safeguarding procedures that staff and Shared Lives carers understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were safely supported to take medicine in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

### Is the service effective?

Good ●

The scheme was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff and Shared Lives carers. They also had access to other community based health services that the scheme regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were well nourished, hydrated and balanced diets were encouraged.

The scheme was aware of the Mental Capacity Act and its responsibilities regarding it.

### Is the service caring?

Good ●

The scheme was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff and Shared Lives carers.

Staff and Shared Lives carers provided support in a friendly, kind, caring and considerate way. They were patient, attentive and

gave encouragement when supporting people.

### **Is the service responsive?**

**Good** ●

The scheme was responsive.

The scheme re-acted appropriately to people's changing needs and reviewed care plans as required. People's care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the scheme were discussed and addressed as a matter of urgency.

### **Is the service well-led?**

**Good** ●

The scheme was well-led.

The scheme reflected the enabling culture of the local authority that ran it. This was focussed on people as individuals.

The manager enabled people to make decisions and supported staff and Shared Lives carers to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the scheme constantly monitoring standards and driving improvement.

# London Borough of Richmond upon Thames Shared Lives Scheme

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was an announced inspection and took place on 27 July 2016. 48 hours' notice of the inspection was given because the service is a shared lives service and the manager is often out of the office supporting staff, Shared Lives carers or providing care. We needed to be sure that they would be in.

Before the inspection, the provider had 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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 21 people using the service, two staff, three free lance needs assessors and 26 Shared Lives carers. During the inspection, we spoke with two people using the service, six relatives, one staff, eight Shared Lives carers and the registered manager.

During our visit to the office premises we looked at three copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as where people were living. Information recorded

included needs assessments, risk assessments and feedback from people using the service and relatives. We also looked at three Shared Lives carers files that included records of training, supervision and appraisal systems as well as quality assurance and audit documents.

# Is the service safe?

## Our findings

People and their relatives thought there was enough staff and Shared Lives carers available to meet their needs. They also felt safe and that the scheme was a safe one to use. One person told us, "I enjoy it." A relative said, "I feel safe with my (relative) using this service."

The scheme followed the local authority policies and procedures that enabled staff and Shared Lives carers to protect people from abuse and harm. This included assessment of risks people may encounter. Staff and Shared Lives carers told us and records showed that they had received induction and refresher training in how to recognise abuse and harm towards people and protect them accordingly. They understood what abuse was and the action required should they encounter it. Their response was in line with the provider's policies and procedures. Shared Lives carers and staff were also aware of how to raise a safeguarding alert and the circumstances under which this would be necessary. The local authority safeguarding, disciplinary and whistle-blowing policies and procedures were also provided in the Shared Lives carers handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure was that of the local authority and covered all aspects required regarding suitability for the role and checks such as references, work history and Disclosure and Barring (DBS) security checks. There was enough staff and Shared Lives carers employed to meet peoples' needs.

The service risk assessments enabled people to take acceptable risks as safely as possible and also protected Shared Lives carers and staff. The risk assessments identified risks and the measures required to reduce them to acceptable levels. They also identified if the benefits to the person outweighed the risks to them for the proposed activity. The risk assessments were monitored, reviewed and updated as people's needs changed. They were contributed to by people using the service, relatives, Shared Lives carers and staff as appropriate. People said that staff and Shared Lives carers encouraged input from them to identify any risks that staff and Shared Lives carers may not be aware of.

Staff and Shared Lives carers had been trained to identify and assess risk to people and themselves. The staff and Shared Lives carers said they shared information regarding risks to people with the manager and other members of the team. They told us they knew people who used the service well and were provided with suitable information in relation to any risks. This enabled them to identify situations where people may be at risk or there was a possibility they may put others at risk and take action to minimise the risk. There were also accident and incident records kept that were regularly reviewed. There was a comprehensive environmental health and safety risk assessment carried out in relation to the accommodation that Shared Lives carers provided.

Shared Lives carers safely prompted people to take medicine or administered it and were trained to do so. This training was updated annually and Shared Lives carers also had access to updated guidance. The medicine records for people were checked and monitored by the service.



# Is the service effective?

## Our findings

People and their relatives fully participated in making decisions about the care and support they received, who would provide it and when this would take place. People said that activities took place when they wanted them and that staff met their needs well. They said that staff understood their needs and provided the type of care and support that they required in a way they liked. One person said, "I like what I do." Relatives told us that they thought the staff were well trained and this enabled them to complete the tasks that were needed. A relative said, "The service has helped the whole family and has given my other children some respite." A care worker commented, "We get an awful lot out of what we do."

Staff received comprehensive induction and mandatory refresher training. A care worker told us, "I get excellent support and training." The induction includes a rigorous assessment of care workers skills, abilities and philosophy regarding delivering care and support to vulnerable people. On successful induction completion care workers were signed off by assessors when considered competent. Shadowing also took place as part of the induction process. The assessed training included 'Working as a Shared Lives Carer', the people supported by the scheme, personal development, values, equality and inclusion, safeguarding, personalisation and person centred support. It also covered choice, risks and dilemmas, communication friendships and skills for independent living. Other training included first aid, safeguarding, infection control, medicine and food safety. More specialist training was also provided for areas such as dementia, autism and epilepsy awareness. Monthly staff support meetings, quarterly supervision and annual care worker reviews also provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans and risk assessments contained areas focused on peoples' health, nutrition and diet. Staff had received dedicated training in diet and nutrition, hydration, exercise, health status and supporting people to take care of themselves'. Where required staff monitored what and how much people had to eat and drink with them. Staff advised and supported people to prepare meals and make healthy meal choices. Staff said any health concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The service worked closely with other community based health services, such as occupational and physiotherapists.

People had placement agreements and their consent to the service provided was recorded. Shared Lives carers and staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished.

We checked whether the scheme was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. Applications were made to the Court of Protection as appropriate and the provider was complying with any Court Order in place. Shared Lives carers and staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and Shared Lives carers and staff had received appropriate

training. The manager was aware that they were required to identify if people using the service were subject to Court of Protection that was specific to the service they were providing.

The agency carried out spot checks that included areas such as staff and Shared Lives carers conduct, courtesy and respect towards people, agreed activities and competencies of Shared Lives carers delivering the service.

## Is the service caring?

### Our findings

The local authority had an equality and diversity policy that staff and Shared Lives carers were aware of, understood, had received training in and followed. People felt that staff and Shared Lives carers treated them with dignity and respect. They were listened to by staff, Shared Lives carers and their opinions were valued. Staff and Shared Lives carers provided them with support in a friendly, thoughtful and compassionate way. One person said, "I like them (Shared Lives carers)." A relative told us, "He loves the people (Shared Lives carers) he goes (on activities) with."

People told us the scheme provided thorough, easy to understand information about what was provided to enable them to decide if they wished to use it. The information was in handbook form, part pictorial, easy to understand, outlined what people could expect, the way support would be provided and the scheme expectations of them. There was also lots of supporting information available.

Staff received training in treating people with dignity and respecting them and their privacy as part of their induction and during refresher training. The importance of social engagement and interaction for people was emphasised, particularly regarding developing social skills that will enable people to move onto more independent living. This included specialist areas such as barriers to learning, helping people to learn new skills and sexuality and relationships for people with learning disabilities.

The service operated a matching care worker to people policy so that staff had the skills required to provide people with a good quality of life. This included skills that helped to meet peoples' needs and enable them to gain the skills required to live as independently as possible. The service strove to provide placement continuity to support people better to achieve further independence.

People and their relatives said they were fully consulted and involved in all aspects of the care and support they received. This was by staff and care workers that were patient, compassionate and friendly. People thought staff were prepared to make real efforts to ensure their needs were properly met. Staff told us about the importance of listening to peoples' views so that the support was focussed on the individual's needs. The service confirmed that activities were identified in the care plans with people to make sure they were correct and met the person's needs and wishes. People also felt fairly treated and any ethnicity or cultural needs were met. Two people attended a multi-cultural centre in Hounslow where they enjoyed meeting people and making friends with others from their own and different cultural backgrounds.

The service took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

The service had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

## Is the service responsive?

### Our findings

People and their relatives were very positive about the support they received. They told us that their needs were met by Shared Lives carers in a way that they enjoyed, were comfortable with and made them feel relaxed. They were enabled to contribute to decisions about their care and the activities they wanted to do. This was because the staff and Shared Lives carers were aware of their needs, wishes and endeavoured to meet them. Staff and Shared Lives carers were available to people to discuss any problems or concerns they might have. Needs were met and support provided promptly and appropriately. One relative told us, "Nothing is too much trouble." Another relative said, "I am very satisfied with the service."

People were assessed prior to receiving a service with information provided by the placement team. Once placements were approved by the local authority panel, a matching process took place to ensure compatibility between people using the service and Shared Lives carers. People and their relatives were consulted and involved in the decision-making process before the service began. In the case of a placement they were invited to visit before deciding if they wanted to stay. Staff and Shared Lives carers told us about the importance of recognising the views of people using the service as well as relatives so that care and support could be focussed on the individual. Once the matching process was successfully completed then people were welcomed as part of the family.

Regular monitoring took place to check that the placement was working once people had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met.

People's care plans recorded their interests, hobbies, health and life skill needs and the support required for them to be met. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service, Shared Lives carers and staff if information changed or new information became available. The information gave the scheme, staff, Shared Lives carers and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and care plans updated to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with Shared Lives carers and staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place. The care plans were part pictorial to make it easier for people to use and understand.

Activities took place at home and in the community. One person said, "I choose what I do" The service made use of local community based facilities and activities with staff supporting people to choose what they wanted to do. People chose diverse holiday destinations including Hong Kong, Switzerland and camping trips. Activities included attending football matches, river cruises, Kew Gardens and shopping. People also went to college and worked. One person did re-cycling whilst another volunteered at a day centre. A relative said, "The activities are fully focussed on what they (person using the service) wants to do and this makes them happy." One person was interested in cars and went on a day trip to the Brooklands Motor Museum.

People were also encouraged to do tasks in the house to develop their life skills such as laundry, tidying their rooms and helping prepare meals.

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their duty to enable people using the service to make complaints or raise concerns.

## Is the service well-led?

### Our findings

People and their relatives told us that they were happy to speak with the manager and staff and discuss any concerns they may have. The service had an open culture with office staff and care workers listening to people's views and acting upon them. One relative said, "The office is easily contactable." Another relative told us, "All the staff and the manager are easy to talk to."

The local authority vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings.

There were clear lines of communication within the local authority and specific areas of responsibility. Staff told us the support they received from the manager and office based team was good. One care worker told us, "We have regular reviews, meetings and catch-ups. (Office staff member) is always at the end of the phone if she's unavailable she will always return our calls or emails, if she can't help us she will always try and find out who can and point us in the right direction." They felt suggestions they made to improve the service were listened to and given serious consideration.

There was a whistle-blowing procedure that staff knew how to access and felt confident in. There was currently a career development programme within the local authority that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs, although it was not clear if this would continue under a new provider.

Shared Lives carers and staff had regular meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and annual Shared Lives carers reviews took place and this was confirmed by staff and Shared Lives carers.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust local authority quality assurance system that contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the scheme was performing well. This enabled required improvements to be made.

The service used a range of methods to identify care quality. These included regular audits within the local authority audit framework.

Records showed that people using the service for respite or longer term, relatives and Shared Lives carers were asked for their views and sent questionnaires to get their opinions. The information was monitored and compared with that previously available to identify any changes in the scheme's performance positively or negatively.