

Borough of Poole

Borough of Poole - Poole Shared Lives Scheme

Inspection report

Civic Centre Annex
Park Road
Poole
Dorset
BH15 2RT

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07 October 2016
10 October 2016
11 October 2016

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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

The inspection was announced on 7, 10 and 11 October 2016. We provided the registered manager with short notice of the inspection. This was to make sure staff we needed to speak with were available.

The Shared Lives Service recruits people to become paid carers to support adults with a learning disability. The service had also recently recruited carers to start providing a service for older people diagnosed with dementia. People stay with carers and receive their support in their family home. Some people lived with carers and other people stayed with carers for short-term respite.

At the time of the inspection the service employed 56 carers and was supporting 78 people on a long term or short term basis. Shared Lives staff supported people and their carers to ensure people received appropriate care, and carers had access to support whenever they needed it.

The service had a registered manager. 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.

A shared lives staff member described the scheme to us as, "The whole idea is to empower people to be as independent as possible with support" and a carer said, "It's a family and they get one to one support". One person using the service told us, "I am happy" and another person said, "I am very happy [the carer] is very kind and it's good". Records and feedback we received showed that the schemes philosophy, ethos and values were ensuring people led meaningful happy lives.

People were safeguarded because staff and carers understood what they needed to do if they were concerned or worried about someone and a rigorous recruitment procedure ensured carers were suitable to provide support to vulnerable people.

Carers and staff were supported and trained to make sure they had the right knowledge and skills. People told us they liked their carer and were supported to express their view and make their own decisions. Feedback from staff and carers showed people were encouraged to try new experiences and develop their skills.

People's needs were assessed before they began using the service and detailed care plans provided carer's with guidance on how the person wanted or needed to be supported.

There were effective governance systems in place to make sure the service people received was safe, effective, caring and responsive.

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 service was safe.

Carers understood how to make sure people were safe and staff made regular checks to ensure people were safe.

Cares and staff went through a rigorous recruitment procedure to ensure they were of a suitable character to provide support to vulnerable people.

Is the service effective?

Good 

The service was effective.

Carers and staff had the right knowledge and skills to carry out their roles well.

There was a careful and considered matching process so that people could make choices about who they wanted to stay with.

People were supported to have their healthcare needs met when this was required.

Is the service caring?

Good 

The service was caring.

People told us they liked their carer's.

People were supported to express their views and make their own choices.

People were encouraged to try new experiences and develop their skills.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed before they began using the service.

People had detailed care plans that provided carer's with the right guidance.

People were supported to do activities they enjoyed.

Is the service well-led?

Good ●

The service was well-led.

People and carers were given opportunities to provide feedback on the service.

Regular checks were in place to make sure people received safe, effective and responsive care.

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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 7, 10 and 11 October 2016 and was announced so that the staff we needed to speak with would be available. The inspection was carried out by one inspector.

During the inspection we spoke with five people that used the service, five relatives and six shared lives carers who supported people in their own homes. We also spoke with five shared lives staff and the registered manager, in addition to a senior manager.

We looked at three people's support plans in full and sampled a number of other records relating to people's care and support such as reviews, risk management plans and tenancy agreements. We looked at two staff supervision records, one carer's recruitment file and various other records pertaining to the management of the 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 also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.



Our findings

All the people we spoke with told us they felt safe living, or staying with their shared lives carer.

Staff and carers understood about safeguarding and knew what to do if they were worried or concerned about someone. One shared life officer told us, "It's really important to stay updated". The manager told us about the recent safeguarding investigations they had been involved with and which they had managed appropriately to ensure people were protected from harm. Carers had received training in equality and diversity and were aware of the bullying and harassment people may experience. The manager told us about an occasion when a carer had challenged another agency following some discriminatory comments.

Staff carried out comprehensive risk assessments of the home environment to make sure it was safe for people. Vehicle safety was also considered and checked annually by shared lives staff. Risks to people were assessed proactively and in a way that that supported people to live an ordinary life. For example, there was a risk assessment in place for one person who took a specific medicine. The assessment analysed the risks posed to the individual and others and provided guidance on how to mitigate the risks whilst supporting the person to remain healthy. Another risk assessment identified the possibility of an individual leaving the carers home without telling people about their plans. This assessment provided carers and staff with very detailed and clear guidance on what action they needed to take to ensure the person's safety.

Accidents and incidents were reported and investigated. Records showed that action was taken where required to minimise the likelihood of reoccurrence.

People were supported by carers and staff that were of good character and were suitable to work in the care environment. All carers and staff had been through a rigorous recruitment procedure which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Carers told us that there were sufficient numbers of shared lives staff to help or advise them when they needed guidance. All the carers spoke highly of advice they received. One carer told us the shared lives staff were, "Absolutely amazing, one phone call and they are on it" and another carer said, "Our workers are really good, they are always on the end of the phone, you are never on your own". There was also out of hours support to ensure carers could gain support in the evenings or at weekends.

Shared Lives carers confirmed they had received medicines training. They described to us how each person

had a lockable cabinet in their bedroom. Shared life staff and carers had received medicines training. Carers told us they felt confident to safely support people with their medicines. Shared life staff explained to us the regular checks they made to ensure people had received their medicines as prescribed.



Our findings

People received effective support from carers and shared lives staff who had the right knowledge, skills and experience to carry out their roles and responsibilities well. One person told us their carer was, "Really good". Family members told us that carers were extremely skilled in providing care and support to their relative. One said, "[The carer] is absolutely brilliant. I feel I can leave [the person] and get a complete rest".

Carers and shared lives staff were supported to develop the right skills and knowledge to undertake their role.

Some shared lives staff were fairly new and described the support, including a thorough induction that they had received. One said, "I have had great support to learn a new role". All the shared lives staff described the training they received as helpful and one commented that the training, "Made sure we are confident in what we are doing". Records showed that staff completed comprehensive training including manual handling, safeguarding adults, medicines management, and the Mental Capacity Act 2005. Staff also told us they were supported to develop their skills in different areas.

Staff received effective support from the manager. One member of staff told us, "Supervision is great, always regular and never hurried" and another commented, "It's helped me to reflect on what I could be doing". Staff also had an annual appraisal which enabled them to identify their strengths and development goals.

Carers had the right skills and knowledge to meet people's needs. Shared lives staff carried out detailed assessments of each carer exploring their background, attitude and skills. An external panel considered all carers to ensure only suitable carers were approved and able to provide care and support to people within their homes.

Carers told us they received a range of training and felt suitably skilled and confident to support the people who either lived with them or visited for regular respite breaks. One told us the range of training was, "Good because things are always changing; it makes me feel safe", and another carer said the training had made them feel really confident. One carer was fairly new and said, "I had a lot of help, the support was really good". Training records identified what training carers had completed and highlighted to staff any gaps and when further training was required. The training matrix showed carers had received training in emergency first aid, manual handling, health and safety, communication and effective record keeping. Family members said that they were confident the carers involved in their relatives support were sufficiently skilled and competent. One relative said to us, "[the person] couldn't be with anyone better".

Carers told us they were well supported by the service officers and the support they received enabled them to provide a good quality of care. One described their shared lives officer as, "Really good, the support is there when you need it". Another carer said they were well supported and commented, "I have a good working relationship with the shared lives team" and a third person said, "[the officer] is brilliant, anything you ask they will help".

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.

People told us they were able to do what they wanted to do and carers explained how they supported people to make their own decisions. Shared lives staff had a good understanding of the MCA with one telling us it was about, "Ensuring people understand the information relating to decisions including what it would mean in real life" and another telling us it was to make sure, "They are involved in any decisions that need to be made".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were. The manager had identified people who were at risk of being deprived of their liberty and alerted the community social work team.

People's nutritional needs were met. Carers knew people well and understood their dietary likes and preferences. People were part of the family home and as such took part in planning, shopping for and preparing meals. People told us they enjoyed their meals and records showed that what people liked and didn't like to eat was explored through their care planning.

People's healthcare needs were acted upon. People saw medical professionals such as their GP when they needed to. People were supported to have annual health reviews. One person's health check had identified a medical problem. A member of staff commented on this saying, "It just shows the importance of checks".



Our findings

People liked the carers they either lived with or stayed with for respite care. One person described their carer as, "Nice" and another person told us, "I love it there, they're lovely".

Relatives described carers as extremely caring and told us how much their relative enjoyed staying, or living with their carer, one said, "[the person] loves it there" and another relative told us they were, "Very happy. The people are so kind and nothing is too much trouble". Carers told us it was important to develop relationships with people and their family members. One said, "I also take time getting to know families".

Shared lives staff and carers' talked about people in a very caring way. Our discussions with carers showed their respect and affection for the people they supported, and one member of staff said, "[They] have learned so many goals, I am so proud to see them thrive".

People were treated respectfully and their preferences were sought to make sure they were happy. The placement plan checked what people liked to be called, who they wanted to stay in touch with and how they would like their friendships and relationships to be maintained, such as through visits, phone calls or by email. The plan also asked people about any religious or cultural needs they had and we saw examples of where people were supported to attend church when they had identified this as important to them.

Records showed that where another person had started to struggle using the stairs, staff and their carer worked together to identify the issues leading to the person's loss of mobility. A staff member also told us about this and described the carer's philosophy as, "Really keen to promote independence to go out". They added that the carer was mindful of, "Protecting the person's dignity".

People were provided with information about the service to enable them to make informed choices and understand what being part of a shared lives family would mean for them. There was a service user guide in both pictorial and written format to make sure it was accessible to people. The guide explained to people what they could expect and also talked about people's right to equal opportunities and maintaining people's confidentiality.

Carers explained the matching process that ensured both carers and people using the service had a chance to get to know one another. One carer said, "A lot of work goes into matching; we become a family...it's careful and considered". A shared lives staff member told us they tried to ensure people met at least two carers, "Then they can go away and make a real choice".

Another carer explained the matching process from an initial phone call and reading information about somebody, to meeting for a chat or tea visit to get to know one another. They highlighted the importance of slowly getting to know each individual. They said, "I like to meet up with them so they meet me and can see if they like me". A shared lives staff member confirmed this saying, "People are able to go away and reflect on it before making a decision".

People were supported to have their freedom and be a part of their local community. People told us they felt supported to do the things they enjoyed. They said they had a front door key to encourage their independence.

People were empowered and encouraged to try new experiences. When we spoke with carers they were extremely positive and encouraging for people to be as independent as possible. One shared lives staff member told us about a person who had developed new skills because of the carer's, "belief in [the person]". They said, " [the person] is picking up lots of new skills...and has come a long way". Another member of staff told us about an individual who had the opportunity to, "Increase their independence and learn cooking skills...they are very much part of the family".

A recent carers meeting had included a discussion about end of life care. This was a person centred approach to understanding things that might be important to the individual such as their favourite flowers, colours or songs.



Our findings

People told us they liked to be part of the family life offered by their carer. We asked what sort of things people enjoyed doing. One person said they liked to, "Go out". Family members were also happy with the responsiveness of the service. One relative commented, "99%, if you need to speak with someone you can".

Carers told us they could seek advice or guidance whenever they needed to and that their requests for advice or assistance were responded to quickly. One said, "I am got back to straight away; the support is brilliant" and another told us, "Any issues we have the shared lives officers are always on hand to help".

People's support needs were comprehensively assessed before they began using the service to ensure the service could meet their needs and that they could be matched with a suitable carer.

People's assessments were developed into placement plans in conjunction with the person and their relatives. The plans detailed information about what was important to the individual including their family, friends and support networks. They were written from the individual's perspective and described all of their care and support needs, including their areas of strength. This ensured carers had the right guidance about how the individual wanted or needed to be supported. For example, one person's plan talked about the support they needed to stay in touch with their family. This meant their carer understood they needed to dial the telephone number for the person but also identified that the individual did not need any further assistance. This meant the carer had clear information that promoted this person's independence.

People's interests and goals were recorded in detail and people were supported to do the things they wanted to. For example, one person's care plan described how they wanted to develop their skills of independence. We asked a staff member about this and they told us, "We worked hard to get them onto a college course".

People's care and support needs were regularly reviewed including a six week review when they started using the service. Records showed how people, staff and carers set goals that people wanted to achieve. These were reviewed to see how people were developing.

Staff from the shared lives scheme met with carers and people on a regular basis and made sure they were comfortable with their role and people were receiving appropriate support. Carer support visits were carried out every quarter and explored any training or development needs, the household, and how they were

supporting the people they provided care for. All the carers we spoke with found the support they received helpful.

People, families and carers understood how to raise a concern or make a complaint and were confident their concerns would be listened to and acted upon. However, none of the people or family members we spoke to were unhappy with any aspect of the service. Records showed people were given information about how they could make a complaint in an accessible format. One carer told us, "I was really well supported" when they had raised a concern in the past, and another commented, "I wasn't left unhappy, they dealt with my concern". We reviewed the complaints managed by the service and found these had been investigated and resolved.



Our findings

People and their carers spoke extremely positively about the service, and shared lives staff consistently displayed a positive attitude to people, carers, to one another and to the manager.

Peoples' feedback was continuously sought and acted upon. For example, respite surveys were completed by people after each respite break. These were in both pictorial and written format. They asked people about different aspects of their respite break including whether they felt safe, what choices they had been able to make and if they would change anything about their stay. The style of questions enabled staff to understand what people had really thought about the service they had received.

People who lived with shared lives carers on a permanent basis also had their views sought through in-depth quality assurance questionnaires. This involved an advocate's visit to the person and included a detailed discussion about their happiness and satisfaction with the service. This ensured people's views could be listened to about different areas of their lives including what activities they enjoyed, their independence and control over their live, and practical aspects such as what they thought of their bedroom, carers and meals.

Every quality assurance completed was reviewed by the manager and shared lives worker to identify any action required. We saw that when actions were identified they were followed up on.

Shared lives staff were proactively working to the providers values of integrity, seeking improvement and working together. The values were linked to staff appraisals and our discussions showed that an open, inclusive and empowering approach was embedded in their reflection on their practice.

This clear ethos enabled shared lives staff and carers' to support people to lead ordinary lives within a caring and inclusive family environment. Promoting independence, good health and safe risk taking were fundamental aspects of the ethos of care and support at all levels. The culture and attitude of all the carers and staff we spoke with enabled people to live active, happy and fulfilled lives.

All the shared lives staff we spoke with described the team communication and support as a major driver in their ability to deliver high quality care. They told us communication was extremely effective and enabled them to seek guidance, share ideas and think about different ways of working to improve outcomes for people. For example, there was a weekly catch up meeting where staff could discuss new referrals and think about potential matches with like-minded carers. The team met more formally on a monthly basis. Records

showed they discussed successes and things they were proud of, projects such as the dementia initiative and training needs. Carers told us communication between shared lives staff and themselves had improved recently. They cited some problems about receiving different messages dependent on which staff member they had spoken with. We fed this back to a senior manager.

The manager had regard for the people using the service and thought about their individual circumstances. They told us, "It's about not being rigid, thinking about what will be the best thing for that person". Shared lives staff appreciated the support they received from the manager who they said listened to and acted upon their ideas and suggestions to improve the service. One member of staff told us the manager, "Is great, very very good" and another said, "I have always felt supported, very keen to know how I am, I appreciate that" In addition, all carers we spoke with felt able to raise concerns or make suggestions to improve outcomes for people.

Staff continuously considered different ways to drive improvement in the service. For example, shared lives staff had developed new placement agreements which had been reviewed by a local learning disability advocacy group. Staff also told us about the freedom they had to develop better ways of working such as improving their review documentation. The manager told us about the website they were developing. This would include advice and guidance for carers including easier access to the various forms carers might need.

The manager checked people were receiving a good service in a number of ways for example, by reading people's annual reviews. Staff also carried out thorough checks before carers began to offer a service and then at regular intervals. This ensured the environment people lived in was safe.

The team keep updated with good practice. For example, they attended quarterly shared lives plus meetings. The manager told us, "It's our opportunity to catch up with other managers and workers from different areas. Carers were also supported to keep up to date with good practice through regular meetings. Records showed that carers had recently attended a meeting where they had learned about appointeeship and a service they could access with specialist skills in supporting people with a learning disability.