

# 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We undertook an announced inspection on 12 April 2017 of Brent Shared Lives (BSL). 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. BSL caters for adults who have a disability or for older adults with care needs. At the time of the inspection, 31 people were using the service and 11 people were receiving respite care. The service employs 2 case workers and 19 approved carers.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

At the last inspection on 27 January 2015, the service was rated Good.

At this inspection we found the service remained Good.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and carers we spoke with were aware of people's likes and dislikes. Care plans were reviewed and were updated when people's needs changed.

Systems and processes were in place to help protect people from the risk of harm. Carers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines, administration and disposal.

Carers had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Carers we spoke with had an understanding of the principles of the Mental Capacity Act 2005 (MCA). Capacity to make specific decisions was recorded in people's care plans.

People were supported with the nutritional and hydration needs. Carers were aware of people's dietary requirements and the support they needed with their food and drink.

Carers told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at team meetings.

There was a management structure in place with a team of carers, two case workers, the registered manager and the provider. Carers spoke positively about working for the service.

Feedback about the service was sought through questionnaires. Feedback was generally positive about the service people received. However, there were no robust audits in place to assess and evaluate the service to ensure areas were being effectively managed and areas of improvement identified.

## 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. People told us they felt safe living with their carers.

Some risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

### Is the service effective?

Good ●

The service was effective. Carers were supervised and felt supported by their peers and the deputy manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

### Is the service caring?

Good ●

The service was caring. People told us that they were satisfied with the care and support provided by their carers.

People were treated with dignity and respect.

Review of people's care meetings had been conducted with relevant healthcare professionals in which aspects of their care was discussed.

### Is the service responsive?

Good ●

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs.

There were arrangements in place so people using the service

were able to follow their interests and maintain links with the wider community.

There were clear procedures for receiving, handling and responding to comments and complaints.

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

Some aspects of the service were not led. Feedback about the service was sought through questionnaires. However there was no effective auditing in place to assess and improve the quality of service being provided.

Carers spoke positively about working for the service and the management.

The management structure consisted of a team of case workers, the registered manager and the provider.

**Requires Improvement** 

# 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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before we visited the service we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service

We spoke with ten people using the service. We also spoke with the registered manager, two case workers and ten carers. We reviewed seven people's care plans, four 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

All the people we spoke to told us they felt safe living with their carers. One person commented "Yes, I feel very safe here."

There were safeguarding and whistleblowing policies in place and records showed carers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. Carers were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse.

Risks to people were identified as part of their care. These covered areas such as social isolation, stranger awareness, dehydration, falls, well being and out in the community. Records showed risks were reviewed and updated as needed. Although risks had been identified, we noted the information could be more detailed. For example some people using the service required support with personal care but there was limited information about the safe practice and risks associated when receiving personal care in the bathroom and using equipment safely. The registered manager told us they would review the assessments and ensure they contained more detailed information relevant to people's needs.

Comprehensive health and safety checks were also conducted of the carer's homes in which people were placed to ensure the home environment was safe. These included checks of electrical appliances with appropriate certification, water temperatures, planned escape routes and procedures in the case of an emergency, first aid, sufficient ventilation, lighting, tripping hazards and ensuring cleaning fluids and other substances were kept in a safe place.

Records showed that appropriate equipment that people needed in response to their needs were made available through appropriate referrals to relevant healthcare professionals. People using the service confirmed this. People told us their homes were suitably adapted to their needs. They told us "My home has all the right stuff" and "Yes, I have a special seat in the bathroom". One person welcomed the recent installation of a handrail on the staircase.

Accidents and incidents were recorded and showed any necessary action had been taken by the registered manager. However, records did not show any follow ups/evaluation of the incidents and did not detail measures put in place to minimise the risk of reoccurrence and ensure the people were safe from further incidents. The registered manager told us he would review this.

There were suitable arrangements in place to ensure people received their medicines safely. Some people using the service were able to 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. People using the service confirmed that their carers administered their medication properly. Those who self medicated told us their carers always checked that they had taken their medicine.

The registered manager told us Medicine Administration Records (MAR) sheets were kept at people's homes

and were checked by the case workers at each monitoring visit. There were arrangements in place with the local pharmacies in relation to obtaining and disposing of people's medicines appropriately. Carers received medicines training and policies and procedures were in place. When speaking with carers, they were aware of their responsibilities with people's medicines and completion of MAR sheets to show people had taken their medicines as prescribed.

Medicines competency assessments for carers had not yet been implemented. This would be to ensure carers were assessed and regularly monitored to demonstrate they were capable to support people with their medicines safely. The registered manager told us he would ensure this was put in place.

There were arrangements in place for managing people's finances and this was done in agreement with people using the service. Records showed an account book was maintained by the carer who is required to document any expenditure and attach corresponding receipts. Checks would then be completed at each monitoring visit by the case workers to ensure people were not at risk of being financially abused. The case workers told us that they would check what was spent against receipts and tally up any withdrawals from the bank with the bank statements. The case workers also told us as an additional check was carried out, especially with large purchases as they needed to be approved. They would ask people using the service to see the item that was bought to ensure records were accurate and purchases had been bought for the person and not anyone else.

Carers confirmed they supported people with their finances if needed and they kept the receipts. They also confirmed the case workers came on regular basis to check the finances and expenditure undertaken. The registered manager told us they also worked with the Clients Affairs Team at Brent Council to ensure people's finances were being appropriately managed and any issues were promptly resolved.

There was evidence in staff files that new employees were checked before being allowed to commence work to ensure they did not pose a risk to people who used the service. The recruitment checks included proof of identity, references, employment history and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.



# Is the service effective?

## Our findings

People using the service spoke positively about their carers and felt their carers fully understood their care needs. They told us "Yes, they have the right skills" and "They do anything I want, or need, they just sort it out for me".

Carers told us they felt supported by their colleagues and management and spoke positively about working for BSL. They told us "Everything is okay. I am getting the right level of support", "I do feel supported", "It's great. I have no problems", "They ring up and see if everything is okay" and "If there is a problem, they are there for you."

Records showed carers received an induction and training that helped them to meet people's needs. Topics included medication training, mental health awareness, safeguarding and health and safety. One carer told us "When I started, we received training and an induction. It helped me ease into the role." Records also showed carers had health and social care backgrounds and obtained national vocational qualifications (NVQ) in health and social care.

We received mixed feedback from carers about the training they received. Some carers told us that training was offered, however some carers told us "There is not much training", "We have not had any recent training" and "Training – we have not had any for a while." Training records showed gaps in carers training and no recent training had been recorded.

We highlighted this to the registered manager who told us some training gets cancelled as the dates were not suitable for carers to attend or some courses only allowed a specific number of carers at a time to attend. They have liaised with a trainer about medicines, MCA and Deprivation of Liberty Safeguards (DoLS) training but this has not yet been possible to arrange. The registered manager told us he would speak to the learning and development team for this training to be arranged for the carers.

The registered manager told us and records showed that external speakers were invited to attend team meetings to cover areas such as safeguarding, MCA and awareness of appointee and deputyship. This was to ensure carers were kept up to date with current practice. Carers confirmed this and spoke positively about the team meetings. They told us "We have speakers in from time to time. It is good", "They bring people in to speak about different subjects", "We discuss lots of things. We get updates on people and any changes they let us know", "They are great. You get to see other carers. You have the opportunity to discuss any concerns and share ideas. It is very useful" and "I attend all the meetings and I am up to date."

Staff had received regular supervision. Records of supervisions showed they discussed issues affecting their role and actions identified to support staff learning and development. Individual staff performance was reviewed during an annual appraisal.

We reviewed whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may

lack the mental capacity to do so for themselves. Support plans contained information about people's mental state and cognition, and areas in which they could or could not make their decisions about their care.

The registered manager told us if there were issues in relation to a person's capacity, they worked with the Clients Affairs Team in Brent and social workers. A mental capacity assessment would then be conducted to establish the appropriate support needed for the person. For example, records showed for a person who lacked capacity to manage their finances, an application had been placed with the Court of Protection to appoint deputyship in the person's best interest. This would ensure the person received the appropriate support with their finances and the risk of financial abuse was minimised.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported by their carers to access health and medical services when necessary.

People were supported with their nutrition and hydration needs. Support plans provided guidance for carers to ensure the person was appropriately supported with their eating and drinking and not at risk of malnutrition and dehydration. When speaking with people using the service they were generally very positive about the quality of the food they received. They told us the food was "Very good", "[Carer] is the best cook" and "It's lovely. Food is so nice here". One person also commented that due to their condition, the carer was careful to monitor and regulate their sugar intake.

When speaking with carers, they were aware of people's dietary requirements, likes and dislikes and the support they needed with their food and drink. They told us "[Person] likes soft food as they are having trouble chewing so I make sure the food is soft", "[Person] loves their tea and food but I watch their diet so they eat healthily" and "We might have steak but I know [person] doesn't like steak. I will then give [person] sausages and mash which they enjoy."

## Is the service caring?

### Our findings

People we spoke with were complimentary about the carers and the care they received. They told us "They [carer] are very good to me", "Yes, my carer is better than anyone else" and "They always ask me if I am OK. They are lovely".

The registered manager told us that they ensured people were matched with the most suitable carers according to their needs and preferences so positive caring relationships could be developed. He told us they would always ask people whether they were happy with their carers. Placements were regularly monitored to ensure they were going well.

People using the service told us they were treated with dignity and respect and carers always asked for their consent before providing personal care. They also told us that personal care, where appropriate, was provided in a sensitive manner. People confirmed that their privacy was respected. Some people also told us they had their own mobile phones and could make private calls.

Feedback from people also indicated they were happy living in the homes. One person told us "Very nice surroundings. It is lovely". All the people we spoke with were happy with their own rooms. One person described it as "Lovely".

Carers had a good understanding of treating people with respect and dignity. They told us "I get [Person] to do what they can. Give [person] their space and privacy and then I come back to see if they are okay" and "I always knock on the door. I supervise [person] in the bathroom. You talk to them and let them know what you are doing."

People using the service told us their carers were polite, and involved them in decisions and encouraged them to maintain their independence. Support plans detailed how people should be supported to promote their independence. Carers told us "At weekends especially when they have time to take a bit longer, I let [person] get ready in their own time and at whatever time they want. During the week, they like me to support them but this helps [person] to maintain their independence where they can", "[Person] tidies their room. I teach and show [person] and they can do it. [Person just needs to be supported]" and "Before [person] did not know what to do. I showed [person] and supported them and they can now take a shower themselves and [person] also made a curry recently. I was there to supervise but [person] did it all by themselves."

There were arrangements in place to ensure people were involved in expressing their views. Records showed there were three monthly monitoring visits conducted and yearly reviews with people using the service, carers, their relatives (where appropriate) and local authority representatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively.

## Is the service responsive?

### Our findings

People using the service told us they were happy with the care and support provided. They told us "They do understand my needs very well" and "My carer is very emotionally supportive."

People received personalised care that was responsive to their needs. People's support needs were assessed prior to receiving support from the service. Care plans were then developed from the initial assessment. The care plans covered all aspects of the person's needs such as personal care, finances, well being, activities, health, medication and mobility.

When speaking with care workers, they were able to tell us about people's personal and individual needs and the importance of person centred care. They told us "We have to support people differently. What works with one person, doesn't work with another", "You use your initiative to support them. They have to make their own minds up but you need to help them, You treat them as your own", "You do follow the care plan but we develop a relationship and we find out about them that way too. Through observation, you can see what they like and what they don't like. I talk to them a lot and I find out that way" and "You get to know their likes and dislikes."

Support plans detailed instructions for staff on how each person wanted their care to be delivered. Depending on capacity, some people were aware of their care plans. One person told us they regularly had meetings about their care plan.

There was documented evidence that regular reviews and monitoring of people's care were taking place to make sure they remained up to date in accordance with people's needs and reflected changes in people's care. The registered manager told us and records showed carers would also provide monthly updates on peoples' care and well being on areas such as medicines, activities, health and safety and any risk issues or concerns. This demonstrated that the registered manager and carers were aware of people's specific on going needs and were able to provide the appropriate support people needed with their care and well being.

Carers understood the needs of people they supported. Carers were expected to read people's care plans before they proceeded with care. They told us "They arranged [person] to meet me at my home and have a look at the room. We spoke and got to know the person. The person was happy to stay with me. We got a care plan as well."

People were supported to follow their interests, take part in them and maintain links with the wider community. People spoke positively about the support they received from their carers and were able to provide examples of this. One person told us they were supported in going to regular gardening activities. Another person told us they were taken to the gym regularly. One person told us they had a very full social programme supported by their carer. People were also supported to attend day centres, college and maintain contact with their families and friends.

When speaking with carers they were able to give us examples of how they supported people to be actively involved in what they enjoyed which indicated positive relationships between them. They told us "[Person] goes to a garden centre, they choose to do that and they go to the social club", "I take [person] shopping. They love to shop", "We have gone to the theatre and we go on trips to Bognor Regis" and "[Person] makes us a cup of tea and we watch and chat about what's on TV" and "We go for a walk in the park together."

The registered manager also told us they had successfully liaised with the local church to hire out a hall which they now use as part of a day service run by BSL. Records showed this enabled people to participate in activities such as bingo, board games, lunch and to enjoy music. The registered manager told us it was a good way for people to get to know other people, make friends and do activities they liked.

The registered manager told us this had a positive impact on people. For example we were told about one person who had limited interaction and did not participate in any activities. Since attending the day service, this has helped them to become more confident. The person now regularly participates in quizzes, dancing to music and bowling. Another person who would only respond with one word now initiates conversation and takes part in all the day service activities.

Carers also spoke positively about the day service. They told us "The manager and case workers are also there. It's nice that they come. They get to see me and [person] at the day service" and "The church day service is a good thing. We also celebrate other people's birthdays." Information was also provided to carers about different activities in local areas so they could support and encourage people to be actively involved within the community and avoid social isolation.

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that concerns raised had been investigated and responded to promptly by the registered manager. People told us issues were resolved quickly and effectively. One person told us "I would feel confident they would take my concern seriously".

## Is the service well-led?

### Our findings

People using the service and their relatives considered the service to be well-led. People told us "Yes, it is well led. It's so good" and "Yes, everything is going fine".

We found the registered manager and case workers to be knowledgeable about people's needs and circumstances and promptly dealt with any changes or issues raised. The service worked jointly with a range of health and social care professionals to the benefit of people who used the service. This demonstrated they effectively managed the service so that people reliably received the support they needed.

The registered manager also told us that working with a number of teams and healthcare professionals within Brent enabled them to recruit more carers with the aim of potentially more people using the shared lives service.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. Carers told us "Management are very approachable", "Excellent as a manager. Well organised. Easy to talk to and he listens to you", "You can talk to them anytime. I have their numbers. I can always get hold of them" and "Very approachable and they talk to you with respect."

The service held regular carers' meetings to enable them to share ideas and discuss good practice when working with people. Carers were routinely asked for their views about the service and any concerns they may have. Carers told us "They definitely give me support. They keep us informed about new legislation, and are always there to support us. I would definitely be confident about raising concerns". Another carer told us that their concerns had been quickly resolved, and that the way [management] dealt with them was "extremely good".

Feedback about the service was sought through questionnaires about people's care. Feedback when analysed was found to be generally positive about the service people received.

However, there were no robust audits in place to assess and evaluate the service to ensure areas were being effectively managed and areas of improvement identified. During the inspection, improvements were found to be needed in staff training, staff medicines competency, lack of evaluation/review of incidents and lack of detail in risk assessments of safe practice in relation people's personal care and usage of equipment. The registered manager told us they would look in reviewing possible quality assurance tools for the service.

Care documentation was up to date and comprehensive. The service had a range of policies and procedures to ensure that carers were provided with appropriate guidance to meet the needs of people. These addressed topics such as medicine, safeguarding and health and safety. Carers were aware of these policies and procedures and followed them. People's care records and carers' personal records were stored securely which meant people could be assured that their personal information remained confidential.