

Wakefield MDC

Wakefield MDC Shared Lives Service

Inspection report

2nd Floor
Civic Centre
Castleford
West Yorkshire
WF10 4JH

Tel: 01977722254

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Wakefield MDC Shared Lives is a service which provides both short term respite and longer term placements in the homes of people recruited, trained and supported by the organisation. At the time of our inspection there were 139 people using the service in 53 locations.

People's experience of using this service: The service had a very good approach which put sharing lives at the heart of what they did, and enabled people who used the service to increase their independence and sense of security. There was a focus on helping people who used the service express their views and have new experiences. People were partners in defining and reviewing their care needs, and gave positive feedback about their homes and respite placements. There were consistent examples of people being supported to achieve goals which were important to them, including moving into their own homes. The service ensured people had maximum choice and control of their lives, evident in systems to ensure people were included in decisions, were asked for consent and were supported to take positive risks.

People providing respite placements received good support to provide long and short term placements for people, who described them as 'homes-from-home.' Recruitment to the role was thorough, and a high standard of on-going training and support was in place. Staff who worked in the service were also recruited safely and had a good level of on-going support.

We received consistent feedback about strong leadership and a caring, inclusive culture in the service. The registered manager made good use of consultation, empowerment of staff and formal monitoring activity to ensure quality in the service was maintained and continued to develop. The service worked well with other partners in people's care and in the wider social care environment, and ensured people providing placements had opportunities to learn about specialised areas of interest from professionals in these fields.

There were good systems and practices in place to ensure people who used the service were protected. People received an appropriate level of support with medicines and were supported to manage these themselves when it was appropriate. When any accidents or incidents occurred, they were reported diligently and investigated as necessary. When things did go wrong, the service worked to ensure the risk of any repeat occurrences was as low as possible. Everyone involved in the service understood how they could raise complaints or concerns, and the service had a proactive approach in investigating these to ensure they were resolved.

Rating at last inspection: Good. (Published in November 2016). At this inspection we have again rated the service as Good, however they had improved to Outstanding in one key question.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service and plan to return to re-inspect it in line with our normal timescale for this rating. We may return sooner if we become aware of increased risks to people.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Wakefield MDC Shared Lives Service

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector and 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. They had experience of caring for people.

Service and service type:

This service provides care and support to people living in a number of supported living settings so that they can live as independently as possible. The number of settings varies depending on recruitment and demand.

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

Notice of inspection:

We gave the service 48 hours' notice of our inspection. This was to enable them to contact people providing and using the respite service and gaining their consent for us to speak with them. Inspection activity began on 23 April 2019, when the expert-by-experience spoke with people by phone. They also spoke to some people on 24 April 2019. We visited the office location on 30 April 2019. Our visit was delayed to enable the registered manager to be present. When we were there we spoke with the registered manager and office

staff, and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed all the information we held about the service, including the last inspection report, information the service is required to send to us about any accidents or other incidents, and information requested from other health and social care professionals.

During the inspection we looked at five people's care records, other records relating to the running of the service including accident reports, recruitment information for two staff and three people who provided placements, and evidence relating to the quality and management of the service.

We spoke by phone with four people who provided placements, and four people using the service. During the office visit we spoke with the registered manager, a social worker, a student social worker, the area manager, and other members of support staff.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service continued to be robust in ensuring people were protected from potential abuse. People providing placements had been given training, information and support to enable them to feel confident in recognising and reporting concerns. The provider shared information with CQC and safeguarding teams in a timely way when this was required.
- All information about incidents and concerns were reviewed to enable to provider to apply any lessons learnt to reduce the chances of repeat occurrences.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks associated with the care and support people needed continued to be assessed safely. The service had maintained a good approach to positive risk taking. This meant people could have control over what they did, whilst still being kept as safe as possible.
- People providing placements said the provider continued to make regular checks of their property to ensure safety was maintained and told us how and when they would report any accidents.

Staffing and recruitment

- Recruitment of staff and people providing respite continued to be robust. Thorough processes were followed to ensure people providing placements and staff were safe to work with vulnerable people. The provider worked with people to ensure they felt safe in their placements.

Using medicines safely

- The service continued to follow safe and respectful medicines practices. People were supported to manage their own medicines where appropriate, and any records of administration (MAR charts) were checked regularly to ensure they were being completed properly.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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.

We checked whether the service was working within the principles of the MCA.

- The service continued to have an effective approach to assessing needs and choices because the service was working within the principles of the MCA. People received appropriate support when they were unable to make a decision for themselves. People whose placements were arranged by the service told us their rights to give or withhold consent to any care or support were respected.

Staff support: induction, training, skills and experience

- Staff were still receiving good support through induction, on-going training and regular discussions with their line manager, also known as supervisions and appraisals. People providing respite placements told us they also received good pastoral support and had access to regular training including learning about specific needs and conditions that enabled them to provide effective care to people who lived with them.

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

- People using the service shared positive anecdotes about enjoying their diet and being able to choose what and when they had meals and refreshments. People were asked about their routines with food; specific needs, preferences, likes and dislikes, and this was well recorded in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When we spoke with people who provided placements and people who used the service they told us how they gave and received support to maintain their well-being. There was evidence in care records to show people were referred to health or social care professionals in a timely way.

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

- People who used the service told us they were included in discussions about placements to ensure they were happy that the home they moved into met their needs. People shared examples to show they had been asked about decoration and furnishing of their rooms.

Is the service caring?

Our findings

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People had all the support they needed to express themselves and work on personalised goals which enhanced their sense of independence and achievement. We saw consistent examples of people being successfully supported to enrich and enhance their lives. One person had been encouraged to increase their confidence and independence, something they had previously lacked as a result of a sensory impairment. They were now able to engage more in the wider community., Another person had overcome a high level of dependency and isolation, was now building friendships and socialising independently. Some people had successfully achieved their goal to move into their own home and live in the community.
- The service was outstanding in its approach to achieving consistently meaningful outcomes for people. Everyone spoke with pride about what people had been able to achieve, and people were partners in planning and reviewing their care and support needs.

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

- People were exceptionally well supported, and there was a strong culture of caring for people embedded in the service. By 'people' we mean individuals who provided respite placements in their homes, and the people who lived with them.
 - When we spoke with people providing placements we found they spoke passionately about providing a home for people. There was a true sense of sharing lives. People using the service were referred to as 'friends' and 'part of the family,' and shared examples of how they were fully included, for example sharing family holidays, social activities and all aspects of day-to-day living. One person told us, "It's like one big family," and, "This is [name of person]'s home and this is where they belong. I enhance their life, but they also enhance mine. I don't call it respite, I see it as friends coming over to stay. It's a relationship we develop over time."
- People told us they did not differentiate between short-term and long-term placements. One person said, "Sometimes we take some of the short-term service users with us on holiday, particularly if they don't get a break away with their family."
- People using the service also described their placements as positive experiences. One person told us, "[Name of placement provider] came to meet me at my old place, and she told me some things about her and I told her things about me, and I felt something click with her. I went for tea and we agreed I could go and live there." Another person said, "I am really grateful for living here, [name of respite provider] is so nice, they are just lovely to me." Another person said, "[Name of person providing the placement] is just amazing. Awesome. They are so funny, we have a great laugh."

- People did not experience discrimination based on protected characteristics such as their age, gender, sexual orientation, disability or faith. The service had promoted an inclusive approach where diverse needs were respected and supported. Providers of respite and people using the service were supported to access information in ways which met their needs. Translators had been used, and the registered manager told us all information could be made available in accessible formats when this was needed.
- The registered manager and other staff we spoke with cared deeply for the people they supported and the providers of respite placements. Staff and managers spoke about all the people they supported with absolute fondness, respect and pride in their achievements. One person using the service made a social call to the office during our inspection. There was friendly and lively chat, which showed how well everyone knew and valued each other.

Is the service responsive?

Our findings

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

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

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

- People we spoke with shared only positive stories about the person-centred care and support they received. People gave examples about how being placed with the service had seen their lifestyles respected, personalised routines encouraged and how they had experienced greater freedom and inclusion than in the past.
- Care plans were person-centred and clear. We saw they were produced in conjunction with the person, and contained a high level of personalised detail.
- People using the service had good support to maintain or develop their hobbies and interests. When planning their support, people were asked if there was anything they really wanted to achieve, for example trying a new hobby or activity, or anywhere they wanted to go, during both long and short term placements.
- Staff and social workers arranged regular, person-centred meetings with the providers of placements and the people themselves to carry out a robust review of care and support needs to ensure plans remained up to date. People were supported to share their views about their placement, and whether they still felt it met their needs fully.
- When people were asked to provide placements which required more specialist knowledge of care and support needs, full training and information were provided. This included information for conditions such as epilepsy and autism.
- The registered manager understood their responsibilities to make information available in different formats where this would assist people in reading or otherwise checking and understanding documents about them and their care and support needs.

Improving care quality in response to complaints or concerns

- The provider made sure people had information about how to raise any concerns about the service, and all people we spoke with felt they were sufficiently empowered and informed to challenge the service they received if they ever felt this was necessary.

End of life care and support

- The service had ensured people received support when someone close to them had died. For example, helping someone to understand what death meant in terms they could understand, and supporting them to create a meaningful memorial which had helped them express and come to terms with their loss.
- People had been well cared for at the end of their lives. One person who provided respite had stayed with a person in the hospital for the duration of their palliative care and had advocated for them to ensure their wishes were acted on.

Is the service well-led?

Our findings

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

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

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

- Everyone we spoke with told us the service was managed to a high standard. People who provided placements told us they had very strong support from and trust in the registered manager. Comments included, "There is really good leadership. [The registered manager] is lovely, the communication is really good," and, "I know [the registered manager] will always be available. I have never felt unsupported by the shared lives team." Praise for the staff's approach and willingness to 'go the extra mile' was equally consistent.
- People providing respite told us they felt included in making decisions about how the service developed. One person said, "It does make a difference what you tell them [Wakefield MDC Shared Lives]. Things do change when you give feedback. Another person said, "I try to get to the carers meetings as they often have speakers on, and I love to hear about anything new or catch up with other carers. I believe if we offer our opinions they are taken on board."

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

- There was strong management oversight of the service, and a clear recognition of the need to support people providing placements to ensure they had a thorough understanding of what they would have to do, how they would do it and who to contact for advice or guidance at any time. People told us they loved what they did and were highly motivated. One person said, "I love working in this field. I get so much from it. You're your own boss, you make new friends, and you learn loads."
- There was good oversight of quality in the service. Staff carried out thorough reviews to ensure regulatory and procedural requirements were being met, and that people were happy providing and using the service. Regular surveys were carried out to further measure quality in the service, and we saw feedback was consistently very high., regularly using words such as 'fantastic' and 'excellent'. All surveys were available in adapted formats, meaning people could share their thoughts independently. Each form made clear that the person could call and give verbal feedback if they wished or preferred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager included people in decisions they made about the way the service developed. People told us they were asked about specific incidents or challenges the service may have faced, and said they felt the provider valued their insights and feedback.
- There was a commitment to ensuring people who provided placements and service users were well matched. Throughout the inspection we saw that the needs, feelings and opinions of people providing and using placements were paramount.
- People providing placements and staff had regular opportunities to meet formally with the registered manager. Meetings were well organised, with formal agendas and opportunities to speak and contribute candidly.
- The registered manager told us they were always thinking of ways the service could continue to improve. They said, "We are now working to join the dots more, looking at policy and procedures that can change to match the level of service we provide. We never sit on our laurels and say, "It's all rosey."

Working in partnership with others

- The service had strong links with other bodies working in social care, which enhanced the access to up to date guidance available to people providing placements.
- The registered manager told us they had encouraged people providing care to set up their own support group. They told us, "I wanted to professionalise their role. I think they like it that I am interested in them. I attend the meetings but take a back seat – it's their meeting. They have set their own ground rules. I'm there to answer questions if they have them."