

Borough of Poole

Borough of Poole- Poole Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Borough of Poole - Poole Shared lives Scheme is a shared lives placement service, which recruits and supports paid carers to provide family based placements for younger people and adults with learning disabilities within the carer's home. Placements can be long-term with the adult living with the carer as part of their family, or as respite care where other people stayed with carers for short-term breaks. There were 84 people using the service for permanent and or respite stays and there were 64 shared lives carers.

This inspection took place on 9 and 16 May 2018 and was announced. We met with shared lives carers and people on 16 May 2018. The service was inspected in October 2016 at their previous address.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were supported by staff and shared lives carers who understood the risks they faced and how to support them to reduce these. People, shared lives carers and staff understood how to identify and report abuse. Shared lives carers supported people to take and store their medicines safely. People's health and nutritional needs were met.

People were supported by skilled and caring shared lives carers and staff. They supported people to live their life the way they chose. People's communication styles and methods were understood. People were involved in developing and directing the care and support plans. Shared lives carers and staff supported people to understand the choices available to them in ways they could easily understand.

People were supported to have maximum choice and control of their lives and shared lives carers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People led full and active lives in their homes and in the community.

People, shared lives carers and professionals told us they could raise any concerns and these were addressed appropriately.

The service was well-led and there were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service people received.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Borough of Poole- Poole 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 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 9 and 16 May 2018 and was announced so that the staff we needed to speak with would be available. The inspection was carried out by one inspector and an assistant inspector.

During the inspection we met and spoke with four people that used the service and six shared lives carers who supported people in their own homes. We also spoke with four of the five shared lives staff and the registered manager.

We looked at four 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 placement agreements. We looked at four staff supervision records and other records pertaining to the management of the service. These included staff meeting minutes, surveys, staff and shared lives carers training records and panel assessments.

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.

Two health and social care professionals sent us email feedback and we offered shared lives carers the opportunity to send us email feedback following the inspection. We did not receive any further feedback from shared lives carers by email.

Is the service safe?

Our findings

People told us they felt safe with their shared lives carers and surveys for people who used the scheme for short breaks and respite showed they felt safe. People were able to tell us who they would talk to if they were worried or did not feel safe. One person told us, "I would speak to [shared lives carer] or my advocate [name].

Staff and shared lives carers were trained in adults safeguarding procedures. All staff and shared lives carers who supported young people under the age of 18 were trained in children's safeguarding procedures. They were confident of what and how to report any allegations of abuse and knew how to blow the whistle on poor practice.

Staff worked with people, shared lives carers and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to carry out activities that mattered to them and retain independence. For example, a risk management plan was put in place for one young person in relation to them using public transport and learning to use a mobile phone so they could stay out later in the evenings with their friends. Other shared lives carers who cared for two people with complex mental health and learning disabilities explained that the risks for those people could change on a daily basis. They worked with the individuals' learning disability nurse to assess and manage these changing risks.

Staff and shared lives carers told us they had completed a risk management exercise at the latest shared lives carers meeting. They said that it had been an informal fun way of looking at managing risks and improved their skills in assessing and managing the risks for people they cared for.

Accidents and incidents were reported and investigated. Action was taken where required to minimise the likelihood of reoccurrence. There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals and advice sought and shared amongst the staff team and shared lives carers. Shared lives carers told us there was a good open culture of reporting any incidents and accidents.

There were sufficient staff to support the current shared lives carers and there was stable staff team. This meant that shared lives carers were supported by staff they knew well. There was a recruitment drive to recruit additional shared lives carers. This was because there had been an increase in referrals to the service for people with complex needs.

People were supported by shared lives carers and staff that were recruited safely. All shared lives carers 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. There had not been any staff recruited since the last inspection.

Shared lives carers were trained in the administration of medicines. They told us and we saw that following

a medicines error that a new more robust medicines audit had been introduced. People told us shared lives carers supported them with their medicines and they had their own cabinets to keep their medicines safe.

There were robust systems in place to check the environments, safety and suitability of shared lives carer's homes. This included annual checks of gas certificates and insurances.

Is the service effective?

Our findings

People's needs were assessed before they started using the service and they were matched with potential shared lives carers. People told us they had tea visits and overnight stays before they and the shared lives carers decided whether they wanted to accept the placements. People were also matched with at least one or two other shared lives carers so they could go for short breaks whilst their main shared lives carers had a holiday.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). Staff understood the role of the Court of Protection in ensuring that people were not deprived of their liberty inappropriately.

Staff understood the importance of seeking the least restrictive option when providing care to people who could not consent. Best interests decisions had been made involving professionals, their representatives and people who knew the person well. The views of the person, and knowledge of their preferences, were respected throughout this process. For example, one person had a MCA assessments and best interests decisions in place in relation to their placement with their shared lives carers. They had been supported to take part in the assessment through the use of pictures and symbols.

People told us they were supported to make their own decisions by their shared lives carers. Shared lives carers told us they encouraged people to try new experiences and shared lives carers supported them giving them option and information in ways the people could understand.

People received effective support from shared lives carers and staff who had the right knowledge, skills and experience to carry out their roles and responsibilities well. Following feedback from shared lives carers about the difficulties in attending face to face training alongside their caring responsibilities, the service had introduced bespoke training sessions during the hours of 10am to 2 pm and online learning. Staff and shared lives carers were provided with training that was specific to the needs of the people they cared for and supported. For example, positive behaviour support training was to be provided following an analysis of people's needs.

Staff and shared lives carers told us they felt very well supported. Staff had regular one to one support meetings with the registered manager and an annual appraisal. Shared lives carers said they had regular support phone calls and monitoring visits.

People's nutritional needs were assessed met. Shared lives 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. Some people needed support with managing their food and fluids intake and there were clear care plans in place to support this. For example, one person had a condition where they could overeat and plans were in place to support the person to eat healthily. Another person wanted to eat more healthily and had a plan in place where they would shop and cook for the family once a week.

People were supported to maintain their health. They had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans. Information was shared with professionals to ensure people received coordinated support. This included annual health checks and information about treatments being provided in a way that was accessible to the person. For example, some people had their health plans supported by pictures and photographs to make it easier to understand.

Is the service caring?

Our findings

People and shared lives carers spoke highly of the support and care given to them by staff. One shared lives carer told us, "[Staff] comes out to see [person] if they are upset...she is always at the end of the phone if I need her. I love this scheme it's just brilliant". There were also clearly positive relationships between people and their shared lives carers. One person said of their shared lives carer, "You're like a Mum to me". Other people laughed joked with their shared lives carers and spoke highly of the other shared lives carers they went to for respite or short stays.

Two shared lives carers told us how they had been cared for and supported by staff when suitable respite could not be found for the people they cared for. They said the staff phoned weekly to see how they were and visited regularly to provide emotional support.

The registered manager and staff told us how they offered support and respite for shared lives carers and people who had bereavements.

Support plans included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted and people's individual needs met. Support plans detailed people's religious and cultural needs and how people wished to be supported with this.

People's privacy was respected and they told us their bedrooms in their homes were their private space and this was respected by their shared lives carers. People told us their friends and families were made welcome when they visited. They said shared lives carers helped them keep in touch and arrange visits with people who were important to them.

There were arrangements in place to ensure people were involved in expressing their views. Dorset Advocacy undertook reviews with people so they had somebody independent to feedback their experiences of the service.

People were empowered and encouraged to be independent. Shared lives carers told us about how they had supported a person with their daily living skills and independence to prepare them for living independently. The person had successfully moved out and was living on their own with support. People also attended a local learning disability forum 'speaking up group' that supported people to advocate for themselves.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's support needs were assessed prior to receiving support from the service and support plans were developed following this. Support plans were detailed and person centred. They covered all aspects of people's needs such as personal care, eating and drinking, religion and culture, day to day living, finances, well being, activities, health, medication and mobility. Support plans detailed information for shared lives carers on how each person wanted their care to be delivered.

Comprehensive regular reviews and monitoring of people's care and placements were taking place to make sure they remained up to date in accordance with people's needs. Monitoring visits were extensive and covered all aspects of people's care and particular themes including property and premises, finance, medication and record keeping, health and well-being and that shared lives carers were upholding principles of good care. The monitoring visit format also now considered the five key questions of 'is the service safe, effective, caring, responsive and well- led'. Staff and shared lives carers told us this new format had encouraged them to think about what was going well as alongside areas for improvement.

The service was very responsive to people's changing needs. One person had been admitted to hospital and as result their mobility had deteriorated and they needed hoisting. The shared lives carer arranged to change one of the ground floor rooms to become a bedroom. This was so the person could stay at their home/placement whilst they recuperated. Shared lives carers told us staff were very supportive and responsive. For example, the week of the inspection a shared lives carer was witness to a serious life changing accident. The staff at the service immediately offered the shared lives carer and the person the opportunity to have some emergency respite. Both the shared lives carer and person told us they had appreciated the offer but had decided to manage things themselves and support each other.

People's preferred communication styles were recorded in their support plans. For example, one person's plan described how they used some words and finger pointing to communicate. Information was accessible to people and provided in written, large print, coloured paper and pictorial, DVD, CD formats. The service used a local learning disability forum to check whether the information they produced was easy to read and accessible.

People were supported to participate in an active lifestyle and maintain community and social links and hobbies and interests. People told us they attended some planned day services, voluntary work and college. Some people attended local social clubs and regularly met with their friends and families both in their homes and in the community. People's interests and goals were recorded in detail and people were supported to do the things they wanted to.

Shared lives carers, who had made the transition with young people from being fostering placements to the shared lives service, told us they were very well supported by the shared lives staff. The staff had co-ordinated and linked in with children's and adult's health and social care professionals to ensure there was a smooth transition for the young person and their shared lives carers. We received positive feedback form a

transitions social worker about the shared lives service and how they had supported one young person.

Staff understood how to respond in the event of a comment, concern or complaint. This formed part of people's reviews and was also checked out with shared lives carers during monitoring visits. People were given information on how to complain supported by pictures and photographs to make it easier to understand. None of the people or shared lives carers raised any concerns with us. We reviewed the complaints received and saw these had been investigated and responded to in line with the policy. Any learning from complaints was shared at staff and shared lives carers meetings.

Shared lives carers were provided with end of life care training. Shared lives carers were starting to work with people to record their end of life wishes. One shared lives carer had shared their experience of working with one person to record their wishes with other shared lives carers at a recent meeting.

Is the service well-led?

Our findings

People, their shared lives carers, and professionals spoke extremely positively about the service. The registered manager and staff were proud of the work they did and the positive impact their support had on the lives of people and the shared lives carers.

There was a registered manager at the service. 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.

The registered manager and staff team told us they felt valued and they were given opportunities to develop and understand each other roles. For example, one member of the staff team responsible for booking respite stays had accompanied shared lives officers to shared lives and peoples' homes. This was so they could better understand the placements they were booking for people.

The service had been working with a local learning disability forum to develop the roles of quality checkers, who are people with learning disabilities who use other services who check the quality of care services.

People were consulted by the use of surveys, independent advocates and annual reviews. Shared lives carers views were sought during monitoring visits, surveys and quarterly shared lives carers meetings. There was also a newsletter produced for people and shared lives carers that they were able to contribute to.

The provider's service manager met with the registered manager every month to review how the service was operating. In addition the service manager and the two other registered managers from the provider's other regulated services met bimonthly to share good practice, areas for improvements and any learning from safeguarding, accident or incidents. This meant that information and learning was shared across the provider as well as within the shared lives team.

Quality assurance processes had been effective in identifying areas for development and in reinforcing values. For example, the registered manager and staff team had an away day where they were able to identify what they were doing well and what areas they wanted to improve on. The exercise they had completed had been so successful they undertook it with shared lives carers at the last meeting. Shared lives carers told us the exercise had been fun and helped them focus on celebrating what was going well, which they said they did not always tend to focus on at meetings. They said as a result they felt the meetings were more positive rather than a 'moaning' session and had meant they could set some achievable goals.

There was a shared lives panel that was responsible for approving shared lives carers and any placements for people. The chair of the panel had regular contact with the registered manager to raise any issues, problem solve and work to ensure the scheme was running successfully to meet the needs of the community. The panel worked with the registered manager and the team to make sure that the appropriate policies and procedures were in place and were being put into practice. For example, the panel met with the

registered manager and team to review the evidence required for the initial and ongoing approvals of shared lives carers. As a result of this review a tighter, fairer and more manageable approval process was developed that made sure that any panel approvals and changes in approval were supported by clear evidence, a face to face review meeting with both the shared lives carers and the presenting staff. The panel now required regular reviews that showed people were appropriately placed with shared lives approved carers.

The registered manager and staff team kept up to date with good practice and were part of shared lives plus scheme, which is the national network for family-based and small-scale ways of supporting adults. They were also part of the local learning disability housing partnership board.

The service's last inspection rating was displayed on their website and in the office.