

Kirklees Metropolitan Council

Kirklees Shared Lives

Inspection report

Directorate for Children and Adults
Civic Centre 1, Ground Floor South
Huddersfield
West Yorkshire
HD1 2NF

Date of inspection visit:
17 January 2018

Date of publication:
20 March 2018

Tel: 01484221000

Website: www.kirklees.gov.uk/sharedlives

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 17 January 2018 and was announced. We contacted the shared lives carers on 19 and 22 January 2018. The service had previously been inspected on 9 August 2016 under its former name Highfields. At the time of our last inspection the service had moved locations to this address and was in the process of registering the new location. The service changed its name at the same time from Highfields to Kirklees Shared Lives. At the last inspection the service had been rated good and there were no breaches in the legal requirements.

Kirklees Shared Lives is a shared lives placement service, which recruits and supports paid carers to provide family based placements for 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 which can range from a few hours a week, overnight or longer stays. On some occasions the service can provide an emergency service offering placements to people who find themselves in a crisis situation. At the time of our inspection there were 95 people referred to the scheme and there were 39 shared lives carers providing long term support and 40 providing short term breaks. Office based staff consisted of the registered manager, two and a half social work posts, two senior shared lives officers and two shared lives officer posts.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff and shared lives carers had received training in how to keep people safe. They understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Risks had been assessed and reduced to the lowest level possible. Where appropriate positive risk assessments were in place to support people to develop new skills.

There had been very few accidents and incidents. The registered manager had analysed these to ensure the likelihood of future incidents were reduced.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The service met the requirements of the Mental Capacity Act and ensured people's mental capacity to consent was assessed in line with best practice. Decisions were made in people's best interests as required.

Staff received regular training to ensure they developed skills and knowledge to perform their role and received regular on-going supervision and an appraisal to support their development. New staff and shared lives carers completed the Care Certificate which included observations in their role.

The relatives of people using the service all told us the service was excellent and were happy with the care and support provided to their relative. The shared lives carers we spoke with during our inspection all spoke passionately about the value of the service supporting people in a family environment which ensured they had this human right preserved. They spoke to us with warmth and affection about the people they cared for and considered them as part of their family.

The service had a complaints policy in place although there had not been any complaints. Shared lives carers knew how to complain but they told us they had not needed to use the policy.

Staff told us they were supported in their role. They spoke of a positive culture, where they were supported with training and development. They influenced the delivery of the service by contributing to the team plan.

Regular meetings were held at the service for staff and the team held engagement events with shared lives carers to keep them involved with developments.

The service was undergoing a review at the time of the inspection in line with national shared lives guidance and a report was due in relation to shaping the service going forwards.

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.

Safeguarding adults' policies and procedures were in place and the shared lives carers had completed safeguarding training.

Risk assessments were in place and regularly reviewed by staff involving shared lives carers in the process.

The service was actively recruiting new shared lives carers. Recruitment was robust to ensure people were cared for in a safe environment.

Is the service effective?

Good 

The service was effective.

Shared lives carers told us they felt they had appropriate training and support to carry out their role.

Office staff received supervision, appraisal and training to support them in their roles.

Staff knew their responsibilities under the Mental Capacity Act 2005. Capacity assessments had been completed and best interest decisions recorded.

Is the service caring?

Good 

The service was caring

Shared lives carers were passionate about providing a fulfilling life for people in their family home.

People's sensory needs were recorded in their care plan along with information on how they communicated. Staff knew how to maximise people's independence to help them to live fulfilled lives.

The registered provider respected equality and diversity.

Is the service responsive?

The service was responsive.

The support plans and risk assessments were reviewed regularly to ensure people's changing needs were met.

Shared lives carers knew how to complain but said they had not had reason to do so.

Where possible a person's end of life was catered for in the family home.

Good ●

Is the service well-led?

The service was well-led

The service was measuring itself against nationally recognised shared lives guidance.

The manager involved the staff in the development of the team through a team action plan.

Shared lives carers felt supported by staff at the service to enable them to provide a quality service.

Good ●

Kirklees 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 to provide a rating for the service under the Care Act 2014.'

This inspection took place on 17 January 2018 and was announced. We contacted the shared lives carers on 19 and 22 January 2018. The provider was given notice to ensure there was somebody at the service as staff support people in their home environment. The membership of the inspection team consisted of one adult social care inspector.

Before the inspection we gathered and reviewed information from statutory notifications. The provider had not completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and monitoring team and reviewed all the statutory notifications regarding the service. We also contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, and two supported living staff. We spoke with three relatives of people using the service. We also spoke with six shared lives carers. We reviewed four care plans, the recruitment records of two recent shared lives carers and a recent office staff. We looked at records in relation to the management of the service.

Is the service safe?

Our findings

At the last inspection under their previous name, this domain was rated good. At this inspection the safe domain remained good.

Relatives of people using the service told us they were confident their relatives were safe living with their shared lives carers. One relative said, "We are extremely fortunate. [Name] has been matched up with wonderful people."

Our inspection confirmed staff had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse. Shared lives carers had received safeguarding training and could tell us how they supported people living with them to remain safe. They told us people they supported were safe.

We saw risk assessments in people's care files which were detailed and person-centred. Risk assessments addressed all aspects of a person's needs such as physical health, mental health, mobility, personal care, community and road safety, communication, accommodation, animals/pets, daily living skills, leisure and lifestyles and holidays. A person's mental capacity was also considered when exploring the risk of harm. We were shown one detailed positive risk assessment which demonstrated staff at the service were working with the shared lives carer to promote the person they supported to live a more independent lifestyle. Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.

Although there had been very few accidents and incidents, where there had been an incident the registered manager had analysed this and determined a theme as there had been a similar incident at the same time the previous year.. This enabled them to put in measures to ensure this did not happen again.

Office based staff were recruited through the local authority process. We found all necessary recruitment checks had been made to ensure staff suitability to work with vulnerable people in their own homes. This included a Disclosure and Barring Services (DBS) check. The DBS is a national agency that holds information about criminal records. Checking these records helps to ensure people are protected from care staff identified as unsuitable to work with vulnerable people.

The service also had a rigorous recruitment process in place to recruit shared lives carers. The process usually took between four and six months and included formal and informal training. Prior to being accepted for the scheme an assessment report on the prospective carers is completed. The registered manager makes a recommendation which is considered by a panel of people made up of people independent of the service. This provides independent scrutiny of the assessment and decision making process. The registered manager told us this independent process ensured fairness and meant only people who had been through the rigorous process were accepted onto the scheme. Having such a rigorous process and ensuring a good match between people supported and their carer meant the arrangements rarely broke down with some arrangements in place for over 20 years.

Recruitment for new shared lives carers had been put on hold whilst new social work staff were recruited, but the registered manager was actively marketing the service now the team was fully recruited. They said demand for the service outstripped supply.

People's medicines were listed in their support plan which detailed who was responsible for meeting the need for medicines such as the shared lives carer. The plan detailed the amount of medicines to be given, when and what condition the medicines were required to treat. We saw very specific information in care plans where people were taking the medicines themselves. This meant the service was ensuring people were as safe as possible when administering medicines.

People's human rights were protected by the scheme. For example Article 8, the right to family life formed the ethos of the service. Supported lives carers all told us, the people they supported were part of their family. One told us, "If [name] wasn't with us they would be in an institution."

Is the service effective?

Our findings

At the last inspection under their previous name, this domain was rated good. At this inspection the effective domain remained good.

Relatives told us they were happy with the skills of the shared lives carers. One said, "I couldn't ask for anything better."

Shared lives carers told us they had received training to support them in their role. One supported living carer said the training was, "Spot on." Another said, "We've been to safeguarding. It's very good." One other carer told us it was exactly the same training as when they were employee of the council. One person we spoke with told us the best thing about the training was meeting other shared lives carers and learning from them.

The registered manager told us all new to care staff and shared lives carers completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Shared lives carers had six months to complete the certificate and observations to ensure they met the standard were undertaken by social work staff and the shared lives officers.

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. Staff at the service had been trained to understand the requirements of the Mental Capacity Act in general, and this training had been extended to the shared lives carers.

We found mental capacity assessments and related decisions had been properly taken. A mental capacity assessment was undertaken by the relevant team prior to referral to the scheme to determine if people had the capacity to decide if they wished to be cared for in a family setting. People's care plans reflected when people were able to consent and how people communicated their consent. Where people might be considered to be deprived of their liberty and were under continuous supervision and control, combined with lack of freedom they had been referred to the learning disability team to ensure accordance with the legal requirements in relation to deprivation and restrictions to their liberty.

Shared lives carers undertook training such as safeguarding and life support at set intervals. Agreement had been reached for carers to access the local authority training system to give them the opportunity to access a range of training which related to the specific needs of the people they supported.

Regular supervision of staff is essential to ensure that the people supported are provided with the highest standard of care. We saw staff received regular support through supervision every four to six weeks with the registered manager. They provided us with the minutes of one member of staff supervision sessions. This

showed a discussion had been held around workload, topics for discussion and wellbeing although some sections of the template had been left blank. We saw a copy of staff annual appraisal which looked at what had gone well and what had not gone so well and why over the previous 12 months. Outcomes were set for the following 12 months along with personal development goals. This demonstrated the service was meeting the requirement to ensure staff were supported to reflect on their practice.

We saw evidence in care files people were supported to access health services and information to support them whilst attending appointment such as the dentist was well recorded. Information about people's special dietary needs was recorded and included information such as encouraging a person to slow down whilst they ate and to drink plenty of water was recorded in one care plan.

The registered manager told us as they were part of an all age disability team; and as such worked closely with other teams such as the Disabled Children's Service, which enabled them to support people through the transition between children and adult services. This planned approach ensured they were able to match people up with shared lives carers in a timely manner. The service worked to national standards for Shared Lives Services and used these to ensure they worked to best practice.

Is the service caring?

Our findings

At the last inspection under their previous name, this domain was rated good. At this inspection the caring domain remained good.

Relatives of people using the service spoke highly of the shared lives carers supporting their relation. One relative said, "They are lovely, lovely people and a perfect fit for [relative's name]. Another told us their relation kept asking, "When can I go again." A further relative said they know their relative was content as, "They are always happy to go back."

The shared lives carers we spoke with during our inspection all spoke passionately about the value of the service to the people they supported in a family environment. They spoke to us with warmth and affection about the people they cared for and considered them as part of their family. One said, "They are part of our lives." Another said, "I do feel it's a much, much better thing than being in a care home."

Each shared lives carer had an allocated shared lives worker. This person had specific responsibility for monitoring and promoting the welfare of the person and ensuring their needs were catered for and to assist the service user to participate in the process of reviews. To ensure people were involved in their care written descriptions were given to shared lives carers about providing information and explanations. One care plan described how the carer should support and explain personal care tasks to encourage the person to be independent in this area.

We saw evidence to confirm staff at the service were supporting people to become independent if this had been identified as a long term goal. For example, one person had shown an interest in living independently so the team worked with their care coordinator to look at supported living arrangements. A gradual and planned approach was used to ensure there would be a smooth transition from a family environment to living in a supported tenancy arrangement.

People's sensory needs were recorded in their care plan along with information on how they communicated. For example, in one care plan we saw reference to a person using Makaton (a language programme integrating speech, manual signs, and graphic symbols, developed to help people for whom communication is very difficult). When communicating with this person, the plan advised the use of 'Simple sentences and these will need repeating to ensure [Name] has understood and remembered.' This meant the service recognised and was meeting the requirement to meet people's diverse communication needs and ensuring this was shared with people who required this.

The statement of purpose referenced the requirement for the scheme to reflect the social, cultural, linguistic, religious and ethnic backgrounds of the people in the area and their different expectations, needs and experiences. We saw there was a section in the Service User Plans and Risk Assessments (SUPRA) to record people's religion, tradition and cultural needs. This meant the service was ensuring equality and diversity was respected.

People were supported with advocacy when required and this was recorded in their care plans. Advocates

were used to support people review their care arrangements.

Is the service responsive?

Our findings

At the last inspection under their previous name, this domain was rated good. At this inspection the responsive domain remained good.

The registered manager praised the responsiveness of the staff and shared lives carers. They told us what makes this service good, was that they can tailor support to meet the needs of the individual. They said, the support was person-centred and family orientated and staff supported the shared lives carers through their close monitoring arrangements. Shared lives carers told us the shared lives staff were always available at the end of a telephone and were very supportive. They told us they were aware they had access to emergency duty teams at the weekends

We reviewed four care plans as part of this inspection; a copy was kept in the person's home and a copy in the office. They had recently started to use the local authority's online electronic record system but due to the lack of administrative staff not all records had been transferred. All records were all accessible for us to see.

The scheme utilised a joint risk assessment and care plan titled Service User Plans and Risk Assessments (SUPRAs). SUPRAs were divided into Physical health, Mental Health, Mobility, Personal Care, Community and Road Safety, Communication and Accommodation, Animals/Pets, Daily Living Skills, Leisure/ Lifestyles and Consideration for Holidays. Each section of the support plan detailed a thorough plan of a person's needs underpinned by an assessment of risk and mental capacity issues. Plans had been updated and were current. Shared lives carers told us they had been fully involved in the compilation of people's support plans and told us they had supported people for many years and knew their likes and dislikes, so they were best placed to inform the care planning process. People were involved in compiling their own risk assessments and care plans when this was possible. One cared lives worker told us they arranged reviews out of working hours in order to ensure people were at home, so they could observe the person in their shared lives accommodation. This was important as some shared lives carers worked and some of the people supported were out during the day. They told us they had completed reviews at a person's college if that had been their preference

The registered manager told us they checked each SUPRA to ensure these were of the required standard. We found the care plans to be of a high standard and the detail recorded enabled a picture to be gained of how best to support the person.

Staff at the service visited shared lives carers on a three monthly basis. Each carer also had an annual review and each person supported also had a review. This ensured both sets of needs were considered at a regular interview to ensure the suitability of the placements.

We asked the registered manager how they were implementing the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. A person's communication needs were

recorded in their care plan. The registered manager told us some of the literature for people using the service was in easy read formats with pictures. They gave us a copy of the service user annual feedback form which was in easy read format and also contained a section for comments for their advocate to complete.

There had been no complaints at the service and the shared lives carers we spoke with told us they had not needed to make a complaint. Family members told us they had no need to complain. They told us they had close relationships with the shared lives carers and would not hesitate to speak directly to them, although they knew they could always speak to the office. The complaints procedure was accessible to people and shared lives carers.

Shared lives carers told us the people they cared for led fulfilled lives and this was confirmed by their relatives. They were part of their family and they went on holidays and trips. We saw evidence in people's care files to confirm this. People also had access to day centres and personal assistants to ensure they were supported with activities of their choice. Shared lives carers told us they supported other shared lives carers and provided respite for each other if that was required. One said the respite system worked well and enable them to have a break anytime.

The service had a process in place for supporting a person if they reached the end of their life. The registered manager told us this was based on National Shared lives Plus recommendations. Whether they remained with their shared lives carers was depended on the extent to which the carer was able to support the person. They gave one example, where the carer supported the person for as long as they were able, and then the person was transferred to another placement, where the shared lives carer could continue to visit.

Is the service well-led?

Our findings

At the last inspection under their previous name, this domain was rated good. At this inspection the well-led domain remained good. There was a registered manager at the service who had been registered since December 2016.

We asked the shared lives carers whether the service was well-led. One said, "It's run really well. If you need them they are there." Another said, "The manager seems to have a handle on things." Relatives told us they didn't have much to do with the office as the placements were all working really well but they knew who to contact if there were any issues.

Staff described the culture to us as, "Very open, learning environment. People are approachable."

The registered manager explained to us the service was currently awaiting the outcome of a review which had been undertaken by National Shared Lives Plus. This is the UK network for family-based and small-scale ways of supporting adults. The aim of the review is to look at the service as it is and look at the future direction. This has meant that service development had been put on hold until the outcome of the review. The registered manager was signed up to the Shared Lives Quality Framework which was developed to create a Shared Lives specific approach to Quality over six key areas including carer assessment, approval, induction and training; referrals and matching arrangements, person centred ways of working, governance, scheme staffing and safety.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service. We saw the statement of purpose explained the recruitment process for new shared lives carers, who might be suitable to be considered for a placement and the route for all referrals.

The registered manager gave us a copy of their 2017/2018 team plan and explained all staff at the service contributed to this. The plan reviewed the previous year's challenges and achievements and where the team were currently at identified objectives for the year. This demonstrated staff were involved and engaged in setting the vision for the service. The registered manager told us they held a shared lives carers engagement meeting in September 2017 and another was planned for January 2018 and from this information the registered manager will look at actions to try and resolve issues. From the first meeting shared lives carers stated they wanted to have regular events although the registered manager told us, when these had been arranged attendance had been poor so they were looking at other ways to engage with people such as a closed Facebook page for those people with internet access. The shared lives carers we spoke with told us they found the newsletter informative but it had not been issued recently. The registered manager told us this had been due to the shortage of staff but would be restarted now staff had been recruited.

Views from people using the service were sought through regular meetings with staff and by completion of an easy read feedback form. If support was required to complete the form this specified this was not to be the shared lives carer or worker but they could be supported by an advocate. People were told the

information they provided would not be shared with their shared lives carer, and they must feel free to say what they think to make the service better.

One carer we spoke with had an idea for a step by step "guide to becoming a shared lives carer. They wanted to support other new carers to navigate systems they found difficult and we passed this onto the registered manager.

The registered manager undertook quality assurance and had devised an action plan to improve the service and develop areas. They had not audited their service against the CQC key lines of enquiry and told us this would be forming part of the Shared Lives Plus audit and they recognised they would need a systematic approach to collating their evidence to show they were working to be outstanding.

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. We saw minutes of the team meetings from September and December 2017 which showed a review of the minutes of the previous meetings, updates, team plan updates, training, and shared lives carer updates. This demonstrated the service was monitoring the quality of the service it delivered.

As part of their regulatory responsibilities the registered provider must notify CQC of any allegations of abuse and certain events. They had met this requirement. The registered provider is required to display the latest CQC inspection ratings and we observed these were displayed in the office and on the registered provider's website in accordance with the regulation.

The service was co-located on the same floor of the Civic Centre in Kirklees with other disability services including the learning disability team which meant communication was excellent and when a person required a reassessment of their needs, there was quick access to a 'team around the person.'