

Leicestershire County Council

Leicestershire Shared Lives Scheme

Inspection report

Adults and Communities, Room 600, County Hall
Leicester Road, Glenfield
Leicester
Leicestershire
LE3 8RL

Tel: 01163059240

Date of inspection visit:
31 January 2019

Date of publication:
21 March 2019

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

About the service:

Leicestershire Shared Lives recruits, trains and monitors carers who are paid a fee to provide care and support to adults. The person lives with the carer in the carer's home. People who use the service are provided with short and long term accommodation with care in family homes.

People's experience of using this service:

- People had received safe care. The registered provider followed safe recruitment procedures to ensure carers were suitable for their role. An induction process was in place with training and comprehensive written guidance via handbooks and records ensuring care was based on current practice. Carers and support officers had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. People's medicines were managed safely. Systems were in place to ensure that people were protected by the prevention and control of infection.
- People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.
- People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.
- People's needs were assessed and planned with the involvement of the person and or their relative or representative where required.
- Carers and support officers promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats such as easy read and pictorial to help people understand the care and support they could expect and what they were agreeing to.
- People received care from carers who were kind. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with carers who had a good understanding of their needs and preferences.
- The manager and provider had a clear vision and plan in place for continuous learning, improvement and growth. People and staff were encouraged to provide feedback about the service. Carers and support officers received supervision and regular meetings took place that gave them an opportunity to share ideas, and exchange information. The manager understood their responsibility to report events that occurred

within the service to the CQC and external agencies.

More information is in the full report

Rating at last inspection: Good 18 June 2016

Why we inspected: This was a scheduled Inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

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 was safe
Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

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 ●

Leicestershire Shared Lives Scheme

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: This inspection was carried out by one inspector and one 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. Their area of expertise is older people and dementia care.

Service and service type: This is a shared lives scheme people live with and are supported by carers in the carers home. At the time of the inspection there were two people who received personal care.

The service did not have a registered manager in place at the time of our Inspection an experienced manager was in post and had started the registration process. A registered manager 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 the inspection visit because it is small and we needed to be sure that they would be in.

Inspection site visit activity started on and ended on 31 January 2019. We visited the office location on 31 January 2019 to see the manager and support workers; and to review care records, policies and procedures.

What we did: 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as

notifications. These are events that happen in the service that the provider is required to tell us about. We also contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered. We also contacted the local authority safeguarding team and commissioners.

During the inspection, we spoke with the manager, the head of department, four shared lives support officers and one shared lives carer.

We looked at the care records of two people who used the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

After the inspection we requested and received;

- Further information on end of life care.
- Service priorities and development action plan.
- Evidence of manager supervision.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Carers and support officers knew how to recognise signs of abuse and were clear on how to report concerns. The manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns.
- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years. Carers went through a comprehensive assessment and approval process before being accepted for the service.

Assessing risk, safety monitoring and management

- Risk assessments were in place. These included risks within people's homes such as tripping hazards, fire safety and security in and risks when out in the community for things such as travelling, physical health, finances and behaviours. Risk assessments and records were reviewed every three months by support officers or sooner if needs changed. People and their carers were fully involved in this process.

Staffing levels

- There were enough carers to meet people's needs. People lived with their main carer with some people having secondary carers available to support them if the main carer was not available.
- A process was in place to support people and their carers to access respite when needed or in case of emergency.

Using medicines safely

- Carers received training in medicines. There were policies and procedures in place for the safe use of medicines, these and comprehensive written guidance on medicines was made available to carers via a handbook. We spoke with one carer who described how to ensure medicines were given, managed, stored and disposed of safely.
- Carers administering medicines using specialist techniques such as a percutaneous endoscopic gastrostomy (PEG) had received training and had their competency checked by a professional. A PEG is a tube placed through the skin into the stomach which nutrients fluids and medicines can be passed through.
- Medicine records were kept and these were checked by support officers at the three month visits.

Preventing and controlling infection

- Carers had a copy of a home hygiene and infection prevention policy and procedure. This included details of useful websites and contact details for further advice on preventing and controlling infection.

- One carer told us, "It's a home environment but infection control is still important, I use stringent handwashing technique and gloves for personal care, we all have our own towels."

Learning lessons when things go wrong

- Following an accident involving a person using the service the manager identified that support officers did not have access to systems that recorded accidents and incidents effectively for the people in their care. Since the incident all support officers have received training in accident and incident monitoring and recording systems. This meant if a manager was not available officers could record incidents effectively and information would be accurately recorded in a timely manner.

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed and detailed in their care plans this included lifestyle choices, religion, relationships, culture and diet.
- Carers and support officers completed training in equality and diversity and had a good understanding of how to support people.

Staff support: induction, training, skills and experience

- Carers and support officers received training to ensure they had the skills to do their job.
- Carers completed an induction process and comprehensive handbooks for guidance and records to detail people's care were provided to support them in their role.
- Carers confirmed the support officers carried out supervision visits every 3 months and they were able to discuss any changes in people's needs or any training or support they needed.

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

- People's likes, and dislikes around food and drink were recorded in a dietary requirement care plan. One person followed a specific diet we saw that this was clearly documented to include favourite foods and texture. This was followed by carers to ensure their dietary needs were met. One carer told us, "We eat together around the table to ensure that mealtimes are sociable and encouraging."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported in the family home by carers who knew them well. Support officers were allocated to people and carers to ensure consistency.

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

- Care was provided in a home environment, people had their own rooms which they were able to personalise.
- Information was made available to people in easy read and pictorial formats. The service had adapted several key documents to ensure people with communication difficulties could be involved in the planning and delivery of their care. These included support plans, comment sheets, placement agreements and consent forms.

Supporting people to live healthier lives, access healthcare services and support

- Care plans were in place to support people with their healthcare needs including their eyesight, hearing and dental care. They included details of professionals involved and the level of support needed.
- Emergency grab sheets were in place, this meant that in an emergency the person would have information

about them readily available for healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

- People were receiving care and treatment in line with law and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- Carers had a good understanding of MCA and how to support people in the least restrictive way. One carer told us how important it was to offer choice to people even if they lacked capacity and understood that people would still be able to make some decisions for themselves. Written guidance was available for carers around how to best support people.
- Support officers had access to an MCA tool kit, this was a document used to help them at assessment to establish what decisions people were able to make for themselves. It also helped to identify concerns around capacity. We saw that referrals were made to professionals if capacity was questioned.
- One person had been provided with an easy read placement agreement that they had been able to sign with a thumb print to demonstrate their consent to care and treatment.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People had access to a service users charter of rights, this had been made available in pictorial format and informed people about their rights to Independence, lifestyle, cultural and religious choices, privacy and dignity and full involvement in their health and social care needs.
- A carer told us that people's files containing their care and support plans and records of support were kept in their rooms as the information was their property.
- A carer spoke fondly of the person they supported they told us, "We have lived together for a long time, but I don't take anything for granted, I include [person] in their care. When I'm supporting [person] with personal care I give them a flannel in their hand to involve them."

Supporting people to express their views and be involved in making decisions about their care

- People had access to advocacy services when they needed them.
- People were included in their regular reviews with support officers if they wished to be.
- Records were in place to ensure people are involved in making decisions about their care, personal information wasn't shared without the persons consent or the consent of their advocate.

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

- Care and support plans were in place written with the person at the centre. They covered choice and desired outcomes, religion, culture, eating, drinking, communication, finances and health.
- One person's care plan had considered in detail their emotional wellbeing, it discussed how the person may feel and react in certain situations. Strategies were in place to support the person, the carer told us these had worked well.
- People attended day and respite services with people who knew them well this encouraged them to integrate into the community.
- One carer told us they wanted to, "Give people a fulfilled family life and a lot of choices."

Improving care quality in response to complaints or concerns

- There were complaints procedures in place for both carers and people using the service, both detailed who to contact and signposted to other organisation that could also help. There was also the opportunity to discuss any issues at quarterly reviews. The service had not received any complaints.

End of life care and support

- End of life care was not routinely discussed at assessment. However, we saw that carers felt comfortable and confident discussing this at quarterly reviews and in supporting people with end of life choices and decisions. One person had completed a pictorial end of life support plan detailing their preferences.
- One carer told us that they were in the process of arranging a funeral plan on behalf of the person they cared for. The person had not been able to fully understand the process or purpose. However, the carer ensured the person was included in decisions as much as possible by showing them pictures of different types of flowers that the person had pointed at to acknowledge a preference.
- Following our inspection, the manager arranged information leaflets from a reputable source to offer further guidance to carers around supporting people with end of life decisions and planning.

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; and how the provider understands and acts on duty of candour responsibility

- There was an open and honest culture. The provider and manager had a good understanding of their responsibility when things went wrong and had reported incidents appropriately to the Local Authority and Care Quality Commission.
- The management, carers and support officers were passionate about the quality of service that people received and providing person centred care, care plans reflected this.
- The provider and management team were friendly and approachable. We saw that staff were comfortable in their company and they knew people well.

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

- Quality monitoring audits took place regularly; the service had identified that information was not always easily accessible for quality monitoring purposes. At the time of our inspection new electronic systems were about to be launched that would further improve the process by moving from manual auditing of records to electronic reports giving better oversight. For example. trends in accidents and incidents would be easier to identify and manage.
- Policies and procedures were in place and were updated periodically to ensure information was current.
- An experienced manager had recently been appointed and was in the process of registration with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Information provided by the service for people and their carers was clear and user friendly, easy read and pictorial records were widely available and used.
- People were included in decisions about their care and support. The matching process which took place prior to placement made sure that carers and people were well matched. Lifestyle, religion, culture, interests and hobbies were all considered alongside the suitability and safety of the property. Several visits took place between the carer, support officers and people prior to an agreement being made to use the service.
- There were regular support officer meetings that the manager ensured were scheduled to give everyone the chance to attend and meeting minutes were circulated amongst staff. Regular appraisals and supervision took place.
- Carers told us that they felt well supported in their role and had good relationships with support officers. Carers received quarterly reviews that ensured the service continued to work well for them and the person in

receipt of care. A carer forum had recently taken place to communicate change.

- Feedback forms are given to people who use the service to monitor quality and the persons experience.

Continuous learning and improving care

- The management team had good oversight of the service and had implemented an action plan of priorities to ensure continuous improvement.
- The manager had identified that the carer handbook could be simplified to provide clearer jargon free information. This was in place prior to our inspection and received positive feedback from a carer we spoke to.
- Guidance and advice was received via shared lives plus which is the UK's leading network for shared lives carers, schemes and homeshare schemes.

Working in partnership with others

- Referrals had been made appropriately for professional support including GP, Occupational therapy and equipment services. We saw that staff worked together with professionals to achieve good outcomes for people.
- The manager was working in partnership with a community support team to provide activity and skills workshops that people and their carers could access together.
- A new project was underway to work with hospital discharge and reablement teams to help people engage with the shared lives service.