

Southside Partnership

Lewisham Adult Placement Scheme

Inspection report

Second floor, 6-12 Edward Street
Deptford
London
SE8 5HA

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17 April 2019

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23 May 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: Lewisham Adult Placement Scheme is a shared lives service that recruits, trains and supports self-employed shared lives carers (carers) who offer accommodation and support arrangements for people with mental health conditions. The service provides long term placements to people. At the time of the inspection, nine people were receiving support.

People's experience of using this service:

People told us they felt safe and secure and had benefitted from being part of the scheme.

Staff and carers knew the people they supported well and how to keep them safe. At the same time, people were encouraged to be independent and risks were managed in the least restrictive way possible.

People's needs and preferences were assessed and plans put in place. People were very involved in developing their own support plans and making decisions about the support they needed.

Appropriate recruitment checks were in place. Staff and carers had the skills, knowledge and experience to support people appropriately and benefitted from regular supervision and appraisal.

People were supported to access the community and participate in different kinds of activities.

The service worked closely with other health and social care professionals and other local organisations to promote people's wellbeing.

The service was well managed and people felt confident in contacting the office staff and registered manager. People knew how to complain if they needed to.

Rating at last inspection: At the last inspection, we rated the service as Good and the report was published in October 2016.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit per our re-inspection programme. If any concerning information is received we may inspect sooner.

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Lewisham Adult Placement 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:

The inspection team consisted of one adult social care inspector.

Service and service type:

Lewisham Adult Placement Scheme is a shared lives service that recruits, trains and supports self-employed shared lives carers (carers) who offer accommodation and support arrangements for people with mental health conditions.

CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 the inspection visit because it is small and we needed to be sure the registered manager would be available.

What we did:

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also 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 used this information to help inform our inspection planning.

During the inspection visit we spoke with the registered manager and two office staff. We reviewed a range of records including five people's support plans and records and three carers' files. We looked at training records for all staff and carers. We also reviewed other documents related to the running of the service such as meeting minutes, policies and procedures and audit records.

Following the inspection, we spoke with two people who used the service and one carer.

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

- People were supported and protected from the risk of abuse or harm. They told us they felt safe and supported. People we spoke with knew what to do if they felt at risk.
- Carers and staff had all received training in safeguarding. Carers we spoke with knew the signs of abuse and knew how to report any safeguarding concerns.
- The provider had safeguarding policies and procedures in place and was adhering to them. There had been no safeguarding concerns raised in the previous year.

Assessing risk, safety monitoring and management

- Risks to people were assessed and documented in a positive way, ensuring people's independence. Where risks were identified, staff and carers worked with the person to reduce the risk where possible. We saw an example of a person who had been supported to maintain their access to the community after their circumstances changed.
- Risks to safety were monitored and people's assessments updated accordingly. We saw a good example of a person's risk assessment changing over time because they were being supported by their carer, staff and relevant professionals to reduce the risk in question.
- People lived in safe environments. Full risk assessments of the accommodation were completed and reviewed regularly. People told us they knew what to do in an emergency.

Staffing and recruitment

- The service ensured there were staff available to meet people's needs safely. People lived with a carer and were also supported by the registered manager and her team in the office.
- The service recruited staff safely. Full checks were completed which included references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Most people managed their own medicines or only required occasional, informal reminders. This was reflected in their support plans. One person told us, "I collect and take my own medicines."
- Some people whose files we looked at required more formal supervision. Their support plans were not clear on where the responsibility lay with medicines, what was being taken and the level of assistance they required.
- Medicine Administration Record (MAR) charts were being used but these did not state what support had been given or who had given it.
- We discussed our concerns with the registered manager and they have since reviewed how they assess, record and document people's medicines.

Preventing and controlling infection

- People were protected by staff and carers who had received training in infection control.

Learning lessons when things go wrong

- The service kept detailed records of accidents and incidents. We saw examples of how people's support plans had been updated following an accident or incident.
- Where appropriate accidents and incidents were reported to local authorities and the CQC.

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

- Staff worked closely with people to assess their needs and choices and draw up appropriate support plans. These were reviewed frequently. One person told us, "I had a lot of input in the writing."
- Staff we spoke with were knowledgeable about current standards and best practice and used several resources to stay up to date, including the provider's intranet and external sources such as Shared Lives Plus.

Staff support: induction, training, skills and experience

- Staff and carers were all trained appropriately in safeguarding, supporting with medicines, positive behaviour support, first aid and other topics relevant to the people they supported.
- Carers had remained with the service for many years and were comfortable and experienced in their role. They had the skills required to meet people's needs effectively. They were supported by the office staff who communicated with and visited them regularly.
- Office staff benefitted from supervisions which were regular and documented.

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

- People were supported to eat a balanced diet. Some people's support plans included cooking with their carers to learn how to prepare nutritious food and make healthier choices.
- People's preferences around food and their cultural needs were included in their support plans. We saw a person's support plan which included dietary needs because of their religion. When we spoke with the person they confirmed their needs were being met.

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

- People's health and wellbeing needs were assessed and documented. We saw an example of a detailed Health Action Plan, which staff and the person had drawn up together.
- Staff and carers monitored people's well-being and met with them regularly to ensure their needs continued to be met appropriately.

- Staff worked in partnership with health and social care professionals to record assessments and support plans where appropriate.
- We saw records of people being supported to access local healthcare professionals and services such as GPs, dentists, community mental health teams and psychiatrists.

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

- People had their own rooms in their carers' houses. One person we spoke with told us their room was "big and spacious" and had been redecorated the previous year, in the colour they chose.

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

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

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

- People using the service would not normally be deprived of their liberty, but staff and carers understood their role and responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- People were encouraged and empowered to make decisions for themselves and were provided with appropriate information to enable this in a suitable format for their communication needs.

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; respecting equality and diversity

- People we spoke with agreed that they were treated well and felt supported by their carers and staff.
- People were supported by staff and carers to maintain family relationships and friendships that were important to them. We saw the records of a person who was supported to travel abroad to visit their family.
- A person we spoke with told us they were glad they were able to have their pet live with them.
- People's diverse needs were respected and noted in their care plans. This included information about their cultural and spiritual needs. People were supported to attend church services and other activities.
- All carers and staff had received training on equality and diversity in line with the Equality Act 2010.

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

- The service regularly met with people to review their support plans. People made decisions about their own care and support and we saw several examples of this in their records.
- People's communication needs were assessed and documented in their support plan.
- We saw examples of documents which had been prepared in suitable formats to meet people's communication needs, such as using Makaton symbols, to support their decision making.
- Service user meetings were held every three months and most people attended regularly. Detailed meeting notes were kept and we saw that people were confident in giving feedback and discussing a wide range of topics.

Respecting and promoting people's privacy, dignity and independence

- People agreed that their privacy and dignity were promoted. One told us, "I am always treated with respect."
- People's independence was promoted and we could see several examples of this in their support plans. A person told us, "[The service] helps people build their independence up."

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's care and support needs were assessed and reviewed regularly, and when people's circumstances changed.
- People's support plans were highly personalised. They were focused on people's strengths and included ways to enable them to pursue their hobbies, interests and education, and access volunteering and employment opportunities. One person we spoke with told us they had been attending college classes for nearly two years and enjoyed them.
- People were supported by staff and carers who knew them well and understood their communication needs.
- There was a strong culture of promoting people's independence and this was reflected in people's support plans. People told us they felt in control of their lives and gave us examples of how the service supported them in this, such as guidance and assistance with filling in official forms.

Improving care quality in response to complaints or concerns

- The service had suitable arrangements in place for dealing with complaints and concerns. The complaints procedure was available in different formats to meet people's needs, including an easy to read version.
- People told us they knew how to complain. A person we spoke with had raised concerns about the cleanliness of shared areas in their accommodation. They told us this had largely been addressed and that they felt supported by the registered manager in dealing with their concerns. Another told us, "I have no complaints at all, I have always been happy here."
- The service had received very few complaints over the previous year. These were followed up in a timely and appropriate manner and detailed records were kept.

End of life care and support

- The service had guidance in place for end of life care, but was not providing any at the time of inspection.

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

- People spoke highly of the service, the registered manager and the office staff. One person told us, "[Registered manager] helped me a lot, and helped me correctly."
- The service had well-established, regularly reviewed procedures in place to ensure people were receiving good quality, person-centred care.
- Staff we spoke with demonstrated commitment to the people they supported. They supported people to achieve good outcomes. People told us they would recommend the service.

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

- The service had an experienced registered manager in post who knew the service well and understood their registration requirements with the CQC.
- There was an organisational structure in place and staff understood their roles and responsibilities.

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

- People were regularly engaged and asked for their views about the service to see if any changes were required. This feedback was gathered in different ways and took into account a person's needs. For instance, we saw that one person would be unable to attend the regular meetings for people using the service, so the registered manager met with them at home instead to share the information from the meeting with them.

Continuous learning and improving care

- The service recognised the importance of regular quality monitoring. Systems were in place to make improvements and monitor outcomes.

- Audits were carried out on a regular basis of all records. Any action required was noted and followed up. We could see detailed audit trails in the people's files that we looked at.

Working in partnership with others

- The service worked effectively with local health and social care professionals and services to ensure people's needs were being met appropriately.
- The registered manager told us the service worked closely with other local organisations and the service had a Community Connector who facilitated these relationships between people and local groups and facilities. This included local leisure centres, libraries, colleges, churches and non-profit organisations.
- People were supported to access local volunteering and employment opportunities.