Nottinghamshire County Council

Nottinghamshire County Council Shared Lives Scheme

Inspection report

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Date of inspection visit:
25 October 2016
26 October 2016

Date of publication:
22 November 2016

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 25 & 26 October 2016. Nottinghamshire County Council Shared Lives Scheme supports peoples with a learning disability and/or mental health support needs to live with a Shared Lives carer, in order that they can live as full and active a life as possible. On the day of our inspection 71 people were using the service.

The service had a registered manager. 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.

People felt safe and carers understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were assessed and steps put into place to reduce any known risks.

There was a sufficient number of carers available to meet people's needs and support was provided as required to support people to safely manage their medicines.

Carers were provided with the knowledge and skills they needed to be able to care for people effectively. People received the support they required to have enough to eat and drink and were fully involved in meal planning. People were supported, where required, to arrange and attend appointments with healthcare professionals.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found that carers were aware of the principles within the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were treated with kindness by their carers and caring relationships had been developed. People were able to be fully involved in the planning and reviewing of their care and they made day to day decisions. People were treated with dignity and respect by their carers who understood the importance of this.

People were provided with care and support that was responsive to their changing needs. Carers also encouraged people to develop independent living skills and continue with any hobbies and interests they had. People felt able to make a complaint and told us they knew how to do so. Whilst there had not been any formal complaints, the registered manager responded immediately to any concerns.

People, carers and shared lives staff gave their opinions on how the service was run and suggestions were implemented where possible. There were effective systems in place to monitor the quality of the service.

These resulted in improvements to the service where required. The culture of the service was open and honest and the registered manager encouraged open communication.

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.

People received the support required to keep them safe and manage any risks to their health and safety.

People received the support needed to manage their medicines.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People were cared for by carers who had the required skills and knowledge.

People were asked for their consent. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were supported to eat and drink enough.

Access to healthcare services was maintained.

Is the service caring?

Good

The service was caring.

There were positive and caring relationships between people and their carers.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs and

care plans were regularly reviewed and updated to ensure they contained accurate information.

People knew how to make a complaint and felt able to do so.

Is the service well-led?

Good

The service was well led.

There was an open, positive culture in the service and people were asked for their views about the service.

There was an effective quality monitoring system to check that the care met people's needs.

Nottinghamshire County Council 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.

We visited the service on 25 & 26 October 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because the registered manager is often out of the office visiting service users. We needed to be sure that they would be in.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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.

During our inspection we visited and spoke with seven people who were using the service and seven shared lives carers. A shared lives carer provides accommodation and support to people using the service on a self-employed basis. We also spoke with a shared lives co-ordinator, a shared lives support officer and the registered manager. We looked at the care plans of three people and any associated daily records such as medicine administration records. We looked at two staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living with their shared lives carer. One person said, "I feel very safe, much safer than where I lived before." Another person said, "I am safe, I can talk to my shared lives carer about anything." During our visits we observed that people were comfortable and confident interacting with their shared lives carer. People understood who they could speak to if they had any worries or concerns.

People were supported by shared lives carers who knew how to keep them safe and what action they would need to take to report any concerns. The registered manager ensured that shared lives carers were provided with the required skills and development to understand their role in protecting people. The shared lives carers told us they would have no hesitation in reporting any safeguarding concerns. People also had a linked social worker who could be contacted in the event of any safeguarding concerns. One person described a recent example where they had been supported by their social worker and shared lives co-ordinator to overcome some difficulties. Relevant information had been shared with the local safeguarding authority when any incidents had occurred.

Steps had been taken to protect people and promote their safety. People's care plans contained information about how they should be supported to keep them safe. For example, one person's care plan noted that they could sometimes be vulnerable when going out of the house alone. Steps were taken with the person's involvement to ensure they took practical steps to reduce their vulnerability and still be able to go out alone when they wanted to. The person and their shared lives carer told us this had helped improve their confidence. The shared lives co-ordinators we spoke with told us that they would raise any matters of concern without delay so that they could be resolved.

People told us that any risks to their health and safety were appropriately managed by staff. One person told us that the risk of them self-harming had been assessed with their involvement and that appropriate control measures were in place to reduce risks to their health and safety. The shared lives carers we spoke with had also been involved in the process of assessing the different risks to people's safety. One carer said, "There is a thorough assessment before the placement starts."

People's care plans confirmed that risk assessments were carried out to determine the level of risk of various factors. For example, assessments were carried out of the house and the risk of a person self-harming. The assessments were also reviewed on a regular basis and ensured that steps were taken to reduce any known risks. For example, a risk assessment of a house had identified some building improvement works that were required to make it safer. These works were then carried out as suggested. Carers told us they were made aware of different risks to people's health and safety and knew how to manage these. For example, one person was identified as being potentially vulnerable when crossing roads. Work had been carried out to reduce these risks while still enabling the person to go out alone when they wanted to.

Prior to a placement starting a set of house rules were agreed, some of which were designed to reduce any known risk factors. For example, one person was at risk of their mental health deteriorating rapidly and

there was an agreed rule that they would talk with their carer should they started to feel unwell. We saw that this agreement was working well as the person told us that they now had 'more good days than bad days.'

There were sufficient shared lives carers available to meet the needs of people using the service. The registered manager told us that new shared lives carers would be taken on before any additional placements could be made. This ensured that there were always sufficient carers available to be able to meet people's needs. Some carers also provided short breaks for a defined period of time. This provided additional capacity so that other carers or people's own family could take holidays and people would still be supported.

There were sufficient numbers of shared lives co-ordinators available to ensure that the workload could be evenly distributed and that staff could take planned rest days and leave. The staff we spoke with felt that their own caseloads were manageable and they worked well together. The provider had taken steps to protect people from staff and shared lives carers who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. Shared lives carers were required to undergo a vetting process to identify if there was any factors that would prohibit them becoming an approved carer.

People told us they received the support they required to safely manage their medicines. One person said, "I now manage my own medication, which I couldn't do when I moved in here." Another person told us that they took their own medicines but their shared lives carer checked to make sure they were taking medicines as prescribed. The shared lives carers we spoke with told described the different levels of support people required to manage their medicines. Carers received training in the safe handling of medicines and told us they felt well supported in the management and administration of people's medicines.

Shared lives carers provided the level of support people required to manage their own medicines. Some people managed their own medicines independently and did not require any support, whereas other people required their carer to help with ordering and administering their medicines. People's care plans contained information about what support, if any, they required with their medicines. Where required, carers completed medication administration records to confirm whether or not people had taken their medicines. Training was provided to carers when they joined the scheme and on an on-going basis.

Good

Is the service effective?

Our findings

The people we spoke with told us their carers received regular training and were competent. One person said, "I know [my carer] gets lots of training, they tell me what they have done." Another person told us, "[My carer] has had training to help them support me, we have talked about what training [my carer] needed."

People were cared for by shared lives carers who were provided with relevant training and regular support. The carers we spoke with told us they received all the training they needed to carry out their duties competently and were positive about the quality of training provided to them. One carer said, "We get regular training in things like first aid and safeguarding." When a new carer joined the scheme they were expected to complete the Care Certificate. Carers also told us that they were provided with training relevant to the needs of the person they cared for. For example, recent training had been provided in diabetes awareness and administration of injections where required. The shared lives co-ordinators also received a programme of training that was relevant to their role and told us that the training enabled them to carry out their role effectively.

Carers told us they received regular support through review meetings and this was confirmed by the records we looked at. This gave carers the opportunity to discuss how the placement was working and any support they needed. Shared lives coordinators also received regular supervision from the registered manager and told us they felt well supported. Records confirmed that staff received regular supervision meetings where they discussed their caseload and other areas such as any training and support required. New staff members were provided with a role specific induction and the opportunity to shadow a more experienced member of staff.

People told us they were asked to provide their consent prior to a placement going ahead. One person said, "We all sat down and talked about my care plan and if I was happy to live here." Another person told us, "I had a few visits first and I was asked if I was happy to go ahead with everything." In addition, people confirmed that their shared lives carer asked for their consent before providing any care or support to them.

People's care plans confirmed that they were fully involved in the process of designing their care plan and had given their consent. The carers we spoke with told us that people were in control of their own care and decision making as much as possible. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and saw that where people lacked the capacity to make a decision their rights under the MCA were respected. The registered manager told us that any assessments of people's capacity to make particular decisions would be made by external professionals. We saw records which confirmed that capacity assessments had been appropriately carried out with the full involvement of relevant people.

The carers we spoke with had a good understanding of the MCA and described how they supported people to make decisions where possible. Training in the MCA was provided to carers and regular discussions were held during review meetings with carers. People's capacity was also kept under review and reassessed, should a person's capacity to make a decision have changed over time.

People received different levels of support to prepare their meals and drinks. One person said, "I prepare my sandwiches to take out with me. My carers make the dinners." Another person said, "I am trying to help out a bit more in the kitchen. We decide together what food to buy." The shared lives carers we spoke with also confirmed that they provided the appropriate level of support to people with regards meal planning and preparation.

People did not require support to be able to eat their meals and take drinks. The carers we spoke with told us they tried to encourage a varied and balanced diet. One person told us that they were pleased they had recently lost some weight and told us they had recently learned about the importance of a balanced diet. Shared Lives schemes encourage carers to include the person using the service as a part of their family. We saw that this ethos also covered mealtimes and people were fully involved in planning what food was bought and consumed. Carers were provided with an allowance to ensure that sufficient quantities of food and drinks could be bought.

People's care plans provided information about their likes, dislikes and any dietary requirements. The carers we spoke with told us they were made aware of any important information, such as any food allergies before the person moved into their house. People told us that their food choices were respected and that their carers also assisted them in maintaining a varied and balanced diet.

The people we spoke with confirmed that they had access to any healthcare professionals they may need to see. One person said, "I've started going to the doctors on my own." Another person said, "My carer makes appointments for me and comes with me." The shared lives carers we spoke with confirmed that, if required, they would make healthcare appointments for people. Some people required a chaperone when attending appointments and carers provided this service as well.

We saw that people had regular access to a variety of healthcare services as required. For example, one person told us they had diabetes and had recently attended an annual check-up for this. People were also supported to maintain links with any specialist services they had used prior to taking up a Shared Lives placement. For example, some people received support from community mental health services. Where guidance had been provided by healthcare professionals, this was understood and implemented by the person using the service and their shared lives carer. One carer told us they worked in partnership with the person using the service to understand their mental health condition and had noticed positive results.

Good

Is the service caring?

Our findings

The people we spoke with told us they had developed positive relationships with their shared lives carer as well as with the shared lives co-ordinators. One person said, "We have a good laugh together." Another person told us, "My carers are very nice, they take good care of me." We were also told, "I am looked after very well, we have some 'girly' time when I get home in the evenings." The shared lives carers we spoke with described how they had welcomed people into their families and invested a lot of time and effort into building positive relationships. One carer said, "We don't do this for the money, it is a full time commitment but we really enjoy it."

During the home visits we carried out we observed that there were positive relationships between people and their carers. One person showed us how their carer had helped them to celebrate their achievements since the start of their placement. This had helped them to focus on future goals and had also inspired them to write a book about their experience. They told us that their shared lives placement had helped them build confidence and this was due to the positive relationship they had with their carer.

The registered manager told us that a lot of work went into matching people with carers who had similar personalities, likes and dislikes. The carers we spoke with also confirmed that there was an extensive matching process undertaken before people moved into their home. This included some visits as well as an exchange of information. This process ensured that people were matched with carers that they had already developed a positive relationship with. People's care plans also described people's needs in a person-centred way. Care plans contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People were fully involved in making decisions and planning their own care. One person said, "'I made the decision to come and live here." Another person told us, "I am in control and we have made changes to my care plan as things have changed." The shared lives carers we spoke with also confirmed that people were able to be in control of making their own decisions as far as possible. Carers were also involved in regular reviews of people's care and told us that their views were taken into account when a decision needed to be made.

The people we spoke with told us that they made day to day decisions about what they wanted to do and where they wanted to go. For example, one person visited a day centre during the week and their carer helped them to travel there. Another person had made the decision that they wanted to appear in a television interview which they told us they had enjoyed doing. The person's carers told us that this had been a significant achievement and they supported the person to carry out the interview. Records confirmed that people and their carers had been involved in providing information for their care plans. Care plans were reviewed with people if they wished to be involved in this process.

Adaptations were made to allow people greater autonomy and increase their ability to make decisions. For example, information about the service was provided in accessible formats to make it easier to read and understand. Carers communicated with people in the most appropriate way and could be provided with

specialist training should it be required. Attempts were being made to recruit more carers from minority ethnic backgrounds in order to meet any future demand to care for people from diverse backgrounds.

The people we spoke with told us they were treated with dignity and respect by their carer. One person said, "They (carers) treat me properly." Another person said, "We have a good relationship, I am included as part of the family." The carers we spoke with told us about the importance of treating people with respect in order to make a placement successful.

People told us that their right to privacy was fully respected and that they had their own space in their carer's house. In addition, people had access to other areas of the house and told us that there were no restrictions on which parts of the house they could access, unless agreed before the placement started. People also told us that they were treated respectfully by their shared lives co-ordinator whenever they visited.

Good

Is the service responsive?

Our findings

The people we spoke with told us they received the support they needed in line with their needs. One person said, "My carers support me when I need it. But I am more independent now." Another person told us, "I go on holidays with my carer, I feel like part of the family." We were also told, "I've had a pretty rough life, but I am the happiest I have been for a long time now."

Before people started to use the service there was a thorough process to fully assess their needs and match them with an appropriate shared lives carer. This process fully involved the person who was able to identify what they support they wanted. People had the opportunity to stay for short breaks before moving in permanently to be sure the placement was right for them. One person told us that they had gradually increased the lengths of their stays until they felt they were ready to move permanently. The registered manager told us that shared lives carers were also fully supported throughout this process to ensure they also felt able to meet the needs of the person using the service.

People were supported and encouraged to participate in activities and to carry on with any hobbies they had. One person enjoyed spending time in the garden and told us they often helped out picking fruit and clearing leaves, which they enjoyed. Some people regularly accessed day centre services and their shared lives carers told us they encouraged this. The shared lives carers we spoke with described the importance of people living active and fulfilled lives and worked with them to identify any activities they would like to carry out. One person had visited the ground of a football team they supported, with the support of their shared lives carer. They told us this had been an ambition of theirs and how much they had enjoyed the trip.

People were also encouraged to develop living skills to build their independence. For example, one person enjoyed helping out in the kitchen but had previously lacked the confidence to do so. With some support, encouragement and education they had been able to help out with preparing ingredients for family meals. Other people told us that they liked to help with the cleaning and doing their own laundry. Shared lives carers and co-ordinators worked with people to identify realistic and achievable targets and these were reviewed on a regular basis.

The shared lives carers we spoke with told us they were provided with sufficient information about people's needs before agreeing to accept a placement. People had care plans which were reviewed on a regular basis and changes and additions were made when required. For example, one person's care plan had been updated to reflect the fact that they were more independent and did not require as much support as previously. All care plans were maintained electronically which enabled the shared lives co-ordinators to make any changes in a timely manner. We saw that this worked in practice and any updated information was sent to the carers as required.

The people we spoke with felt they could raise concerns and make a complaint and knew how to do so. One person said, "I have no complaints, but I would call my coordinator if I needed to." Another person told us, "I would speak to my shared lives carer. They would deal with it for me." People and their shared lives carer had been provided with information about how to make a complaint as well as the registered manager's

direct contact number.

There had not been any formal complaints made in the 12 months so we could not assess how complaints were responded to. We saw that where people and shared lives carers had contacted the office with a concern or query, prompt action was taken to improve the service. There was a clear complaints procedure in place which identified the process people should follow to make a complaint. The registered manager told us they would take any complaints seriously and use them as an opportunity to improve the service.

Good

Is the service well-led?

Our findings

The people we spoke with told us they felt comfortable approaching staff or the registered manager and that there was an open and honest culture within the service. One person said, "I can speak up about anything." Another person told us, "I don't have any problems, but I know who to contact if I need to." The shared lives carers we spoke with also told us there was an open and inclusive culture within the service. One carer said, "The manager is very approachable, I can contact them and they get straight back to me with an answer."

Regular communication was maintained with people and carers through home visits and telephone calls. In addition, a regular bulletin was sent out which provided important updates and information about any changes to the service. In addition, carers told us that they were encouraged to be open about any mistakes that may occur and said they would not hesitate to contact the registered manager. The registered manager told us they stressed the importance of being open and honest during carer's induction process. The shared lives co-ordinators we spoke with told us there was an open and honest culture in the service. We were also told they felt able to raise issues and make suggestions and told us they felt like a valued member of the team. There were regular staff meetings and records showed that staff were encouraged to contribute to these.

There were strong links with external agencies, healthcare professionals and Shared Lives Plus which demonstrated that the service was open to external scrutiny and suggestions of improvements that could be made. Shared Lives Plus is an agency that provides advice and support to shared lives services across the country. The registered manager told us that they attended regular management level meetings with managers of other shared lives schemes. This encouraged sharing of best practice and joint working between providers.

The service had a registered manager and they understood their responsibilities. The people we spoke with told us the registered manager demonstrated good leadership skills and strived to improve the service. One person said, "I know who the boss is and think they are doing a good job." The shared lives carers we spoke with also felt that the registered manager provided positive and strong leadership. One carer said, "The previous service had some problems, but since [the registered manager] took over it has improved 100%."

There were clear decision making structures in place, staff understood their role and what they were accountable for. Sufficient resources were provided to maintain the quality of the service. For example, the provider had recently paid for an independent audit of finance management procedures within the service. This had identified areas for improvement and we saw that these recommendations had been taken on board. The registered manager had a clear vision of the future development of the service and told us that any growth would be carried out in a managed and careful way.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The person and relatives we spoke with told us they had been asked for their opinion of the quality of the service. One person said, "They ask me if I'm happy with everything in my reviews." Another person told us, "They visit every few months to check everything is still OK." The shared lives carers we spoke with also confirmed they had been asked for their views about the service. One carer said, "They often phone me up or visit to ask if everything is alright. The big boss even phoned me up once, which was nice!"

There was a regular 'customer focus group' which enabled people and shared lives carers to provide feedback about the service. This also provided people with opportunities to suggest ideas and improvements that could be made. For example, people had discussed the idea of having photos taken to provide a more visual way to promote the shared lives scheme. The registered manager told us they were in the process of developing and sending out satisfaction surveys as another means of obtaining people's feedback.

The quality of the service people received was regularly assessed and monitored. The provider had carried out a recent audit of financial procedures to ensure people's finances were being adequately safeguarded. This had identified a number of areas for improvement and an action plan was put into place to strengthen financial procedures. Regular audits were carried out when paperwork was returned to the office. For example, a random sample of records relating to individual financial transactions were audited on a regular basis. This was to check that people's finances were being safeguarded and that their money was being spent appropriately. Medication administration records were also checked to ensure that people were being supported to take their medicines as prescribed.