Derbyshire County Council

Shared Lives Derbyshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 May 2016 and was announced. A second day of inspection took place on 23 May 2016 in order to visit people being cared for at their home.

Shared Lives Derbyshire recruits and monitors paid carers to provide support to adults with learning disabilities within carers' own homes. At the time of this inspection 70 people received support from paid carers recruited by the scheme.

The registered manager had been in post for six weeks at the time of our inspection. 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.

We found checks help ensure people were safe were not always completed. Safeguarding and medicines management training for shared lives carers was not always up to date. Medicines recording practice did not always follow good practice guidance. Shared lives carers' training and their skills and knowledge of the Mental Capacity Act (MCA) 2005 had not been consistently kept up to date.

The service did not ensure people had access to information about how to make a complaint or express a concern about the service. Nor did it have systems and processes that ensured the service reviewed all complaints and concerns raised by people using the service. Other systems and processes were not effectively operated to ensure the quality and safety of services and to ensure risks were identified and reduced.

People received support from sufficient numbers of shared lives' carers. People received individual support and attention when living in households with more than one person being cared for. Shared lives carers were checked prior to accepting a care arrangement to ensure they were safe to care for people using the service. People were cared for within warm and caring relationships within family environments.

Shared lives carers' demonstrated they understood how to support people maintain their independence and promote their dignity and privacy. People received responsive and personalised care and were involved in planning their support. People's views were listened to and respected. People were supported with any dietary needs and received sufficient nutrition and hydration.

The service was viewed as approachable and the registered manager was leading a review of the development of the service with an open leadership style.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Checks to ensure people were safe were not always made. Medicines were not always recorded in line with guidelines and accident and incident forms were not always reviewed by the service. Shared lives carers had been subject to pre-employment checks to make sure they were suitable to work at the service. The service had deployed sufficient numbers of shared lives carers to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Shared lives carers' training was not always kept up to date and carers lacked information and knowledge on the Mental Capacity Act (MCA) 2005. People were supported to have good health and nutrition.

Is the service caring?

Good

The service was caring.

People were supported in warm and positive relationships with their shared lives carers who understood the principles of dignity, respect and independence. People were involved in what care and support they required and their views and decisions were respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Systems to ensure people could complain and that their complaints were reviewed by the service were not always effective. People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people and their preferences were respected.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems and processes to check on the quality and safety of services and to reduce risks to people were not operated effectively. The registered manager demonstrated an open management and leadership style and was involved in reviewing the development of the service.

Shared Lives Derbyshire

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 18 and 23 May 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that there would be someone in the office. The inspection was carried out by an inspector and an 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.

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 had not sent any notifications to us to review since the last inspection in January 2013. Notifications are changes, events or incidents that providers must tell us about.

During our inspection we spoke with three people who were cared for by a shared lives carer, and eight shared lives carers. We spoke with one shared lives social worker and one shared lives community care worker. We also spoke with the registered manager and another of the provider's senior management team with responsibility for the service.

We looked at five people's care plans. We reviewed other records relating to the care people received and how the agency was managed. This included training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

One shared lives carer told us one of the people they cared for suddenly changed their behaviour and stopped attending an event they had previously enjoyed. The shared lives carer told us, "[Some of the people] who took [them] – I think [they] didn't feel safe with them." The shared lives carer told us they had not checked if the people who escorted the person were safe to do so, nor had they raised this sudden change of behaviour as a safeguarding referral with the shared lives team. This meant there had been a failure to identify a potential safeguarding incident and make a referral in line with the local safeguarding procedures. We made a safeguarding referral to the local authority who made enquiries into the concern and were satisfied that on this occasion there had been no cause for concern. We remained concerned that consideration of this being a safeguarding incident had not been considered prior to our inspection. Other shared lives carers we spoke with told us they had been trained in safeguarding. They were able to identify the potential signs of abuse and tell us how they would report concerns.

We were not assured that reports of accidents and incidents were always reviewed by the service to identify and minimise risks to people. This was because we were told shared lives carers either sent accident and incident forms to the social worker of the person being cared for, or to the shared lives team. This meant there was no regular overview, analysis and learning from accidents and incidents with the aim of reducing risks to people. We were therefore not assured that risks to people were always safely managed by the service.

We saw some records of people's medicines administration record (MAR) charts when we visited people in their own homes. These were completed to confirm people had received their medicines as required. We saw that people's medicines were stored safely. Most, but not all shared lives carers we spoke with told us they completed MAR charts if they assisted a person with their medicines. Shared lives carers are required to keep and maintain records about the person and their care and support. Accurate records of medicines administered to a person are important and confirm if medicine is given as prescribed, is effective and whether any side effects can be attributed to medicines administration.

Most shared lives carers told us they were aware of risks to the people they cared for and took action to reduce these. For example, one shared lives carer told us they took action to reduce falls to the person they cared for. They said, "[All clutter] is kept out of the way so [name of person] doesn't trip up, and [they] have a night light on." Records showed that prior to a shared lives arrangement being approved, a safety checklist was completed. This confirmed written personal evacuation plans were in place to make sure people being cared for could be evacuated safely in an emergency. It also checked that the shared lives carers had a first aid box and there were no trip hazards around the premises. Care plans in place for the person being cared for also identified any individual risks to people and how these could be reduced. For example, we saw one person had limited road safety awareness and so was accompanied whenever near roads.

Shared lives carers we spoke with had a variety of care arrangements in place for people. Some shared lives carers supported people on short breaks and other shared lives carers had people living with them on a full time basis. All of the shared lives carers we spoke with could demonstrate how they spent individual time

with each person and how they were able to meet people's individual needs. This meant that people had their needs met as shared lives carers were able to spend individual time with them.

We were told that the recruitment process included checks on the previous employment, character references and checks with the disclosure and barring service (DBS) for the people applying as main carers for people. When completed, applications were considered by a panel where the final approval for the person to become a shared lives carer was given. We looked at the recruitment records for two shared lives carers and requested further DBS details for another two shared lives carers. We found evidence of these checks being completed.

Requires Improvement

Is the service effective?

Our findings

Shared lives staff told us they found it difficult to get all shared lives carers' training updated. We asked for the policy on what areas of training and at what frequency training was required for shared lives carers. This was not available. We looked at three training records for shared lives carers. The training records we viewed did not demonstrate that important areas of training, to support people's needs, were kept up to date. For example, first aid training for one carer had been completed in 2013, another carer had completed this in 2014 and there was no first aid certificate for the third shared lives carer. The health and safety executive strongly recommend that all first-aiders undertake annual refresher training during any three year certification period. Therefore we were not assured that shared lives carers were supported to maintain skills and knowledge, based on best practice, to carry out their roles and responsibilities.

In addition, whilst all shared lives carers had received safeguarding training this had not always been kept up to date. Staff told us shared lives carers were required to complete safeguarding training every three years. Safeguarding training for one shared lives carer was four months out of date. Records for a fourth shared lives carer did not show they had completed their safeguarding training as required. We were told this person had completed their training in 2014 however the service had not obtained evidence that this training had been completed. Therefore the service could not be assured this training had taken place. Not all safeguarding training was up to date. During our inspection we were made aware of one incident that had not been identified by a shared lives carer as requiring a safeguarding referral. This meant not all shared lives carers had received the required safeguarding training to identify safeguarding incidents.

Shared lives carers told us they received training to help them in their role. Some of this training was through the shared lives scheme and some of this training was acquired through the carers other employment. However not all training provided the shared lives carers with the skills and knowledge they needed to care for people. For example, we were told that the safeguarding training completed by one shared lives carer three years ago, did not provide help with keeping people safe online. This shared lives carer was currently caring for a person who was considered to be vulnerable online.

One shared lives carer told us they did not complete the medicines administration record (MAR) chart supplied with the person's medicines. They told us, "I don't do a MAR sheet for [name of person]. I have a calendar and I mark on there to record. It's easier to have the calendar to mark it off as it is difficult to do the MAR sheet." We were shown the medicines management training records for three shared lives carers. The records showed one shared lives carer had not had any refresher training in medicines management since 2007. The last dates recorded for any training in medicines management for the other carers were recorded as 2010 an 2013. Records of medicines administration were not always kept in line with expected good practice. In addition, training on medicines management had not been kept up to date for shared lives carers. Shared lives carers had not been supported to keep their knowledge and practice up to date and this put people at risk. Records relating to the administration of the persons medicines were not being recorded in line with the services carers' agreement.

We found that not all shared lives carers had adequate knowledge of people's mental capacity assessments

and any best interest decision making. Two shared lives carers told us, "I think [people] do have MCA assessments that are with their full-time carer guardians," and, "I think [person] has got capacity around [their] finances and I don't know if there is any capacity assessment for anything else." Another shared lives carer told us, "[Name of person] has not had a mental capacity assessment, not as I'm aware, but her key worker tells me she has assessments at the day centre." One shared lives carer who cared for people on short breaks told us, "[Name of person] is with his family so [person] doesn't need a capacity assessment." Another shared lives carer who had people living with them permanently told us, "I don't know much about the Mental Capacity Act. [My partner] has all the training but [they] are not the carer." Understanding what decisions people have the capacity to make, and those that are legally made in their best interests are safeguards to ensure people are not unlawfully restricted in their choices. Shared lives carers did not have the knowledge and understanding of the MCA to ensure that they were appropriately meeting people's needs, this put people at risk.

The training records for three shared lives carers showed only one shared lives carer had received training in the Mental Capacity Act 2005 (MCA). Although a carers meeting in February 2015 had discussed the MCA we were told not all carers attended these meetings. No minutes of these meetings were available and we were therefore not assured that shared lives carers received this information if they were unable to attend in person. The provider could not be assured that all shared lives carers had received sufficient information, skills and knowledge to understand how the MCA applied to the people they were caring for in the MCA, or correctly understood the principles of the MCA.

This evidence demonstrates the service were not able to assure themselves or CQC that shared lives carers had received adequate skills to enable the carrying on the regulated activity of 'personal care' competently. This was because appropriate training was not provided and maintained.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with had lived with the same shared lives carer for a substantial period of time. We observed that shared lives carers and the people they cared for demonstrated they understood people's needs. For example, one person expressed some anxiety about their day and the shared lives carer understood why this would have caused anxiety to the person. They were able to talk over the issues and this helped the person feel understood.

Training and knowledge in the Mental Capacity Act 2005 (MCA) varied. 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. Where a person may require restrictions on them while living in the community applications are required to be made to the Court of Protection. No applications had been made to the Court of Protection for the people whose care plans we reviewed. We did find that mental capacity assessments and best interest decisions had been completed where identified as required. For example, for when people were deciding to live with a shared lives carer or for when their finances were being managed by a shared lives carer.

We saw that before people agreed to live in any shared lives arrangements, they were given time to build up relationships with their shared lives carers and any other people living in the house. Shared lives carers told

us they thought this process worked well as it allowed them time to understand and feel confident to meet their needs. One shared lives carer told us, "It was practical things and common interests that helped match us." Shared lives carers told us they did not feel under pressure to accept arrangements that they felt they were not able to support. People's day to day needs were met as they were considered prior to any permanent care arrangements being agreed.

When we visited people living with a shared lives carer we could see they were involved in decisions over what to eat for dinner that evening. We saw people also had access to drinks of their choosing. People expressed their preferences for different types of meals and told us they enjoyed the food available. Shared lives carers we spoke with told us about people's dietary needs and preferences and how they met these. For example, one shared lives carer told us how the person they cared for needed their food cutting up so as to help them eat. Other shared lives carers told us about how they made sure people with diet controlled diabetes and coeliac disease had appropriate food to help them manage their conditions. Care plans for people contained information on their dietary preferences, for example we read that one person enjoyed a cooked breakfast at the weekend. Care plans also recorded if people had food allergies and we saw that people were supported to avoid these foods.

We saw other professionals were involved in people's care and support as required. For example, care plans showed when people needed to see a chiropodist or optician. We also saw that people received specialist health care when they had a health condition that required on-going monitoring and treatment.

Shared lives carers told us the staff at the service were helpful and supportive. Comments from shared lives carers included, "Overall, it's been really good. [Shared lives] staff talk through everything," "We get good support." and, "I'm happy, absolutely yes [with support from shared lives staff]." Another shared lives carer told us they had support from the carer support network. Recent meetings for shared lives carers had discussed new legislation and health and safety issues. This helped to provide some support to shared lives carers.

Good

Is the service caring?

Our findings

People we visited told us they felt their shared lives carer was kind and caring. One person told us, "I like it here." During our visit we could see the relationships between the shared lives carer and the people living with them were warm and positive. For example, the shared lives carer was interested in what people had done during the day and spent time with each person and talked with them about their day and their plans for the evening.

Other shared lives carers told us how they felt the shared lives arrangements worked well and they enjoyed their work. Some shared lives carers we spoke with had cared for the same people for over 20 years and spoke of the close bond between them. Other shared lives carers who cared for people on short breaks told us how they enjoyed planning things to do with the person. One shared lives carer told us, "We tell [name of person] what we're doing and [they] get really excited. We can tell when [they] are happy, we went to the [cinema] and [they] got excited."

People we visited all had their own private bedroom within the shared lives carer's family home. Shared lives carers we spoke with told us how they respected people's privacy and dignity. For example, one shared lives carer told us one person they cared for needed some support with washing. They told us, "[Name of person] has [their] own private room and I ask if [they] want me. I ask each time if I can help and I find [their] way is that they say, 'can you help me with this?'." Other shared lives carers told us that some activities, like watching the TV had to be negotiated and shared if there was only one TV in the home. Although this could potentially affect people's choices and privacy, shared lives carers did not report that people found this a problem.

One person we spoke with told us they liked to go to the bank on their own and socialise with their friends. Another person told us they enjoyed the responsibility of caring for the family pet. Care plans recorded what people could do independently, for example, if people could help with dinner by preparing vegetables. Shared lives carers spoke about how they helped people to be as independent as possible. One shared lives carer told us, "They all clean their own bedrooms and [names of people] hoover. They are quite tired when they get back from [the day centre] but they bring their clothes down to wash." Care and support was designed to support people's own independence.

People were involved in making decisions about their care and support. One person's care plan showed they had a mobility vehicle that was registered and insured in their name. Their care plan recorded the vehicle was for their use and they were involved in the decision making and colour choice of the vehicle. People's views had been recorded in their care plans, for example one person's care plan recorded they did not like to participate in activities away from home. People, and other people involved in their care and support, were involved in planning what care and support was needed.

Requires Improvement

Is the service responsive?

Our findings

We requested information on the number of complaints received since our last inspection and we were shown one complaint that had been resolved in line with the provider's complaints policy. This complaint was not from a person using the service. We saw information on how to make a complaint had been included in the pack of information supplied to shared lives carers. In addition information on complaints or compliments in an easy read format had been produced and was included in the information pack given to shared lives carers. As the information on how to make a complaint or compliment was given to shared lives carers and not to the people receiving the service we were not assured all people using the service had access to this information on how to make a complaint or compliment. In addition, when we were told people had raised concerns these had been made to the person's social worker. One shared lives carer told us, "We do review it with [name of person], if there are any concerns we go to [their] social worker." As the concerns were looked into by individual workers there was no system in place to monitor complaints received by the service as a whole. This was confirmed by the manager of the service. We were not assured the service operated a system to ensure it reviewed all concerns raised by the people using the service.

People we visited in their own homes told us they had no reason to complain about the care and support they received. One person told us, "I have no worries," another person told us, "I'm ok here." Other shared lives carers we spoke with told us people could raise any concerns they had in a variety of ways, including at any day centres they attended and at review meetings. One shared lives carer told us, "[Name of person] talks to the key worker and to me if something is worrying [them]."

People told us how they shared their views at review meetings with their social worker and shared lives carer so their care and support met their needs. People did this in different ways, for example, one person kept a diary of their interests and preferences. Another person recorded their views and played this as part of meetings to plan and review their care and support. Shared lives carers we spoke with told us people were involved in annual reviews of their care, with their social worker and other important people involved in the person's life. One shared lives carer told us, "[Name of person] takes control of their meeting."

People we visited in their own home spoke with us about the things they enjoyed doing and their aspirations. One person told us what they had been doing during the day and said, "I love doing that." People were proud of their achievements in a variety of areas including sport, volunteering and education. They told us how they were able to pursue their interests and how the shared lives carer supported them to do so. We saw how people were supported to celebrate their achievements and one person showed us a display of their sporting medals in their bedroom. Another person showed us how their interest in music was expressed in the design and decoration of their room. This demonstrated how people were supported to follow their interests.

One person showed us photos of their friends and told us even though they had moved area they still saw them every year. Another person told us told us they were going out that evening as they belonged to a sports club. One shared lives carer and the person they cared for spoke about how they worked with other local people to arrange social events. Relationships were valued and efforts were made to ensure important

relationships to people were supported and maintained.

Requires Improvement

Is the service well-led?

Our findings

We were concerned that systems and processes to reduce risks relating to the health, safety and welfare of people were not in place. This was because there was no policy and procedure to govern the standards required for the training of shared lives carers. As there was no policy for the training standards expected for shared lives carers we could not be assured that the variations we saw in the frequency and type of training met with approved standards. In addition, systems and processes to monitor shared lives carers' training were ineffective. This was because shared lives carers' training was not identified for refresher training prior to it expiring. We were also concerned that systems to obtain robust evidence of shared lives carers' training were not in place. One shared lives carer's training record did not record safeguarding training, had been completed. Staff told us this carer had completed their training however staff did not have the evidence of a training certificate to confirm this training had taken place. We were not assured shared lives carers were supported with the skills and knowledge needed to meet people's needs.

The shared lives service did not take action to reduce any risks to people receiving medicines or who had suffered accidents. This was because there was no policy and procedure in place to ensure information from accident forms or MAR charts, or other records regarding the health, safety and welfare of people using the service was assessed and monitored by the shared lives service. We saw shared lives carers were supplied with an accident and incident form template when they started the scheme. The guidance notes did not specify where to send the form to within Derbyshire County Council. Staff told us MAR charts and accident forms were sometimes checked by other teams and that an overview of MAR charts and accidents was not held by the service. The service did not operate effective systems or processes to ensure risks to people's health, safety and welfare were assessed, monitored and reduced.

Systems and processes to reduce risks to people were not in place. This was because staff told us applications for DBS checks on main carers indicated the care would be provided in the carer's own home. We were told this system would alert the service to anyone else associated with that address whose DBS record indicated they were unsuitable to work with vulnerable people. We asked the service for the recruitment policy for shared lives carers where this approach to DBS checking was agreed. This was not available. We were not assured that this was an adequate system to identify and minimise the risks to people using the service as there was no evidence this approach to managing risks had been approved by the service in a policy and procedure.

Accurate and complete records were not kept in respect of people's care and treatment. This was because not all shared lives carers completed MAR charts as required for the purposes of recording if medicines had been administered as prescribed.

Systems or processes were not in place to ensure notifications were sent to CQC as and when required. Notifications are changes, events or incidents that providers must tell us about. We found one accident form had been completed and sent to the service when a person had sustained a fracture from a fall. Bone fractures constitute a serious injury and providers are required to send a notification to CQC. The provider had not sent a notification to CQC of this serious injury.

In addition, we were not assured that the shared lives service sought feedback from the people using the service for the purposes of continually evaluating and improving the service. This was because people's views had not been sought by the service. The latest survey type questionnaire being developed was designed to collect the views of shared lives carers on how support to them could be improved. Nothing was available to show us the plans to obtain the views of people using the service. There was also no system or procedure to ensure that when people raised a concern or complaint with other people, for example their social worker or a day centre, that the shared lives team would receive a copy of that information to enable it to assess, monitor, improve and reduce risks to people.

This was a breach of Regulation 17of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager and a registered manager had been in post for six weeks at the time of this inspection. Since starting in post the registered manager had commenced a review of the service and had identified that improvements were needed. These included improvements to some of the issues we had identified at this inspection, however at the time of the inspection there were no timescales in place for the improvements identified.

The registered manager had also met with staff, commissioners and representatives from Shared Lives Plus to obtain professional views and ideas for good practice on the development of the service. The registered manager had developed a questionnaire type survey to involve shared lives carers in the review and development of the service. The registered manager was managing the service in an open leadership style by including other people's views in the review.

Shared lives carers that we spoke with told us they could contact the service and talk with the staff at any time. They told us they felt any issues raised would be dealt with fairly. One shared lives carer told us, "[Shared lives team] are open and welcoming and people have got open minds." Another shared lives carer said, "They're very open, [name of staff member] can talk to us about anything."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure quality and safety of services were assessed, monitored and improved and that risks relating to the health, safety and welfare of people were mitigated. Accurate, complete and contemporaneous records were not always kept. Feedback from people, and other information was not obtained for the purposes of continually evaluating and improving the service.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons deployed did not receive appropriate training as is necessary to enable them to carry out their duties.