

City of Bradford Metropolitan District Council

Shared Lives Adult Placement Scheme

Inspection report

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25 January 2019

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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 18, 21 and 25 January 2019 and was announced. At the time of our inspection there were 122 people using the service.

Shared Lives Adult Placement Scheme is a service offering short breaks, personalised day services ('Compass' scheme) or a full-time home to adults with learning disabilities or complex health conditions. Shared Lives carers are self-employed people who take someone into their own homes either permanently or temporarily to give the person's relatives a break. This enables the person to join in with the shared lives workers' family and community life. Shared lives carers are recruited and supported by a team of local authority social workers based in Cottingley near Bradford. We refer to Shared Lives carers as 'carers' throughout this report. Shared Lives also include a service called 'Time Out', which offers family carers relief by supporting the person who needs care for a few hours in their own home or their own locality.

Not everyone using Shared Lives receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection in July 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

Carers and service staff were recruited safely. Carers were offered training relevant to the needs of the people they were supporting. Shared Lives staff received training and updates and were supported by the registered manager, receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us carers were helpful, attentive and caring.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were

involved and consulted about all aspects of their care and support, where possible, including suggestions for activities.

People's healthcare needs were being met and medicines were managed safely.

Carers knew about people's dietary needs and preferences which were well documented in care records.

People were supported to access the local community and take part in their choice of activities.

People told us they knew how to complain. Records showed complaints received had been dealt with appropriately.

People told us the registered manager and social work team were approachable and supportive. The provider had systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Shared Lives Adult Placement 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 checked 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 between 18 and 25 January 2019 and was carried out by two adult social care inspectors, an adult social care assistant inspector and two experts 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. The inspection was announced to ensure the registered manager was available.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. A notification is information about important events which the provider is required to send us by law.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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.

Between 18 and 24 January 2019, we spoke on the telephone with six people who use the service, three carers and seven relatives of people who use the service.

On 21 and 25 January 2019, we visited the provider's office and spent time looking at records, which included nine people's care records, some in detail and others to check specific information, staff recruitment files and records relating to the management of the service. We also spoke with the registered manager, two social workers employed by the servicer and one support worker.

On 25 January 2019 one adult social care inspector held a focus group meeting at a local venue and spoke with six people who use the service and nine carers.

We took all this information into account when making our judgements about the service.

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. Safeguarding was considered during initial assessment, reviews and on an ongoing basis. We saw safeguarding concerns had been dealt with appropriately by the management team. People who used the service told us, "I have always felt safe with each member of staff of Shared Lives, they are all nice people" and a relative commented, "I am really, really pleased with the service that my (relative) receives. (Person) has the same member of staff and is very safe with her."

People were protected from any financial abuse. Where carers held money for safekeeping on behalf of people who used the service, records were kept and receipts for any larger purchases were obtained. These were checked during regular review meetings.

Shared Lives had a rigorous and robust selection process which was followed when new carers were recruited to ensure safe recruitment procedures were in place. This ensured only staff and carers suitable to work in their respective caring roles were employed. This included obtaining satisfactory references and carrying out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. One person told us, "Shared Lives told me about carers. I've done interviews with carers and have had input into who's appointed and that's really important to me."

There were enough staff deployed to ensure the safe operation of the service. However, we saw 27 people's reviews were overdue which the registered manager said they would have been able to chase up more proactively if they had more resources. Following our inspection, they sent us information about plans to ensure these took place in a timely manner in the future. From their response, we had confidence this would take place.

Information about people's medicines were recorded in care records. Support staff checked people were receiving medicines correctly during regular monitoring visits. We reviewed a selection of medicine administration records (MAR) and these were well completed and matched the information in people's care records. People we spoke with told us they received medicines at the correct times. One person told us, "I get tablets when I need them. I only take them on a morning and will tell my carer if I need some more."

Staff had received training in infection control and had access to personal protective equipment, such as gloves and aprons.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Carers told us they were confident about how to report incidents and accidents.

Overall risks to people's health and safety were assessed with risk management plans in place detailing how risks to people were to be controlled. These were detailed and showed the involvement of people and their relatives. However, one person's moving and handling assessment did not provide clear information on the

equipment needed and how this was to be achieved when they stayed at their carer's home. We raised this with the registered manager to ensure this was reviewed and addressed. From their response, we felt confident this would be addressed and following the inspection, they confirmed this had been actioned.

Risks associated with carers' home environment were assessed as part of the initial assessment. Action was taken to ensure people were cared for in surroundings that had the space and equipment to meet their individual needs. An environmental health and safety checklist was completed every three months by staff as part of the monitoring of the safety of service.

Is the service effective?

Our findings

We looked at the training and support provided to all staff and discussed this with the registered manager. Support staff and carers had access to a wide range of training, both face to face and on-line. Comments from people and relatives included, "The lady (carer) seems to be well trained... Yes, she definitely looks after me if that's what you mean? She is a caring lady and good at her work" and "I think that the staff know what they are doing. You can see it in terms of handling and helping my (relative) and using the equipment. It's not easy at times, but the carer is very patient and understanding."

Training records were kept and where carers had not attended, this was discussed during review meetings. Reminder letters were also issued to carers about outstanding training. We saw support staff tested carer's knowledge in areas such as safeguarding, during review meetings. Training topics were also discussed at regular carers meetings to share information and best practice, including health and safety and infection control. Some training was organised in carers' own homes to allow them to receive bespoke training according to the needs of the person they were supporting. For example, the registered manager was organising an OT visit to some carers' homes to support them with specific moving and handling training. Carers we spoke with told us they had access to a large variety of training including on-line and face to face training which was tailored to suit their needs. One carer commented, "I've been on a Shared Lives conference with workshops. I've been twice – there's always the opportunity for carers to go. Every year, they send out a list of training and we can choose."

The registered manager or a member of the social work team completed needs assessments before people started to use the service. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. Carers were subject to a detailed competency based assessment prior to caring for people. This ensured they had the right skills and knowledge to care for people. Carer competency and knowledge was reviewed on an annual basis. An action plan was put in place following each review to address any areas that needed improving. However, although we found some carers were not up-to-date with training, and this had usually been discussed as part of the annual review, this had not always been highlighted in the annual review actions. Following our inspection, the registered manager confirmed they had planned a review of the training matrix to ensure this fully captured the training and evidenced learning, which may have already been completed with another provider but was not currently documented on the Shared Lives training matrix.

The registered manager told us new carers completed a lengthy assessment, induction and training process which followed and exceeded Care Certificate standards. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Support staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Annual appraisals were also completed which looked at staff performance and development over the year. Staff and carers we spoke with told us they felt supported and said they could go to the registered manager or a member of the management and

support team at any time for advice or support.

People's nutrition and hydration needs were met. Care records contained detailed information about people's likes and dislikes and any specific nutritional needs. Where specific requirements were identified, such as extra nutritional support, training was provided to the carer to enable them to complete this, such as PEG (percutaneous endoscopic gastrostomy) feeding. PEG feeding is using a feeding tube inserted into a person's stomach through the abdominal wall to provide extra required nutrients and fluids. One person commented, "We do healthy eating, we do. She (carer) is a good cook."

People's healthcare needs were assessed and clear information on people's healthcare needs was provided to carers to help them provide appropriate care, and be aware of any medical conditions that needed management. We saw evidence in people's care records that the service had worked with other health professionals such as occupational therapists to help meet people's needs. One person told us, "When I've been to appointments, I speak for myself. You (speaking to carer) chip in and help me and don't take over."

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 when this is in their best interests and legally authorised under the MCA. For domiciliary care, this would be authorised via an application to the Court of Protection.

We found the service was working within the principles of the MCA. Staff at the service had been trained to understand the requirements of the Mental Capacity Act in general, and this training had been extended to the shared lives carers. The registered manager had a good understanding of the MCA. Appropriate referrals had been made to the Court of Protection. People's capacity to make decisions for themselves was assessed and the outcomes recorded within care plans. Information was recorded to show how to support people in decision making or specific decisions were made in people's best interests where they did not have capacity. We saw independent advocates were used where people had no family or friends to represent and support them. People we spoke with told us they could make their own choices about the things they liked to do. For example, one person had been supported to purchase a pink wheelchair. Their carer told us, "She chose to do it and she wanted it pink. It mattered to her and she loves it." We concluded people were involved in decision making to the maximum extent possible.

Is the service caring?

Our findings

People who used the service told us the following about carers and the service; "Yes, it's grand. We're part of the family", "This lady (carer) has made my life. We go all over now. I've always got a friend where I didn't have before. I think everyone should have a friend like this" and "Staff are kind, caring and patient. I go round to (carer's) house too, so I feel like one of the family! I have a meal there and know (carer's) family. It's really good care that I receive."

Many carers had supported people for many years, some since childhood. One person's relative commented, "My (relative) works with the same carer all the time and we are so glad of that continuity in (person's) care."

We saw care plans reflected the promotion of people's independence, for example; encouraging people to wash areas of their body themselves and choosing how they spent their time. Care plans were person-centred and demonstrated the service had taken the time to get to know people, their individual likes and preferences. People's views and those of their representatives were sought and used to make changes to plans of care. People's views on the care and support provided were recorded during review meetings.

People who used the service were supported to be as independent as possible. One person told us, "I used to live by myself and I moved into their house. I feel comfortable and help around. I wash up and put plates away, wash the table and do everything." A carer commented, "Very occasionally (person) can have a night on (person's) own. (Person's) friend comes over to stay. (It's about) development and growing up. (Person) is a full capacity person who needs some support rather than someone who is dependent."

The service promoted good relationships between carers and staff. A robust process was in place to match carers with the right experience with people who had similar interests and aspirations. People were involved in making decision about whether carers were right for them.

Equality and human rights was considered during the initial assessment of carers and during review meetings. For example, where people wished to be supported by a person from the same cultural background, this was supported. This helped ensure people were not discriminated against. One person commented, "I choose these female Asian carers as they understand our culture and religion and I can speak to them in Punjabi therefore (there's) no language barrier."

During our focus group meeting, we observed carers communicated well with people to provide comfort and reassurance and spoke to them in a respectful and caring manner. For example, we saw a carer held hands with the person they were supporting to offer support and ensured they were involved in the discussions to enable their views and opinions be heard. We saw good evidence of good, caring and trusting relationships developed, with plenty of laughter and shared jokes. Through our conversations with carers, they explained how they maintained people's dignity whilst delivering care, such as ensuring doors and curtains were closed during personal care.

Carers were mindful of people's privacy. One carer explained how they had provided a private bathroom and toilet for the person they supported. Care files contained information about people's life histories, interests and hobbies and through our discussions with people, carers and observations we concluded staff knew people they supported extremely well. One carer commented, "It's more that you're like family. We've become like family. We've been on holiday as family. (Person's) my best friend."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations, review of records and discussion with the registered manager, staff, carers, people and relatives showed us the service was pro-active in promoting people's rights. For example, the use of adult sensory tools, religion, diet and choice of carers.

Is the service responsive?

Our findings

Care plans showed people's needs were assessed prior to using the service. Detailed information was recorded to assist carers in providing appropriate care and to assess if specialist equipment, such as pressure relieving equipment or moving and handling equipment needed to be put in place. These were subject to regular review. Care records were extremely person-centred and reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes.

People's communication needs were assessed and information on any specific methods of communication needed were listed along with any aids such as hearing aids and glasses. During our focus group we saw carers used different ways such as gestures and signing to communicate effectively with the people they supported.

People's cultural needs were carefully considered during care planning and when considering the compatibility of carers. For example, two people had been matched who came from similar areas of the world. The registered manager told us this initial planning meant the match would be more likely to work. This was evidenced through the high numbers of successful and long-term matches achieved.

People's future goals and aspirations were recorded, although the setting and review of these could be done in a more structured way. Following the inspection, the registered manager organised a planning meeting to develop a clearer tool for recording of outcomes and aims.

Information was available to people in a variety of formats about how the service operated and any events which took place. One person told us, "I've got Shared Lives information on my tablet." People and carers were involved in events that took place.

People who used the service and relatives told us they had been involved in the care planning process.

People's future needs were planned carefully and some people had funeral plans in place. The registered manager told us planning for people's end of life care was an area they were looking to focus on in the future. They told us discussions around this area were part of the agenda on the upcoming staff meeting and the carer support meeting.

Complaints were taken seriously and investigated. One complaint had been received since our last inspection which was investigated thoroughly, including lessons learned for the future and a clear outcome. The complaints procedure was detailed in the service user guide and available in a variety of formats, including easy read. People told us they knew how to make a complaint or raise a concern but had not needed to do so. A relative commented, "We have never had to make a formal complaint as such, no, no, never."

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and

understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help carers meet their needs. For example, one person was supported to use an iPad and another supported to use an assisted keyboard. We saw service information was printed in easy read and large print format. A staff member commented, "One of the service users I'm matching for a short break has limited verbal communication but has communication books. so takes them with them when they go to their carer. It's working really well. We have a board with cards and pictures and words which can be used. Some service users prefer text messages. It's clear and recorded and they can show it to somebody else."

Information on people's preferred activities were listed within their care plans. We saw people had access to a range of activities, opportunities and holidays. For example, one person with complex needs had been supported to purchase a motor home which their carer used to take them on regular outings to the countryside, holidays and access areas they would otherwise be unable to get to. One carer commented, "I might suggest to go out, like shopping centres; depends on weather, but they love shopping. (Person's name) likes dancing and singing. I put on videos and DVDs." Another carer told us, "The previous company just used to take them out around Shipley which they could do themselves. Now they're going further (with carer), such as to Morecambe." We spoke with the person who agreed they enjoyed travelling further afield and experiencing new things with their carer. They said, "I'm working towards a holiday in Italy."

People were supported to maintain relationships. For example, one person was supported by their carer to meet their relative which was important to them.

Is the service well-led?

Our findings

A well-established registered manager was in place who had extensive experience of Shared Lives schemes. Everyone we spoke with told us they felt supported by the management team and the service and spoke highly of their empathetic and approachable manner. Comments included, "(Registered manager's name) is the manager. She's the best", "(Support staff's name) seems very organised and it's a good company" and "Yes, well supported, very good. Yes, you can tell them anything. I've known them a long time now."

A staff member commented on how they felt supported, saying, "Knowing that our manager is available pretty much all the time if required. It's important." Everyone we spoke with all told us they would recommend the service and staff and carers would recommend as a place to work. A staff member commented, "Definitely. Because it's so person-centred. It's completely individualised and the focus is just on that person and them being able to get the best possible life from being involved with the service."

We found the management team open and committed to make a genuine difference to the lives of people who used the service. We saw there was a clear vision about delivering good, personalised care, and achieving good outcomes for people living at the service. It was evident that the culture within the service was open and positive and that people who used the service came first. A staff member said, "It's a very nice, lovely team" and a carer commented, "The Shared Lives gives that flexibility. It's a more person-centred approach."

Systems were in place to assess, monitor and improve the service, including checks on medicines, health and safety and environmental factors. Annual reviews took place of carers to assess their performance in meeting people's individual needs. These were detailed and comprehensive with recommendations to further improve practice. Staff visited each person at least 3 monthly to review the success of the placement. However, these visits needed recording in a clearer way to allow management to monitor these were taking place in a timely manner. Following our inspection, the registered manager told us they were introducing a checklist to be used during the three-monthly visits with carers which would demonstrate a clearer trail of actions agreed and taken at each meeting to be collated at the annual review. They also told us they were also introducing a more robust tool to monitor the quality of care plans and assessments. This demonstrated the registered manager was constantly seeking ways to improve and evolve the service for the benefit of the people who used the service.

Staff, carer and service user feedback was sought regularly through questionnaires and surveys which contained positive responses about the service. Meetings also took place with staff on a regular basis and there were opportunities through informal discussions, reviews and meetings for people and their relatives to air their views about the service. Exit interviews were done with carers when they left the service to help retain staff and improve conditions for carers.

The service worked with others to share and disseminate best practice. Carer meetings regularly took place where guest speakers had included dieticians and spokespersons from the Alzheimer's society to help keep carers up-to-date with best practice.

The service worked with the national Shared Lives organisation, who disseminated information to the service to help keep them up-to-date with best practice and the latest developments. The registered manager networked with other scheme managers, sharing information and best practice. They were involved in developing a framework for minimum staffing levels in Shared Lives schemes. The Compass service had received a regional award for Yorkshire and Humberside for their contribution to the personalisation service and developing independence. A staff member from the service was the current chairperson of the Yorkshire and Humberside Shared Lives Plus meetings. They told us, "I've wanted to develop it and make it more meaningful. We're trying to encourage more providers and carers to come along to those meetings." This showed the service encouraged people to take an active part in service development.

The service had also developed excellent partnership links with other agencies, such as the community learning disabilities team, the community mental health teams and occupational therapists to share learning and best practice.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.