Shared Approach Limited

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Inspection report

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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

The inspection visit at Shared Approach Limited took place on 12 and 13 October 2016 and was announced. The provider was given 48 hours' notice because the service delivered personal care to people living in the community. We needed to be sure people in the office and people the service supported would be available to speak to us.

Shared Approach Limited supports adults who have a learning disability in Garstang, Morecambe and the surrounding area. The service supports people with their personal care in their own homes and within a college environment. People who use the service have their own tenancies and receive their support from people employed by Shared Approach Limited. Support is provided in line with people's individual needs and can be at specific times throughout the day and night or full time. At the time of our inspection, 57 people were receiving personal care support from 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.

At the last inspection on 17 January 2014, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, staff responsible for administering medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and there were appropriate arrangements for storing medicines.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure and would make an alert should they witness abusive practice.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People's representatives told us they were involved in their care and had discussed people's care and were

working in people's best interests. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw regular drinks were available between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were being met. We saw the management team had responded in an effective personalised way to make sure people were supported to maintain good health.

The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at Shared Approach Limited.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People's activities were arranged by staff who worked at Shared Approach Limited based on their knowledge of people's likes and preferences.

A complaints procedure was available for people and their relatives. People we spoke with knew how to complain and to whom.

Staff spoken with felt the registered manager was accessible, supportive, approachable, listened, and acted on concerns raised.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives. They had observed people's moods and behaviours as an indicator of the quality of the service being delivered.

The provider had a system that ensured regular audits to maintain people's safety and welfare were completed.

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.

Medicines were administered safely, in line with published national guidelines.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were robust and safe.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and were responded to promptly when support was required.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were looked after by staff who were person-centred in their approach and were kind.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People were encouraged and supported to participate in a variety of activities.

People knew who to complain to if they had a problem.

Is the service well-led?

Good

The service was well led.

The provider had clear lines of responsibility and accountability.

The registered manager worked closely with people who required support. They had a visible presence within the service.

Staff told us the registered manager was supportive and approachable.

The provider had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures.

Shared Approach Limited

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection team consisted of one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the home, including data about safeguarding and statutory notifications. The provider is required to submit statutory notifications to tell us about significant events at the home. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced view of what people experienced. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

During this inspection, we spoke with a range of people about this supported housing service. They included four people who received support, two relatives and two healthcare professionals. We also spoke with the registered manager, three members of the management team and five staff members. We spent time watching staff interactions with people. We checked documents in relation to six people who lived at Shared Approach Limited and six staff files. We reviewed four people's medicine records and records about staff training.

We looked at further records related to the management of the service, including quality audits, to ensure quality-monitoring systems were in place.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and comfortable when staff were in their home. People who were unable to verbally communicate their views appeared to be relaxed, happy and at ease when staff chatted with them or provided support. One person told us, "I am safe with my staff. I have been with the company a long time. I am happy and safe." One relative said, "I wouldn't leave [my relative] if they weren't safe. We have never had any concerns."

We spoke with staff about their understanding of safeguarding procedures within the service. They demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Staff told us should they suspect or witness abuse or unsafe care, they would inform the registered manager, the police if appropriate or the Care Quality Commission (CQC). Documentation we looked at showed staff had received related training on the subject.

We spoke with the registered manager about how risks to people and the service were managed. People had individual guidelines and risk assessments to protect them from avoidable harm. The guidelines and assessments were personalised, gave step-by-step details on how to support people and were accompanied by colour photographs to reinforce the procedure needed. For example, one person had photographs of what support they required and what aids were needed to safely transfer them from their wheelchair into the bath.

The registered manager had worked with the Fire Brigade and had evaluated the risks people had in their home environment. They carried out assessments if the risk was heightened due to people's physical and/or learning disability. Outcomes led to changes in staff actions and some people's environment. For example, the provider ensured wheelchairs where placed by people's bedsides at night should they be required for an emergency evacuation. They also arranged the installation of patio doors in some bedrooms so people could leave their home swiftly in an emergency. As part of their ongoing risk management, every person they supported had a personal emergency evacuation plan to guide staff on how best to support people to leave the building should that be required. This showed the provider had systems to manage risk.

The registered manager told us they supported people to develop and promoted positive risk taking. For example, they supported one person to move into a flat on their own. They helped the person to manage the risks involved and reduced the level of staff support required. The person told us they were involved in all the decisions related to the move. Staff confirmed risks were monitored throughout the process.

We looked at accident and injury records for the service. They were logged and reviewed and details of each incident were recorded, including any treatment given. This ensured the provider recognised any potential patterns so the risk of future incidents were minimised. This showed the provider had a framework and plans to monitor risk and keep people safe.

We looked at staffing levels and observed care practices. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. One person told us, "I always have

staff to take me out." One relative said, "I visit a lot and there always seems to be enough staff." We visited the homes of three people, looked at one person's rota, and saw sufficient staff available to meet people's needs. The registered manager told us each person was assessed using a dependency tool. Each person then received one to one support or two to one support based on the results. This showed the registered manager monitored staffing levels and ensured people were safe from avoidable harm.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the care centre. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at six staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with Shared Approach Limited until they had received their DBS check.

During the inspection, we observed medicines administration and noted this was carried out safely. The staff member spoke clearly to the person informing them what was happening. They stayed with the person until they had taken the medicine and signed after its administration to say the tablets had been taken. The person taking the medicine told us in detail what they were taking and why. The medicines were locked in individual secured cabinets when unattended. There was a clear audit trail of medicines received and administered. Related medicine documents we looked at were clear and comprehensive. This showed procedures for giving medicines were managed safely and in line with the Mental Capacity Act 2005 (MCA).

Good

Is the service effective?

Our findings

We spoke with staff members and looked at the provider's training matrix. The staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to their work. One staff member told us, "I was impressed with the induction." A second staff member stated, "The induction was really supportive, all my initial training was good." Every staff member we spoke with told us there were two weeks of shadowing staff who were more experienced. One staff commented, after the shadow shifts they felt ready and confident to support people independently. One relative told us, "The staff had a lot of training, especially about [my family member's] condition."

Staff had received further training in safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. A staff member told us, "The training is always being updated and if you want extra training you just have to ask." On the day of our inspection, we noted medicines training was taking place at the office base. We spoke with a member of staff who told us the training was to refresh the knowledge they already had. They told us, "You always come away having learned something." The registered manager told us staff had further training on the administration of emergency medication to manage people's epileptic seizures. A community based healthcare specialist presented this training.

We spoke with the registered manager about additional training. They told us they used a mixture of face-to-face training and e learning. E learning is the use of electronic media (computers, tablets, or phones) to educate or train learners. We were told the provider would not use e learning for a subject such as values as they felt discussion would play a part in the staff members' understanding of the subject. They also commented they could observe and assess staff. Relatives we spoke with told us they found the staff very professional in the way they supported people and felt they were suitably trained. This showed the provider had a framework in place and staff had the knowledge and skills to meet people's needs.

All the staff we spoke with told us they had regular supervision meetings with their manager. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision one staff member said, "We have supervision every two months. If you are a new member of staff you have supervision every month for the first six months." A second staff member commented, "In supervision I get positive feedback and also areas where I could improve are mentioned. It helps me improve and develop." This showed there was a framework supporting staff to reflect on their role and gain guidance on delivering effective support.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. When we undertook this inspection 10 people were subject to DoLS with several other people awaiting authorisation from the local authority. Family members had been made aware of the restrictions in place to keep people safe.

We were made aware of one example of the provider working in accordance with the MCA 2005. An Independent Mental Capacity Advocate (IMCA) had supported two people who received a service from Shared Approach Limited. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. This included making decisions about where they live and about serious medical treatment options. The IMCA had been used to support the people during a house move and ensured it was in their best interests.

We looked at how people were helped with their food and drinks on a daily basis. One person showed us a healthy eating plan they had attached to their fridge. They told us, "[Staff member] is a good cook." They also commented, "On a Sunday I have a sausage barm with an egg on top." We joined them for a drink. They had a coffee and a hot lemon drink. They told us the hot lemon was good for their system. We saw a second person being helped to have a drink. The drink had been thickened as the person had difficulty swallowing. They told us, "I have had a lot of drink today." When we asked, a third person told us the staff were good cooks, "We go shopping and they cook pepperoni pizzas for me." People planned a weekly menu and were supported to the supermarket to buy the fresh food and vegetables on a weekly basis.

Some people required a percutaneous endoscopic gastrostomy (PEG) feeding tube to eat and drink. PEG feeding is used when people cannot maintain adequate nutrition orally. Staff who supported people with this, received training and competency observations. This helped to ensure the equipment was effectively used and people received the correct nutritional intake. This showed the provider had systems in place that ensured people enjoyed their food, received sufficient nutrients and had knowledge on healthy eating.

People's healthcare needs were monitored, discussed with the person and documented. Each person had an anticipatory care calendar and health action plan. These documented any health concerns, out of the ordinary behaviours and health care appointments. For example, one person shared they were having ongoing treatment at the local hospital. They were fully aware of what was happening and were supported by a family member to attend appointments.

We noted several people were helped to manage long-term health concerns. They had regular visits to their local surgery and were supported to meet with consultants. One healthcare professional we spoke with told us the provider had very good relationships with local GP practices. A second healthcare professional stated the provider was very good at effectively supporting people when they were ill. We also saw evidence where the provider challenged poor practice by health professionals when this impacted negatively on the care and support people received. They shared information with people in a way they understood and kept them involved. This showed the provider helped people stay healthy by providing effective support and documenting relevant information.

Good

Is the service caring?

Our findings

People told us they liked their staff. One person introduced us to the staff member on duty saying, "This is [staff member's name] she is lovely." A second person told us, "Staff listen to me, I have a voice." A relative commented, "The staff are caring, they care about [my relative]."

During this inspection, we recognised one person with complex support needs who had previously been supported by another provider. We saw how happy they looked and shared this with a member of staff. They told us, "The staff who support them, they just get [person], they understand him. It's great to see." This showed positive caring relationships had developed.

When speaking with people who received the service and staff, it was evident good caring relationships had developed. One person had given all their staff member's nicknames, which the staff members accepted and appropriately joked with the person about. Staff spoke about people in a warm, compassionate manner. They spent time actively listening to people and responding to their questions. The back and forth banter and individual attention given showed strong bonds had developed.

One person we spoke with sought to share personal information with ourselves and other people they met. We observed staff suggested to the person they could keep the information private. In each instance, staff did not tell the person they must not share but advised. This showed staff promoted people's privacy and dignity but recognised their right to choose.

Family and friends we spoke with said they were made to feel welcome. Relatives told us they could visit whenever they liked. One relative commented, "I never make an appointment, I just drop in. There are no problems."

We visited three homes of people who received a service from Shared Approach Limited. Each home was completely different and reflected the personalities, culture and tastes of the people living there. For example, one person had pictures on the wall from their favourite films. A second person used crockery that showed what football team they supported. One person had displayed decorations made at a craft class. The third home's décor reflected the gender and ages of the people living there. This showed the provider had helped people personalise their environment to create warm comforting homes.

We spoke with a staff member who told us they had supported one person to have a pen pal. This had started as a letter only friendship. It progressed to telephone conversations and then meeting for lunch and exchanging presents at Christmas. People were supported to attend dating nights and social groups with people from similar backgrounds. This showed the provider had taken advantage of opportunities to support people to make new friends and develop relationships.

Care records we checked were personalised around the individual's requirements; holding detailed, valuable personal information. Records had sections that shared people's gifts and strengths, support wanted and needed and personality characteristics. For example, one person liked to listen to music, go

shopping, and wear funky clothes. A second person liked to have their personal space respected and liked their routine to be maintained. Each person had a likes and dislikes section in their file that guided staff on how to deliver valued care. This showed the people's differences were respected and the provider had spent time with people, listened to and documented their preferences.

During the recruitment of new staff, people who received a service were invited to sit on the panel and participate. One person told us, "I usually ask a couple of questions. [The registered manager] asks what I think." The registered manager told us helping with interviews had proved very popular and several people had taken part. The provider also used a skill-matching tool as part of the interview process. Candidates completed a skills matching document which highlighted staff likes, dislikes and hobbies. We were told this was used to guide the deployment of staff when people's interests matched. This showed the provider actively sought to build positive relationships between people who received a service and their staff team.

Good

Is the service responsive?

Our findings

People received consistent care that was appropriate to meet their individual needs. The provider carried out a comprehensive assessment of people's needs before they received support. The service involved healthcare professionals in identifying people's individual needs and how these should be met. Staff we spoke with had a good understanding of people's individual needs. One relative told us, "[My relative] has a nice routine which suits them." A second relative told us they had been responsive to their family member's health by making sure staff were trained to meet their needs.

We looked at care records of six people to see if their needs had been assessed and consistently met. We found each person had a care plan that detailed the support required. The care plans were informative and current. The plans were person-centred and individualised to cover each identified need of each person.

We saw how staff supported people with their daily routines and personal care needs. They included several sections that ensured people's care needs were identified. For example, social interaction, health, personal care and behaviours were monitored. One person had a step-by-step guide on how to manage their individual support when they were in their bed. A second person, who had guidelines around positive behavioural support, had a separate file which documented all their potential behaviours and how to support the person in the least restrictive way.

Each person's file we reviewed contained a hospital passport. This document holds all relevant medical information about the person. It is taken with the person should they be admitted to hospital. It is used to guide hospital staff on how to be responsible to people's individual requirements. Every file we looked at held risk assessments to support people with daily tasks such as bathing. This showed the provider had developed care plans responsive to individual care needs.

The registered manager told us they encouraged people and their families to be fully involved in their care. This was confirmed by talking with staff and relatives. A relative told us they were kept informed about their family member's care requirements. One person told us their family member attended all their health appointments with them. One relative told us, "I am very much kept in the loop with all appointments. Sometimes I go into the appointment if they need my opinion." A second relative said, "We are told about everything that is going on and included." We looked at records of reviews, which showed people, and their relatives attended and contributed to plans. This showed the provider made sure families were informed and included in care planning.

We asked about activities at Shared Approach Limited. The registered manager told us each person that received a service was assessed and had an allocated amount of personal one-to-one hours. We saw people were supported in their home to follow interests of their choice. We saw people each had a timetable of activities. The timetable stated the day of the activity, the time and what was needed, and the level of support required. For example, one person liked swimming, the timetable showed their YMCA card was needed and they were independent in the changing rooms. People's care plans also guided staff on what activities people liked to do. For example, in one person's file it stated that they liked staff to read to them.

Another person's file indicated they enjoyed completing jigsaws in their bedroom. One person we spoke with confirmed their information was correct and they did like to do jigsaws and added they also helped with household chores.

The provider organised a weekly drop in session for people to meet up, socialise, have a drink and eat cake. We visited the drop in and observed people enjoying each other's company and enjoying the cake. People had recently organised a baking competition to raise money for charity. Several people told us about the event, how much money was raised and how good the cakes looked.

The registered manager told us when they found popular activities that met people's specific needs, they succeeded in having the activity delivered locally. For example, wheelchair dancing and sensory drama now took place within the local community. Previously people had to travel to access these. This made these popular activities more accessible to people.

People told us they accessed local college courses. One person told us they had been supported to train to become part of a team that delivered training. They told us they had enjoyed their training and were looking forward to training other people. A second person told us they now went to church independently and enjoyed the tea and biscuits afterwards. They were also part of an advocacy group run by Lancashire County Council. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

There was an up to date complaints procedure. We saw documentation that guided people on how to make a complaint. People, relatives and staff were able to describe how they would deal with a complaint. One person told us, "I complained about a member of staff and I was listened to. I have regular meetings now to talk about my staff and check I am happy." A relative told us, "I know how to complain, but never needed to. If I did have concerns I would sort them out." A member of staff told us about a complaint they made, "My manager supported me through a difficult time." This showed the provider had a system to record, address and document complaints received.

Other feedback received about the service delivered by Shared Approach Limited had included, "My two main concerns for [my relative] were safety and loneliness. All the staff who have looked after [my relative] have exceeded my expectations of care for him. I am so lucky." We also saw several complimentary letters from healthcare professionals acknowledging the quality support they observed people receive. This showed the provider delivered personalised quality support that was valued by relatives and other agencies.

Good

Is the service well-led?

Our findings

Everyone we spoke with felt the registered manager and the management team were accessible and approachable. One person told us, "I like my manager, they are nice." A staff member told us about the management team, "They visit people, they are really good, and they care." A second staff member said, "I would raise any issues I had with the registered manager. I know they would listen."

The provider demonstrated good management and leadership. There was a clear line of management responsibility, from the provider through to the management team and staff. For example, the registered manager led the day-to-day running of the service. There were network managers, house managers and senior staff. All had their own leadership role and clearly designated responsibilities. The management team were experienced, knowledgeable and
familiar with the needs of the people they supported. People we spoke with and their relatives were aware of the management structure and who to go to when necessary.

At all levels, the management team had a 'hands on' approach to delivering care. For example, the registered manager supported people with group activities. One of the network managers told us they liked to do care shifts as it kept them up to date on people's current support needs. The office had an open door policy. During our inspection, we noted several people visited the office to complete tasks and collect items. We observed one person remain at the office to have a drink and socialise with members of the management team. This showed the provider had an open working culture and a visible presence within their delivery of care.

Staff told us there were regular staff meetings. The meetings enabled the registered manager to receive feedback on the care delivered, and to support and develop staff. Staff we spoke with told us they were productive and useful. One staff member told us, "Everyone is a part of the team meeting. We are all welcome to join in." A second member of staff said, "The agenda is put on the notice board and we can add to that." They further commented, "I enjoy team meetings, we get to discuss things and see if ideas will work or not." This showed the provider had a forum for staff to discuss any issues or concerns.

Shared Approach Limited had signed up to 'Driving Up Quality Code'. The code is voluntary for providers and is a public commitment from organisations that they believe in identified good practices and are achieving or actively working towards them. There was a coffee and cake open session to seek feedback from people who received a service and staff. An easy read questionnaire was given out to everyone who attended. People made comments on activities Shared Approach Limited did well and things they could improve on. Families were sent questionnaires to gain their views on the service delivered.

Feedback included, 'I am glad you are constantly checking and seeking to improve' and 'I fully trust the carers to make good choices for [my relative] in every way. The last 5 years have proved this'. What the service was doing well included, person centred support and people being part of the interview process. Areas of improvement included, 'Supporting people into paid employment' and 'Being more open to positive risk taking.' This showed the provider voluntarily sought ways to self-assess and improve the quality

of the service delivered.

The registered manager had procedures to monitor the quality of the service being provided. The registered manager had a framework that ensured regular audits took place. These included monitoring the environment and equipment, maintenance of the buildings, legionella checks, reviewing the fire risk assessments and record keeping.

There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The plan was comprehensive and was under review at the time of our inspection. The intention of this document was to ensure people who lived at the home continued to be supported safely under urgent circumstances, such as the outbreak of a fire. Premises and equipment were managed to keep people safe.