Southside Partnership

Wandsworth Adult Placement Service

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

We inspected Wandsworth Adult Placement Service on 14 May 2018. This was an announced inspection. This is because the location provides a shared lives care service and we needed to be sure that someone would be in.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

Wandsworth Adult Placement Service, known as Shared Lives, provides personal care and accommodation for people of all ages with learning disabilities. People who use the service can access short term, long term and respite care within the family home. They primarily support people with learning disabilities and some have additional needs such as sensory impairments. At the time of the inspection, there were 40 people using the service across the London Boroughs of Wandsworth, Richmond and Hounslow. Not everyone using Wandsworth Adult Placement Service 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.

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

People using the service were highly satisfied with the service and the support they received from their carers. They told us they felt safe living in their carer's homes. People received appropriate support in relation to their medicines, their health and their dietary requirements.

Care records included how people could be supported to have choice and control. They also included how people made decisions and who to consult if people were unable to make certain decisions. People lived fulfilling, independent lives.

Care plans were person centred and focussed on people as individuals. People's quality of life was considered when developing care plans and how people's lives could be improved.

Care plans included a one-page profile of the person and their family history. This information was used when finding placements. There was a thorough matching process in place, where time was taken for the person and their potential carer to establish a good relationship before the support was agreed.

Carers told us they had a very close relationship with the people they supported and did not distinguish between them and their own family. The service supported people to develop and maintain relationships

that were important to them, whether this was with their carers, families or friends.

Carers and care co-ordinators advocated strongly for people, especially when people did not always get the right support. The provider worked in collaboration with stakeholders to ensure people received the right support.

Care co-ordinators told us they felt well supported and received adequate training which helped them to carry out their roles effectively.

People and their carers were well-informed about what the organisation did, and the structure of the organisation. People were unanimous in their praise of the care co-ordinators.

There was evidence that learning from concerns and incidents was a key contributor to continuous improvement. The provider was proactive in investigating incidents and complaints and used them as a learning opportunity to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Wandsworth Adult Placement Service

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 was a comprehensive inspection and took place on 14 May 2018. The inspection was carried out by one 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 a domiciliary care service.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service such as the Provider Information Return (PIR). Statutory notifications include information about important events which the provider is required to send us by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

We reviewed a range of documents and records including; five care records for people who used the service, staff records, as well as complaints and compliments records and policies and procedures kept by the service.

During the inspection we spoke with the registered manager and a care coordinator, one shared lives carer and two people using the service. After the inspection, an expert-by-experience spoke with six shared lives carers and one person using the service.
We also contacted three health and social care professionals to gather their views of the service and heard back from two of them.

Good

Is the service safe?

Our findings

There were no safety concerns raised throughout the conversations we had with people. One person said, "Yes I feel totally safe living here." Another said, "Yes I feel safe. It's my home." Shared lives carers were aware of how to safeguard and protect people from abuse and were aware of reporting procedures if they had concerns. Records showed that carers received safeguarding training on a regular basis. Notifications received demonstrated that the provider took appropriate action when concerns were raised and worked with relevant stakeholders to safeguard people.

The provider continued to follow standard recruitment practice for shared lives carers. This was a lengthy and thorough assessment process which typically took a number of months. The process included a number of visits to potential carer's homes and meeting a series of set criteria. Recruitment of shared lives carers was done through a shared lives panel which assessed the suitability of potential carers. The shared lives panel consisted of independent health and social care professionals. Following the application and assessment process, a report was compiled and presented to the shared lives panel who approved any new applicants.

All the carers we spoke with reported that their Disclosure Barring Service (DBS) checks were up-to-date. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This was confirmed in the records we saw which showed that DBS checks were current and renewed on a regular basis.

There were enough staff employed to meet people's needs. The registered manager was supported by four care co-ordinators. Each care co-ordinator was responsible for a caseload and a number of shared lives placements. There was an office administrator employed also.

People told us they were happy with the support they received in relation to their medicines and that shared lives carers promoted their independence, one person said "[Carer] helps me with my meds, so I don't forget but s/he is also saying I'm going to have to learn to do them by myself when I move out." Another said, "I take my own medicines."

Shared lives carers told us, "[Person] doesn't have daily medication, but I attended the medication training with the organisation, as it covers things like pain relief." Another said, "Yes [Person] has medication, they are quite able to take it themselves, we get it in blister packs from the pharmacy, and I just make sure they take it when they need to." A third said, "I give [Person] their medicine every day. I log what I give in a book which support staff check over with me, they are more than able to take the medication themselves, but I make sure and watch them take it. I have done all the medication training."

People's support needs in relation to their medicines and a list of their prescribed medicines were included in health action plans. Care co-ordinators checked that medicines records were completed during reviews which took place every quarter. Records showed that people received medicines training which was refreshed annually.

Risks to people were managed appropriately. One carer said, "This is [their] home. I've always worked hard at making it a safe place for them to live. [They are] partially sighted, so we have to make adjustments around the house to ensure their safety."

Care records included how people could be supported to stay safe. These were based around people's individual circumstances. For example, we saw areas of potential risk in various areas such as maintaining a healthy lifestyle, self-medicating and managing safeguarding allegations. Each identified area included the reasons why it was relevant, what the actual risk was, what needed to be done to keep the person safe and what steps to take if things went wrong. The provider acted proportionally according to the level of risk. For example, where a risk was identified as low further risk assessments and management plans were not needed. Where an area was identified as high risk, detailed risk management plans were in place. This showed that the provider did not place unnecessary restrictions on people in relation to identified risk.

Good

Is the service effective?

Our findings

There were comprehensive records in place which evidenced that people were fully consulted when moving into a new placement. For example, we saw people's potential worries were recorded and how these could be managed. It also included pictures and details of the new placement and the type of person and family who would be a suitable match. One person using the service told us they were fully involved when they moved in with their shared lives carer. They said, "I visited them a few times to see how it was. I was given the choice to move in." Another said, "I wasn't happy with my first placement but I asked to be moved and they brought me here which is good as I like it here."

Most people had outside agencies involved in different areas of their care and said that the provider supported them when dealing with these agencies. We saw evidence of collaborative working with external stakeholders. For example, correspondence from social care teams and other professionals was seen in care records. One shared lives carer gave us a detailed account of how they and the person using the service was supported by their care co-ordinator to contact the relevant people when they thought the person needed a specialist, recliner chair. They praised the care co-ordinator for the help and support they provided during this process, telling us "[Care co-ordinator] was fully involved and really helpful. Without them, [person] would not have got the chair." One person said, "[Care co-ordinator] is quite good, s/he is chasing up my social worker about getting me my own home."

New carers received an appropriate induction before they started work. The registered manager explained that induction training started before they were officially confirmed as carers so they were prepared when they presented to the shared lives panel. Ongoing training was delivered to carers on a regular basis as part of their refresher, mandatory training. Topics included, safeguarding adults, medicines, moving and handling, Mental Capacity Act and health and safety. Safeguarding, medicines and first aid were classroom based, while other courses were delivered via an e-learning training package.

Carers told us they were happy with the training that was offered by the provider. Comments included, "They are really strict on training, they keep you informed as to whether you need to update your portfolio, which is helpful." They also confirmed they had received training in topics that were specific to the people they supported. One shared lives carer said, "They also booked me on the epilepsy training, in the past [person] has had some concerns around epilepsy."

Carers said they were all up-to-date with their training and were informed via email when their training was due. Their training needs were also discussed during their reviews with the care co-ordinators.

Records showed that carers met with their care co-ordinators every quarter for reviews and to have a one-to-one with them. This was an opportunity for them to discuss any concerns or talk about and issues that needed to be sorted out.

People were well supported in relation to their health needs. One shared lives carer said, "[Person] has annual health checks at the GPs, and attends other places like the dentist, opticians and any other

appointments if they are unwell. I always keep a log of all this information, which I feedback to the support worker. If there's anything I feel they may need to know about his health, I always ring them up and just feedback and update them on any situation." Another said, "For their age, they are really fit, they regularly attend doctor's appointments, which I take them to."

Care records contained health action plans, this included any support needs that people had with regards to their health. They also contained evidence of input from healthcare professionals such as referrals letters, appointments and a list of medicines.

People's dietary needs were being met. One person using the service said, "I eat with the family. [Shared lives carer] is a good cook, I'm not a fussy eater and she makes pasta. We have takeout's on Fridays." Other people we spoke with enjoyed their own cultural food, they were living with a carer from the same ethnic background who was able to provide them with their preferred cuisine.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the MCA.

One person using the service said, "I can come and go as I please. I just say I'm popping out. I'm an adult and I can do what I want. I text and call [shared lives carer] to let her know I'm safe."

Care records included people's consent. For example, we saw that people had agreed and consented to the contents of their health action plans. They also contained details of how people communicated their decisions and how they would give consent.

Care records included how people could be supported to have choice and control. They also included how people made decisions and who to consult if people were unable to make certain decisions. For example, we saw where people were not able to make decisions in relation to large financial purchases, best interests meetings took place to ensure people's rights were protected. Mental capacity assessments were in place to formally record decisions related to people's capacity.

Training records showed that carers received training in understanding their responsibilities under the MCA.

Good

Is the service caring?

Our findings

People using the service told us they very happy with their lives and their living arrangements. This was evident in the conversations that we had with them. One person said, "I'm happy with things at the moment, [My carer] is great, they let me go out when I like and as long as I let them know where I am. They are really good, doesn't moan at me."

The service had a comprehensive understanding of the needs of young adults when they transition into adulthood. The registered manager said they worked closely with the fostering teams at the local authorities. They identified young people who were going to be turning 18 and wished to stay with their foster family so their foster carers could start the assessment process to become shared lives carers in a timely manner. This meant that the young person could remain with the same foster family when they become adults, if they chose to do so.

People also spoke about the thorough matching process, where time was taken for the person and their potential carer to establish a good relationship before the support was agreed. Care plans included a pen picture and a one-page profile of the person and their family history. Care plans also included a circle of support which listed all the important people in people's lives and things that were important to them. This information was used when finding placements or when supporting people. This meant that the service could provide care and support in a way that was person centred and according to people's preferences. Both people using the service, and carers' personal histories and cultural backgrounds were explored and recorded via thorough assessment processes and people were matched with carers whose interests and personalities matched their own. One person who had recently moved into a new placement told us, "They have really welcomed me into their family. I have my own bedroom and [shared lives carer] did my bedroom for me. I feel like a part of the family." We spoke with one carer and a person who had lived together for many years and they spoke about each other as if they were blood relatives.

Carers told us they had a very close relationship with the people they supported and did not distinguish between them and their own family. One carer showed us a number of pictures showing the person they shared their life with being fully involved in all family functions, celebrations and holidays. Although they were both of a different religious background, they were of the same ethnicity. They all celebrated each other's religious festivals whilst still respecting the right of the person to practice their own faith. It was clear in our observations of speaking with both the carer and the person that there was a close, family bond between the two. The person had been supported by this carer for many years. Close and long-lasting relationships were formed between people and their shared lives carers. One person said, "I love it here with [my carer] but I want my own place. She has said I can come back and visit when I get my own place."

The service supported people to develop and maintain relationships that were important to them, whether this was with their carers, families or friends. One person said, "I have my own friends and I come and go as I want." Another said, "I get on with the boys [their carer's children] here too, I feel like they are my brothers. We play computer games together." A carer said, "[Person] is very able to make his own choices. They have a partner, and they get together quite often. They have a lovely relationship that suits them. They do all types

of things that they choose to do."

Shared lives carers promoted people's independence and encouraged them to learn new skills. One person said, "There are loads of things I'm going to have to learn but I'm doing lots of work on them now." Another said, "[Carer] encourages me to phone people to get things sorted. I will need to do this when I leave here." One shared lives carer said, "[Person] likes to help out doing various chores, this includes doing the dishes, helping around the house and enjoys joining in, cooking for us all. They needs assistance, but enjoys thinking they have made the whole tea. They are encouraged to keep their bedroom clean and love to help my husband do all the chores." Another said, "[Person] doesn't like doing cooking, although they do help with jobs around the house. We like to include them in as many things as they are able to do."

People had as much choice and control as possible in their lives. One carer said, "They loves going on holiday. We get some brochures, and we pick out hotels that we know they will like. Then we talk with them about the pluses and minuses of each place. The ultimate choice is always theirs. They make the choice, which one they think is the best."

The provider welcomed the involvement of advocates. Where sources of information, advocacy and support were not readily available, the service worked with sector stakeholders to try to fill the gap. Both carers and care co-ordinators advocated strongly for people and we were given a number of scenarios where this had happened. A person who was not in receipts of many benefits was supported to apply for extra benefits. Other examples given included providing support for people struggling with finances to offer them advice regarding benefits claims. One carer said, "As [person] is registered blind, and partially sighted it's really difficult to find the right place (day services). The organisation have really worked hard, making and submitting these plans and different options to the local authority. They have made such a good case, explaining that she does not enjoy the day centre, and that the funding will be better used having individualised support for her. At every level of this situation, they have been supportive and have hopefully got the local authority to a place where this situation is nearly sorted. We work as a team, to get the best results, for [person]."

Another carer said, "[Southside Partnership] have been absolutely supportive they have done as much as they possibly can, they have helped me try and work with local authority getting better support for [person] that I take care of. I couldn't have asked for any more from them. They really do everything they can to support the individual person. I definitely feel that I am supported, respected, and listen to."

The registered manager gave some examples demonstrating the positive impact they had on people's lives. One person who had grown up on the Isle of Wight and had happy memories of living there. However, they had not returned there for nearly 40 years. The provider supported them to go and visit and reconnect with their family and their past. Another person who loved martial arts was invited to take part in a tournament overseas which was facilitated by the provider. One carer said, "I think it's the quality-of-life that [person] gets, if they were living elsewhere, there wouldn't have the time to spend with him like we have. I feel spending time with us, going out with us as a family, as they are our family and part of our family, gives them a better life."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. Care plans included goals that people wanted to achieve such as holidays. People told us that their shared lives carers helped them to achieve their goals. The service had recently introduced a more thorough Quality of Life monitoring form which was used to find out how people viewed their lives and how they envisaged their lives to be. Care co-ordinators said this was used to identify if there were any barriers stopping people from achieving what they wanted and how they could be supported to overcome them. We saw examples where these had been effective in identifying lifestyle choices that people made and the progress that had been made in achieving these goals.

Care plans included communication charts which explained to staff how they could support people who had difficulties communicating verbally. The registered manager gave an example where, following an eye operation which allowed them to regain her sight, a person was supported to explore assistive technology. This resulted in them taking up painting and watching television.

One carer said, "[Person's] care plan is due to be reviewed in a couple of weeks. They always ask to have a copy to take home. They're very proactive in deciding what they want to do and how the plan is written. This has always been provided for them, by the organisation. What works well at the review, is both myself and their support worker from the organisation know [person] really well, so were able take part with them in the planning."

People lived different lifestyles, and all the activities they did were based around their individual needs. People spoke to us about the different types of things they did, including attending day services, going to the pub, dinner, and other days out such as parks and farms. Other people spoke about going shopping, cinema/theatre, visiting family members and going on holiday, both in the UK and abroad. One person said, "I go out with my sisters and when I have my own place they will help me as well, we go to the pub and go out dancing." One carer said, "This service helps [person] lead as normal a life as possible, they have a great life." A carer explained how the provider supported people to access activities, "The organisation have been really good at finding solutions. They have also sourced a good support setting for [person] to have weekend respite services and holiday placements."

People and their carers all said they were confident and capable of making a complaint to the service if they needed to. People said they knew who to talk to if they were unhappy. One person said, "If I aren't happy with things, I tell [my shared lives carer] they are really nice and I can talk to them. They tell me who to ring if I need to talk to people. I also speak to [care co-ordinator] about things." Another person said, "If I have any problems, I can call [care co-ordinator].

Shared lives carers said, "I've never had any reason to make a formal complaint, but I feel if I wasn't happy I would be confident in approaching the organisation with my concerns. If I had any concerns or any questions or queries, I just contact them, and they get straight back to you", "Never needed to make any complaints, I've always been happy with the support I get from the organisation. They are fairly good at communication, and if there's any worries there pretty good at getting back to you, if you contact them

about a concern" and "I'd have no problem contacting them if I was unhappy about anything, I definitely feel I'd be listened to and the issue would be sorted quite quickly."

There had been two formal complaints in the past year. These were investigated and responded to in a detailed manner. There was evidence that the provider acted upon the complaints raised to try and ensure they did not occur in future. For example, they had arranged extra training for a shared lives carer in response to one of the complaints received.

Good

Is the service well-led?

Our findings

Carers said that the way the service was led was exceptional. Comments included, "I was worried when we were taken over by this organisation, it worried me that they would be running the Richmond branch from so far away but I've been really impressed, they've been brilliant", "I find them really great, I'm impressed by the company overall, you get a real sense that they care about individuals", "I don't think there anything I would change, I find them really brilliant, they just do what you ask and support you" and "Off the top of my head I can't think of anything I change about them, I've been quite impressed with the company overall."

All the people we spoke with were able to name their care co-ordinators and the registered manager. They all appeared well-informed about what the organisation did, and the structure of the organisation.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

The registered manager ran a service with an open culture and with an 'open door' policy. We saw people coming in to the offices and spending time with the care co-ordinators in an informal manner, they were comfortable engaging with the office staff including the registered manager. One carer said, "[The registered manager] is, always available, they all are to be fair, you never feel like you are left on your own."

People were unanimous in their praise of the care co-ordinators. Comments included, "Link workers are so knowledgeable, they take time out to explain and advise you about things that might come up. It makes you feel more confident, when they support you and you can call on them for any information at any time", "I feel they go above and beyond with their support, they make you feel valued and that you're doing a good job", "I love their energy and I like the new ideas and the fact that the not stuck in their ways, it's refreshing" and "They [care co-ordinators] are knowledgeable, approachable and full of energy, which makes you feel more confident."

People felt that they were able to communicate directly with a named person if they needed to do. One carer said, "I find them efficient, friendly, I felt very isolated with the last company but this team are great, you have a 24-hour emergency line to call. If you're uncertain about anything you just ring and ask them for advice." Another said, "I feel the organisation is very well run, over the last three years, we've had the same support worker, who is really knowledgeable about [person] and we are happy with how things are going" and "They really help you and support you. You never feel like you're on your own. The staff are brilliant, if I'm ever unsure, I just ring them up. It's working really well for all of us."

Carers spoke about organised events, where they could get together, and talk about what was working well and what changes were needed, which was hosted by the organisation. This enabled people and their carers to come together at a social event. The registered manager said these carer social events were arranged to build a supportive shared lives community. The provider arranged quarterly carer support

sessions. These were carer led peer to peer support sessions and allowed carers to share any problems and support one another. Team meetings with the care co-ordinators took place every two weeks and shared lives carers' meetings took place quarterly.

The service worked in collaboration and was open with all relevant external stakeholders. We saw evidence of the provider corresponding with health and social care professionals such as social services to ensure people's needs were met. Shared lives carers and central staff were members of the national shared lives network and worked closely with them to develop the model of care in different areas, such as supporting people with Dementia.

The values of the service were continuously improving, dependable, working together and inspired by people. This was evidenced through a number of ways. For example, there was an improvement plan in place with specific team objectives to reach. The registered manager was always looking to build the shared lives model of care. He had met with the head of individual care from Perth, Australia whilst she was in the UK. This gave him the opportunity to share best practice and see how the service could improve learning from other countries. The shared lives team attended the national shared lives plus conference to gain ideas to develop the service.

Governance was embedded into the running of the service. Care co-ordinators visited the shared lives placement they were responsible for every quarter and for an annual review. A care co-ordinator told us, "Annual reviews typically take place in people's homes. All reviews are done with people and the carer too." Topics discussed during quarterly reviews included any concerns, incidents and a number of compliance checks. Annual checks were more structured and looked at the placement in more detail, household health and safety checks and carer's knowledge and competency. Records such as spending records, bank statements and MAR charts were audited at every visit.

There was evidence that learning from concerns and incidents was a key contributor to continuous improvement. Incidents and accidents were entered onto an online reporting tool and monitored by the quality team. We saw that the provider was proactive in investigating incidents and used them as a learning opportunity to drive improvements. For example, following a complaint the registered manager had also asked stakeholders to share their learning from complaints, the registered manager said, "We have adapted how we work off the back of the investigations."