West Berkshire Council

# West Berkshire Adult Placement Scheme

## 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

This inspection took place on 25 October 2016 and was announced.

The adult placement scheme is a service which supports carers to provide a home for people who are unable to or choose not to live on their own. They live as part of the carer's family. Carers are not directly employed by the scheme but are paid a fee which is dependent on the amount and type of support they provide for individuals. People using the service and their shared lives carers enjoy shared activities and life experiences. Frequently, the people who use the service have a learning and/or associated disabilities.

The service is provided by the local authority. At the time of the inspection 36 people received long or short term (respite) care which included the regulated activity (personal care). There were 30 carers approved to offer support to people who required personal care as part of their needs assessment. Additionally, the service offered day care and other services which were not regulated by the Care Quality Commission.

There is a registered manager in charge of the service. A registered manager is a person who has registered with the CQC 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, carers, staff and others were kept as safe as possible because staff and carers were appropriately trained and followed health and safety procedures. They knew how to recognise and manage all forms of abuse or risks of harm. Carers and staff members knew how and when to follow safeguarding procedures. Detailed risk assessments provided guidance for people, carers and staff on how to manage and reduce risks as much as possible. The robust risk assessment process enabled people to live in domestic homes and manage the risks that this style of living involved as safely as possible. The recruitment procedure checked that staff and carers were safe and suitable to work with and provide people with care. The service carefully assessed what support people needed to take their medicine. Carers provided a range of support according to the needs of people in safe and appropriate ways.

People were involved in making decisions about their care. They chose where to live and who with. They planned their care and support with appropriate help from others. Staff made sure that carers were able to uphold people's legal rights with regard to decision making and choice. People's capacity to make decisions was recorded. Staff ensured carers provided people with care that met their individual needs, preferences and choices. People's rights were protected by staff who understood the Mental Capacity Act (2005). Staff provided carers with this knowledge where necessary. This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision.

People were respected and their privacy and dignity was protected and promoted. People's diversity was fully understood and people's carers and support plans reflected their particular needs. People were carefully matched with carers who could offer them a home where any specific needs could be managed in

a family environment.

The service was well managed by a registered manager who was very knowledgeable about the service and the needs of people. Despite managing two services staff told us they felt supported and the registered manager was always available. Staff felt valued and supported by the registered manager and each other. The level of support and competence was reflected in the standard of support the service was able to provide to carers. The service had processes to monitor and assess the quality of the care and support provided. Any identified improvements were acted upon in a culture of continuing development.

## 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.

Staff and carers knew how to protect people from abuse.

Risks were identified, assessed and appropriately managed.

There were sufficient staff and carers with relevant skills and experience to keep people safe.

Recruitment of staff and carers was robust and ensured they were safe and suitable to work with vulnerable people.

Medicines were managed safely.

### Is the service effective?

Good

The service was effective.

People's needs were met and they were supported by staff and carers who had received relevant training.

People were asked about their preferences and choices about where they lived and the support they were given.

People's rights and freedoms were protected.

Staff and carers sought advice with regard to people's health in a timely way.

### Is the service caring?

Good

The service was caring.

People were provided with support by carers who were kind and treated them with respect.

Carers developed a strong, supportive relationship with people because they lived in their home as part of the family.

Staff carefully matched people with carers to make sure carers could meet all of the person's needs.

People were encouraged and supported to develop and maintain their independence.

## Is the service responsive?

Good

The service was responsive.

People's care needs and the carers' ability and resources to support people were regularly reviewed and any necessary changes were made.

Staff knew people well and responded in a timely manner to their individual needs.

People's assessed needs were recorded in their support plans and included information for staff and carers to support people in the way they wished.

There was a robust system to respond to complaints and people were given regular opportunities to raise concerns.

## Is the service well-led?

Good

The service was well-led.

There was an open culture in the service. Staff felt valued and well supported by the registered manager.

The registered manager and staff team made sure that the quality of the service was monitored and action was taken when required.

People and the carers were asked for their views on the service. Staff and carers had opportunities to say how the service could be improved and raise concerns.

# West Berkshire 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 October 2016 and was announced. The provider was given notice because the location is office based and provides an adult placement service. We needed to be sure that the appropriate staff would be available to assist with the inspection. The inspection was carried out by one inspector.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with two people who use the service, three carers, four staff members and the registered manager. After the day of the inspection we received written comments from five carers. We contacted local authority and other professionals and received three responses.

We looked at a sample of records relating to individual's care and the overall management of the service. These included six people's care plans, a selection of policies, quality assurance records and a sample of carers' and staff recruitment files and training records.

Good

# Is the service safe?

## Our findings

Shared Lives officers supported carers to keep people safe from any form of abuse or harm. Staff and carers received safeguarding training which was updated regularly. Staff members were able to describe what action they would take if they had any concerns about people's safety and how they would react if safeguarding concerns were drawn to their attention. During discussion staff demonstrated they understood the importance of their role with regard to keeping people safe. Staff and carers were confident that the registered manager would take immediate action to protect people. One safeguarding concern had been identified during the last year. This had been reported to the relevant organisations and appropriately investigated.

The service ensured that people, carers, staff and others were helped to keep as safe from harm as possible. Staff and carers were provided with health and safety training to make sure they understood areas of risk. The service had a comprehensive health and safety policy and detailed risk assessments were in place. These provided information and guidance for staff and carers about how to work safely to minimise risks to themselves and others. General risk assessments included, lone working, the office environment and the carer's home. The carer's home was risk assessed as part of the recruitment and matching processes. This ensured that the home met the specific needs for individuals safely.

There were individual risk assessments in place which identified any areas that posed a significant risk to the person or others. Person centred risk assessments included supporting people to stay safe at home alone, (where applicable) and supporting people with their finances. There were also tailored risk assessments compiled for occasional events such as holidays or outings. They were designed to keep people safe whilst supporting as much independence as possible. People signed or indicated they consented to the use of specific risk reduction measures.

Wherever possible, people were supported to take their own medicines. They had a detailed risk assessment and risk management plan in place. Where people were unable or it was not appropriate for people to self-medicate, carers were trained in the administration of medicines. They were competency assessed before they gave medicines and were re-assessed on an annual basis. Medicine administration record sheets were completed on a daily basis and checked by shared living officers during spot checks and the annual audit of carers' records. No medicine administration errors had been identified during the previous 12 months. The service had a comprehensive, up-to-date medicines administration policy which was reviewed every year. In discussion with carers it was apparent that they felt well supported by the shared lives officers with administering medicines and could request support or guidance whenever needed.

People were offered a service only after a suitable carer had been identified and appropriately trained. Carers had to be approved by an independent panel with regard to the number of people they could offer a home to. This varied between one and three dependent on the needs of the individuals and the capacity of the carer. The shared lives officers had a number of ways of checking people were offered support safely. The registered manager had a system, based on the time tasks took to be completed, to ensure that officers had the capacity to review and support the number of carers used by the scheme. There was currently a

hold on referrals to the scheme as it was deemed to be at full capacity. This position was under constant review.

People were provided with carers who had been recruited using a system which ensured, that as far as possible, they were suitable to work with vulnerable people. The recruitment procedure was the same as that used to recruit staff. It included Disclosure and Barring Service checks to confirm that employees and carers did not have a criminal conviction that prevented them from working with vulnerable adults. The service requested references which were always checked and verified as necessary. Six staff and six carer's recruitment records were checked and it was evident that appropriate procedures had been followed before staff or carers began work.

Carers applied to join the scheme by completing a detailed application form which included background, work histories and reasons for joining. They were interviewed and assessed by supported living officers and a completed detailed assessment was presented to an independent panel. The panel interviewed the prospective carer and assured themselves the candidate was a suitable carer. They specified the type of care (respite, long term or both) and the number of people the person could offer a home to. The service then looked carefully at individual needs to ensure the carer could safely meet the needs of the person identified to live in their home. This was a very robust and safe method of ensuring only suitable carers were approved. All new carers were offered the opportunity to 'buddy' with an experienced carer in order to obtain guidance and ask questions. However, office staff and share lives officers were always available to new carers in the event of queries arising. Although carers were not directly employed by the service the registered manager was still able to invoke disciplinary procedures against carers and withdraw their approval to protect people if necessary.

The service had a comprehensive business continuity plan to ensure people could continue to be supported safely in unforeseen or emergency situations. The plan covered a large number of emergency circumstances such as, continuing to monitor placements in the event of IT systems failure and placement breakdowns. The organisation had a designated contingency planning officer and the registered manager was a trained emergency planning officer. All aspects of the service were assessed as critical or not. The plan included actions people needed to take with regard to critical elements of the service and noted who was responsible for what and within what timescales.

Good

# Is the service effective?

## Our findings

The service was effective. People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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. Applications to deprive people of their liberty must be made to the Court of Protection. Staff had received mental capacity training which was refreshed every year.

People's support plans noted how carers assisted them to make their own choices and decisions and to retain control over their lives. The majority of people currently using the scheme had capacity to make decisions about their lifestyle whilst one was subject to Mental Capacity Act provisions and two deprivation of liberty applications had been submitted. People's capacity to deal with their finances was noted on their plans together with any areas where they may need assistance to make decisions.

Support plans included agreements between the shared lives scheme and the carer. They detailed what the scheme agreed to do to support the carer and what the carer undertook to do to support the person. People signed or agreed that they consented to all the areas of their support plan. The agreements were discussed with people to help them understand them and how they were to benefit from them. Communication within the scheme and with other professionals was generally described as very good. However, one professional commented, "Communication is improving but feel there could be more communication in order for us to support people."

People were supported to identify their own needs and to consider the shared lives scheme as the most appropriate service for them. They were fully involved in choosing the carer and family they wanted to live with.  People's needs were met in the way they preferred. One person told us about their activities and weekly routine. It was clear that they valued the guidance and support provided by their carer. Support plans were written in a person centred style and detailed all areas of care needed and included decisions, personal goals and outcomes that people wanted. Plans included areas such as emotional and behavioural support, communication, managing money and transport and travel. Carers knew what action to take and which shared lives support officer or care manager to approach if people's needs changed or their health and well-being caused them any concerns. When asked if the scheme worked in the best interests of people carers responses included, "We believe so and the evidence from other carer's and service users that we meet up with every few months all seem very happy with the support they get from the scheme," and, "The scheme puts a lot of thought and effort into matching customers with carers within the service, and achieves a good balance between the best interests of customers and their support."

People were supported to seek medical or well-being advice to enable them to stay as healthy as possible.

People's healthcare needs were clearly described in their care plans. The plans noted how much support people needed to look after their health and how carers should facilitate this. People's healthcare team was named in their individual plans and people were able to access health care services, as required. One carer commented, "For the individuals I support I am made aware of health needs to ensure that I can provide timely and effective support which could include dietary or medication. If there were to be a health need where this required a timely response my carer handbook does have contact numbers for out of hours services, as well as other useful contact numbers."

Carers received on-going support from external professionals such as community mental health teams, GPs and specialist consultants. A professional commented, "The health needs of the service users are monitored and they are supported to maintain their health needs by the Adult Placement Scheme carers. Health needs are covered in detail in the Placement Plans." One professional provided an example of a person who had not been supported to access medical help and thought this may have been influenced by the carer not knowing that they could seek assistance from shared lives officers. They went on to state, "Possibly more work needs to be done, so that carers don't feel guilty if they are unable to do everything themselves and that it is ok to ask for help."

People's support plans included the carers' agreement to meet people's nutritional needs. Carers supported people to eat a healthy diet within agreed guidelines and with any specific needs for individuals. People were assisted with any specific health needs such as diabetes or epilepsy together with any general health issues which arose. Clear guidelines were discussed by a multi-disciplinary team including the individual and were in place to support people with any specific conditions. When people chose not to follow their support plans this was discussed with the person and all relevant parties including the carers.

The shared lives support officers were trained to enable carers to understand people's diverse and changing needs. They were also instructed so they were able to support carers to obtain the necessary training to provide effective and appropriate care. Staff members and carers told us they had good opportunities for training and refresher training was provided when required. The service maintained a training matrix for shared lives support officers and carers which showed the training they had received and when their training needed to be up-dated. Areas covered included safeguarding, fire awareness, first aid/basic life support and mental capacity. Training was provided by a mix of class room based courses and e-learning. Shared lives scheme support officers and carers told us they could request any training they felt they needed to meet the specific needs of individuals.

Shared lives support officers received and provided robust induction training. They ensured that carers were confident they were able to meet people's needs safely and effectively. One recently approved carer described how they had been supported through the application and assessment process. Their nominated shared lives officer had been extremely helpful throughout the process and had prepared them with what to expect when being interviewed by the panel members. A record of carer's knowledge and competencies was now compiled within 12 weeks of their approval and provided the basis for on-going support and training.

Shared lives officers were supervised every four to six weeks. They felt they were well supported by the registered manager and their colleagues. A caring and supportive culture within the scheme was described with some staff providing examples of where they had been personally supported with family commitments or health needs. Carers were supported and supervised by shared lives support officers and were visited four times per year. Each new carer was supplied with a Carers Guidance booklet which had been recently and locally produced. These visits incorporated reviews of the support plan, the placement plan and medicines competency checks. Carers told us they felt well supported by the shared lives officers and they could approach them or the registered manager at any time. One carer told us, "The shared lives officers are really

supportive and will go out of their way to help. I can think of no obvious improvements with the office staff or the support we get."

Good

# Is the service caring?

## Our findings

Shared lives support officers were clearly committed to the scheme and made sure that people were supported by kind and caring carers. People told us they were treated with respect and dignity. We saw a letter from one person which stated, "I am happy there, they are great, best, brilliant, nice, superb, lovely carers in the whole world. I want to live there for years, forever." A carer commented, "The continued good health and dignity of our customers forms a key part of our daily routine."
People's privacy and dignity was respected and promoted by carers who were able to describe how they managed this. One example included a description of how a male carer respected and managed the privacy of the people who were cared for who were female.

People's individual, diverse needs were respected by carers who understood equality and diversity. Shared lives support officers received training in equality, diversity and human rights. Before carers were approved they completed an application form which asked questions about their attitudes to issues such as discrimination, disability and other cultures. They were also asked if they were able and willing to challenge prejudice, discrimination and oppression. Carers' views were considered at the approval panel. Support plans included areas such as lifestyle choices, religion and culture and noted any support people might need to meet their diverse needs.

People were supported to maintain and/or attain as much independence as possible. For example if people were able to access the community independently all aspects of this activity were risk assessed. The service supported carers' to allow people to take appropriate risks dependent on their abilities, choices and aspirations. A professional commented, "Adult placement is often an excellent choice of placement for adults who are unable or unwilling to live on their own. The service users are encouraged to be as independent at possible and supported to lead their lives in the way they choose. I would just like to add that some Adult Placement carers have provided a safe and nurturing home to service users with challenging behaviours that would be difficult to place in a more constrained environment."

People and carers were carefully 'matched' to ensure people received care from carers who they felt comfortable with and who were able to meet their needs. One carer told us, "The scheme makes sure that there is a good match between customers and carers which ensures that a good relationship develops and support is appropriate." The approval panel took into account the 'matching' process when making their decisions. Carers described the procedure followed before they and the person made the final decision about the placement. This involved an introduction process that included tea visits, overnight stays and a variety of other meetings between the parties. They or the person could decide it was not an appropriate placement at any time. People who were offered a long term placement had a formal 'licence' which gave them accommodation rights and described the rights of the carer.

The nature of the service meant carers and their families built very strong relationships with the people they supported. People lived as part of carers' families and were involved in day to day and family celebrations. People told us they felt part of the family and one person said, "I love it there and I know they care about me." People who received long term care generally remained as a part of the same family for a number of

years. People were provided with detailed information about the service in user friendly formats, including easy read documents, photographs and simple English.

Good

# Is the service responsive?

## Our findings

The service was responsive to people's changing needs. The nature of the service meant that carers could be extra-ordinarily responsive to people. As people lived as part of the family any non-planned needs could be responded to immediately. Carers were able to respond to unusual situations such as, if people were ill or needed support with their emotions. Whilst support plans detailed people's needs and preferences, carers responded to people's requests and choices on a daily basis. One carer told us, "Regarding the safety and good treatment of our customers this is a main priority for us as Shared Lives Carers and the scheme reflects this too being very proactive in any situation."

Prior to applying for a placement people's needs were assessed by a care manager. The person's needs were reviewed by the service who decided if they could offer a placement to the individual. If appropriate and carers were not available they were sometimes specifically recruited to meet the person's identified needs. Once the application and matching processes had been completed the service developed a comprehensive person centred support plan based on the assessment. Support plans were completed with individuals and other relevant people. The plans contained all the relevant information to enable carers to deliver the agreed care in the way that people preferred. There were plans to include all office based records on a recognised electronic system which was considered to be a positive step which will enable more efficient responses.

People benefitted from personalised care from carers who were able to provide it. Support and placement plans were reviewed a minimum of annually and/or whenever necessary to ensure appropriate care was being provided. Additionally carer's ability and capacity to deliver the required level of care was reviewed at least annually. If people's needs changed reviews identified if the same carer was able to continue with the care or if a new carer was needed. People, carers, shared lives support officers and/or other professionals could identify when the placement was no longer effective.

People and carers could feedback their views on the service they received in a number of ways. Examples included surveys which were sent to people and carers. Shared lives support officers visited and spoke with people and carers regularly and asked their views. There were regular quarterly meetings which had recently changed to include both carers and people. This had proved to be successful in terms of attendance and better participation.

People were, often, provided with four days of activities per week as part of the shared lives agreements. Day time activities varied and included formal day services, further education, employment opportunities and people pursuing their own lifestyles independently. Activities were dependent on people's choices, behaviour, skills and abilities. Support plans included timetables and activities, as relevant and appropriate to the individual. Leisure activities were often pursued with the carer and/or their families. Many people participated in family holidays, family outings and celebrations.

The service had a robust complaints procedure which was available to carers, people and others. It was presented in a user friendly format.  The service had received no complaints in the last 12 months but we

saw numerous compliments from a range of people. The provider had a designated complaints officer who reviewed the complaint and decided whether an internal or external investigation was required. If an investigation was necessary it would be thorough, recorded and any learning would be noted and acted upon.

Good

# Is the service well-led?

## Our findings

People benefitted from a well-managed service. The registered manager managed two shared lives schemes. One was in West Berkshire and another in Reading. This arrangement meant that she shared her full time hours between the two schemes. However, staff told us that she was always available on the telephone and would always attend the service when required. Staff described her as "fantastic", "approachable", "knowledgeable" and "supportive". Carers told us that the registered manager was supportive and easy to talk to. One professional provided feedback which stated, "I feel the service is well managed. I have always found communication from the team is very good."

People, carers and shared lives officers were regularly asked their opinions of the care the service offered. For example, at the people's support plan reviews, carers' reviews and from annual surveys sent to each group. Additionally people were invited to workshops to discuss specific issues and the service hosted social occasions where people could meet to exchange views. Staff meetings were usually scheduled monthly but records indicated that four meetings had been held between January and September 2016. This had resulted from pressures within the scheme but all staff indicated that this had not adversely impacted on their work as they were able to request assistance or support from the registered manager or each other at any time. These meetings were used t discuss issues such as new policies, information sharing and planning for new people. Staff told us they felt valued and one staff member said, "I have received excellent support and access to appropriate tools to help me do my job. Another staff member told us that they are encouraged to share ideas that might develop the service and are supported to progress professionally.

The service people received was monitored and improved, as necessary. The service had a comprehensive quality assurance process. The service produced an annual team plan which was developed from the provider's annual business plan and included the views and ideas gained from the quality assurance processes. The actions to take, by who and by when were recorded against the team plan. A monthly return was compiled within the scheme which was required by the local authority. This provided detailed information on specific events, approved carers, training and a range of statistics including pressures on the scheme. This was monitored and queried where and when required. A quality review had been undertaken on the scheme on 31 May 2016 by the local authority Care Quality Team. The report provided positive outcomes in all areas reviewed.

The service belonged to Shared Lives Plus, a national organisation which advised of any new initiatives and best practice from schemes across the country. The current initiative was to develop a monitoring tool which captured people's views on the service and whether their outcomes had been met. The scheme worked closely with care managers and other professionals to ensure people received the most appropriate care.

People's care was supported by good quality individual support plans. People's current needs, preferences and any risks to them or others were reflected accurately in their records. Records relating to other aspects of the running of the service, such as staffing, carers and quality assurance records were well-kept and up-to-date. The management team understood when and why to send any statutory notifications to the Care

Quality Commission. Records kept supported the safety and quality of care provided to people who used the service.