

London Borough of Bromley

Shared Lives

Inspection report

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Tel: 02084617020

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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 6 July 2016. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection. When we last inspected this service on 24 February 2014 we found the service met all the regulations we looked at.

Shared Lives recruits, trains and supports carers who provide placements for adults within their own family homes in the community. Most people using the service have learning disabilities. There were twenty nine people using the service on the day of the inspection.

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

People told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of the types of abuse to look out for and how to raise safeguarding concerns.

We saw that risk were managed effectively. Comprehensive risk assessments were in place for people that included steps to take to minimise any risks identified. Risk assessments were personalised and were individual to the person. People were encouraged to take positive risks.

Medicines were managed safely and effectively and regular audits took place at monthly monitoring meetings.

People were supported with sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. When the carer whom the person lived with went on holidays, people would normally be offered a placement with a carer within the scheme that provided respite care.

We observed positive and caring interactions between carers and people who use the service and they were treated with kindness and compassion. Carers understood what privacy and dignity meant when assisting people and the importance of ensuring people had choice.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who use the service.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff were also safely recruited with necessary pre-employment checks carried out. Staff received regular supervisions and annual appraisals.

Staff had received training on the Mental Capacity Act (2005) and understood what to do if they had concerns with regards to people's mental capacity. These safeguards are there to make sure that people receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Staff regularly met with people and their carers to ensure the service was meeting their needs and they were providing a good service.

People's care records showed relevant health and social care professionals were involved with people's care and arrangements were in place for them to have regular visits to the GP, dentist and opticians.

The service used the local authority complaints policy and one complaint had been logged in the past 12 months. We saw that complaints were addressed appropriately and concerns and complaints were used as an opportunity for learning or improvement.

The service was well run and the approach adopted by the registered manager and shared lives staff was positive and transparent.

Quality assurance systems were in place to monitor the quality of service being delivered. We saw surveys that had been completed by people that use the service in October 2015 and all of those completed were very positive.

The registered manager was committed to improving the service and identified areas for improvement.

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. There were sufficient staff to ensure that people's needs were met.

People were supported to have their medicines safely. All MAR charts were audited on a monthly basis.

Risks to people who use the service were identified and managed effectively with positive risk taking encouraged.

Is the service effective?

Good ●

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good ●

We observed positive and caring interactions between carers and people who use the service and they were treated with kindness and compassion.

Carers supported people to be independent and gain skills for independent living.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred. People's needs and wishes from the service were assessed and support was planned in line with their needs.

People using the service have access to a variety of activities and were supported to access the community which supported people to be independent.

The service had a complaints policy in place. People told us they knew how to make a complaint and staff knew how to support them if the need arose.

Is the service well-led?

Good ●

The service was well led. The quality of the service was monitored.

The service had a positive transparent culture which continuously strived to improve.

Staff and carers spoke positively of the registered manager and placement officers.

Shared Lives

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.

The inspection took place on 6 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a shared lives scheme. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

During and following the inspection, we spoke with six people who use the service, two relatives, three shared lives carers, one placement officer, one contracts officer and the placement co-ordinator who is also the registered manager. We received feedback from two health and social care professionals. With permission, during the inspection we visited and spoke with two people and two carers in their home.

During the inspection we reviewed seven care records and risk assessments of people who use the service and four staff files. We also looked at meeting minutes, quality audits and surveys and a number of policy documents.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Yes, they make me feel safe when I am home, I would tell the office if something went wrong." Another person said, "Yes I feel safe, I feel like part of the family," One relative said when asked about their relatives, "He's safe; they look after him very well."

Carers and shared lives staff were able to explain the different types of abuse, how to recognise abuse and the processes to follow to report suspected abuse. Records we looked at confirmed that they had received training in safeguarding adults. One staff member told us that they had recently dealt with a safeguarding alert coming from a carer who had noticed unexplained bruising on the person they looked after. They confirmed that as well as completing the relevant recording forms, they contacted the day centre where the person attended and informed the social work team for further investigation. A carer we spoke with told us, "I have done safeguarding training and abuse can be neglect, physiological or physical. I would always report any concerns which I may have to my placement officer." Staff were also able to explain how to whistle blow if they felt any concerns they raised were not being dealt with. They told us they could go directly to the safeguarding team, the police or the Care Quality Commission.

The registered manager told us the service worked to the local authority's multi-agency safeguarding policy and procedures. This was a new London multi-agency adult safeguarding policy which the local authority had signed up to which identified types of abuse and indicators. The safeguarding policy was available to staff on the organisations intranet and it was being introduced to carers during their safeguarding training. There was also a flow chart on the intranet to assist staff with recording and reporting appropriately.

We saw that risks were managed effectively. Comprehensive risk assessments were in place for people that included steps to take to minimise any risks identified. Risk assessments were personalised and were individual to the person. We saw an example of a risk assessment identifying the possibility of self-harm and risks to others. There were possible triggers listed and clear strategies for what to do should any such incident arise. Staff, shared lives carers and people using the service were involved in the risk assessment process and this was reviewed at the eight to twelve weekly monitoring meetings that took place in the person's home. Review meetings took place sooner if any issues needed to be addressed. As part of the carer's recruitment and initial assessment process, the service checked the carer's home for potential hazards and also looked at the quality of the setting.

A carer told us that they encouraged people to take positive risks. They described how they had worked with a person to enable them to make a cup of tea for themselves. They said it had taken a long time but eventually with only minimal support they had been able to do it.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. The registered manager told us that when the carer whom the person lived with went on holidays, people would normally be offered a placement with a carer within the scheme that provided respite care.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. One person told us, "Yes they are skilled," Another person said when talking about her carer, "Yes she definitely has the skills and knowledge as she has experience as a nurse."

Training records showed that staff including carers had completed mandatory training including safeguarding adults, first aid, medication and food hygiene. Staff also received training in the Mental Capacity Act 2005 (MCA) and Dementia. Some staff underwent additional training specific to care needs of the people they supported for example, we saw that a carer had been taught to give insulin to the person they supported and had received specific training from the district nurse. In the carers file we saw that the nurse had signed the carer off as competent to provide this support. The registered manager had also arranged for a number of different training sessions at the carers forum that included end of life care and developing independence skills in a family setting.

Staff and carers we spoke to had worked for the service for many years. They were supported to complete a comprehensive induction programme before working on their own with people. One carer told us, "The induction lasted almost a year before I was accepted as a carer." They told us that the induction was useful and assisted them to gain a greater understanding of the role and the organisation as well as building confidence to enable them to do their job.

People were supported by staff and carers that received supervision (one to one meetings) with their placement officer or the registered manager. Supervisions for carers was carried out every eight to twelve weeks and for placement officers every six to twelve weeks. Meetings were arranged sooner if there were any issues that needed to be addressed. Records showed that they discussed any training needs or concerns they had. One member of staff told us, "Supervision is a transparent process and is very helpful." A carer told us, "It's good and keeps us on our toes."

Records showed that supervision sessions took place regularly as well as monitoring visits for carers. Topics covered included; general support, knowledge and skills, things to check, updates in relation to people's care and support needs, health and safety checks, risk assessments, incidents, finance, communication and on-going actions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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.

Prior to placement with the service, people's capacity was assessed by a social worker or care manager and care planned accordingly. Records showed that staff had received MCA and Deprivation of Liberty Safeguards (DoLS) training and staff were knowledgeable around MCA/DoLS. We saw on our visit to the

home of a carer and two people using the service that care plans and risk assessments included peoples preferences and the carer was able to tell us how peoples individual choice was upheld.

One person we spoke with told us they were able to come and go from their placement at all times and had keys to the home. They also said that in terms of safety they always told their carer where they were going and the times they would return.

People and relatives were complimentary about food and how people were supported to eat and prepare food. One person told us when asked, "Yes I have a choice of food, she makes me anything, but I don't like curry, she knows what I like." Another said, "I always get a choice of what I want, I like soup." The carers were all aware of people's dietary needs and preferences and supported people to become more independent. A carer told us, "I have taught [the person] to make a cup of tea with just a little support but most of it they can do for themselves."

People's care records showed relevant health and social care professionals were involved with people's care and arrangements were in place for them to have regular visits to the GP, dentist and opticians. People we spoke with were very happy with their support around health care and one person said, "My carer helps me with the GP."

Is the service caring?

Our findings

People told us they were very happy with their carers and felt they had a positive relationship with them. One person said about their carer, "She treats me with respect. She is alright; we have a laugh, and a chat." Another said, "I'm treated well; they talk nicely and gently to me."

We heard from people themselves as well as professionals we spoke with that people were very happy at their placements and they felt like part of the family. Some people had been living with their carers for many years and reports showed that they had made great improvements in terms of becoming more independent and integrated into the community. We heard how one person had been living in residential care but were very unhappy and didn't settle well. After a crisis at home they were placed at short notice with a carer and the outcome was very different. The shared lives service was able to find a good match for the person and positive relationships had developed as a result. After a short break they were invited to return for breaks in the future if the need arose.

Shared lives staff and carers knew the needs of people they were caring for, including their life histories what they wanted to achieve. We saw in the care plans a section called [name of the person] story so far and another stating, great things about [the person]. This gave an overview of a person's life so far and what they had achieved. Carers and shared lives staff were highly motivated to ensure the people they supported, succeeded in reaching their goals and life's ambitions.

During the inspection we visited carers and people at their homes and saw it was a comfortable environment and people were moving around freely. People were very much part of the family and interacted well with their carer's. We observed positive and caring interactions between carers and people who use the service and they were treated with kindness and compassion. Carers understood what privacy and dignity meant when assisting people and the importance of ensuring people had choice. People were encouraged to continue and build meaningful relationships with their families and friends and we heard about one person who went to stay with their parent every weekend.

People were actively involved in making decisions about their care and ensuring that their preferences were supported. There was monthly monitoring meeting with the people using the service, the carer and the placement officer. This was an opportunity for people to say what they liked or didn't like about the contents of their care plan and how they were supported. We saw how one person was unhappy about a certain activity and it was immediately changed.

Equality and diversity was an integral part of peoples care plans and carers were aware of how to ensure people's differences were respected, valued and upheld. Training was offered to carers with regards to equality and diversity as well as sex and sexuality. We heard from people that they had been supported well around these areas and felt they could approach and discuss any issues they had with their carers or shared lives staff. This was confirmed in care records we looked at.

People had access to advocacy when they required further support from an independent person. The registered manager told us that a person would automatically be referred to an advocacy service if they had to make a decision about their care arrangements and if they needed support with other issues that arose.

Some people had had end of life plans and these were in accessible formats making it easy for people to understand and plan how they wanted to be supported at the end of their lives. The contents included a choice of funeral arrangements, making a will and other wishes a person may have. The registered manager had also arranged for an organisation that leads on end of life care to talk at the carers forum in October 2016.

Is the service responsive?

Our findings

People were supported to engage in a range of activities which reflected their likes and interests. Some people attended day centres, others were involved in voluntary work and others attended college and community resources like cafes, shops and places of interest. One person said, "I normally go out with my friends" and another said, "[Carers name] takes me for walks with the dogs." One person we spoke with was very active in the community and was involved in voluntary work. They told us they had worked in a local community café and had also completed an employment preparation course at the local college.

Placements were reviewed at least annually by the care management teams at the local authority. Placement officers and carers reviewed care plans at the regular monitoring meetings and agreed any changes with people at that time. However, we saw that although care plans were signed by the carer, three out of the five care plans we looked at had not been signed by the person using the service and the care manager or social worker involved in the placement. We discussed this with the registered manager who confirmed that often it was difficult to get professionals to sign the care plans due to the demands on their time. Despite this, the registered manager confirmed they had spoken to the care management team and agreed that care plans would be signed by care managers at the annual review of people's care and support and they had also agreed that the placement officer would attend each review as this did not always happen as they were not always invited. The registered manager had also instructed staff that where a person was unable to sign, a comment explaining that fact would be added to the care plans.

Nine people who had experience of using services, two of which had direct experience of using shared lives, were involved in an innovative project called the 'A-Team Quality Checkers.' This was led by the local authority contracts team and one of their officers. Each year they visited people using the service and their carers to check how people and their carer's were getting on as well as observing the dynamics between them. People received training, supervision and had regular team meetings to keep them updated and to ensure they felt confident in their roles. They received expenses for travel and any meals were paid for. The contracts officer spoke highly of the work that people did and explained that often they would pick up on things that they hadn't noticed. They were able to use their own experiences of being in a placement to understand what was going well and what was not going so well. People involved in the project were very complimentary about the role they played and saw the opportunity very much as a job. They spoke of how the experience had given them confidence as well as an opportunity to learn new skills.

Holidays were arranged for people and many went with carers and their families. One carer we spoke with told us they felt it was really important for people to have a holiday at least once a year and they were currently in the process of arranging something for the people they supported near the south coast.

People's support needs were comprehensively assessed before they began using the service to ensure the service could meet their needs and that they could be matched with a suitable carer. Care plans were personal and were produced in accessible formats, for example using pictures. Areas they covered included communication, cooking, relationships, my sexuality, mobility needs, cultural and ethnic needs.

People told us that they did not have any complaints about the service and if they had, they would be comfortable about speaking to their placement officer or care manager. We saw that information on how to complain was in a shared lives service handbook in people's homes. The service used the local authority complaints policy and one complaint had been logged in the past 12 months. We saw that complaints were addressed appropriately and concerns and complaints were used as an opportunity for learning and improvement.

Is the service well-led?

Our findings

Carers and staff we spoke with told us they felt the service was well run and the approach adopted by the registered manager and shared lives staff was positive and transparent. One person said, "It is run well, it's alright they are lovely people." Another said when asked, "Yes, they run everything really good."

Health and social care professionals told us that they thought the service was good and person centred. They told us that staff went out of their way to ensure people received the care and support that met their needs and carers were matched really well with people using the service. They went on to say they wished they could recruit more carers as they believed it was an excellent model of care.

The registered manager spoke highly of the staff and carers working within shared lives and was passionate about the continuous improvement and achieving best practice. Staff and carers were committed to the service and one staff member told us, "I love it here. I love the service users and the carers are great." They went on to talk about the great sense of satisfaction they had individually but also as a team when they saw people achieve their goals and grow in independence. A carer said about the manager and staff, "When I need something it's dealt with, they are very efficient." Another said of the manager, "She's really good."

Staff and carers felt they were well supported through regular supervision and training but also felt their own experience were valued and often called upon in different situations. Many of the carers and staff had worked in health and social care roles such as nursing, social work and as support workers before joining the team and becoming carers, therefore their experience and knowledge was seen as a great contribution.

Staff and carers attended regular meetings and forums. Carers told us they found these meetings helpful and assisted them to do their jobs to a high standard. They were particularly impressed with the different speakers that attended the forums as well as the opportunity to speak with other carers about their role.

Quality assurance systems were in place to monitor the quality of service being delivered. We saw surveys that had been completed by people that used the service in October 2015 and all of those completed were very positive. The quality checkers that visited people annually and also looked at quality issues had made recommendations for improvements that were taken forward. Monthly monitoring visits also contributed to assessing the overall quality of the service and overall improvements.

The registered manager worked closely in partnership with other agencies including day centres, health and social care professionals as well as colleagues in similar positions in other boroughs. The registered manager also attended regular Shared Lives Plus network events, where they would share experiences and look at best practice.

There were a number of areas for improvements that the registered manager had identified and this work was on-going. They included more training and discussions around equality and diversity, reviewing systems for reviewing care plans and risk assessments and exploring more consistent ways to gain feedback from people and their carer's.

