

## London Borough of Sutton

# The London Borough of Sutton Shared Lives Team

## Inspection report

Civic Offices, St. Nicholas Way, Sutton, SM1 1EA

Date of inspection visit: 16 March 2015

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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



### Overall summary

This was an announced inspection and took place on 16 March 2015.

At our previous visit in December 2013 we judged the service was meeting all the regulations we looked at.

Sutton Shared Lives Scheme (SSLS) is a shared lives arrangement scheme which recruits and supports paid carers to provide family based placements for adults with learning disabilities within the carer's home.

Arrangements can be long-term with the adult living with the carer as part of their family, or as respite care which can range from a few hours a week, overnight or for longer stays.

At the time of this inspection thirty one people received a service from the SSLS.

The service had a registered manager in post. A 'registered manager' is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this report we refer to the SSLS staff and to carers; by staff we mean the staff who run the scheme and carers are those people who provide care to people in their homes and are in the scheme.

# Summary of findings

People told us they felt safe with the care and support they received in their carer's homes. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service, their relatives, carers and staff how to report potential or suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of harm. Carers and staff knew how to use the information to keep people safe.

The registered manager ensured there were safe recruitment procedures to help protect people from the risks of being cared for by carers or staff assessed to be unfit or unsuitable.

Staff and carers received training in areas of their work identified as essential by the provider. We saw documented evidence of this.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

Staff and carers had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Carers supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied nutritious diet and a choice of meals. They were supported to have a balanced diet, food they enjoyed and were enabled to eat and drink well and stay healthy.

Carers and staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

People were involved in planning their care and their views were sought when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Carers and staff respected people's privacy and treated them with respect and dignity.

People said they felt the service responded to their needs and individual preferences. Carers and staff supported people according to their personalised care plans, including supporting them to access community-based activities.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy that was provided in an easy read format.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys. Action plans were developed where required to address areas for improvements.

The registered manager attended regular shared lives network meetings and conferences to identify examples of good practice to ensure the service was providing a good quality of support.

# Summary of findings

## 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 was safe. People told us they felt safe. Safeguarding procedures were robust and staff and carers understood how to safeguard the people they supported.

Risks to people and carers were assessed and well managed. Peoples care plans provided clear information for carers and staff about how to manager identified risks. The service had a robust system in place for the investigation and monitoring of incidents and accidents.

Recruitment practice was safe and thorough. The registered manager ensured there were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective. Staff and carers had the skills and knowledge to meet people's needs. They received regular training to ensure they had up to date information to undertake their roles and responsibilities. Staff and carers received regular supervision and annual appraisals to ensure they were providing appropriate and effective support to people using the service.

Staff and carers were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Carers supported people to attend all their regular healthcare appointments

Good



### Is the service caring?

The service was caring. People who used the service told us they liked the staff and looked forward to them coming to support them.

People said staff treated them well and were respectful of their privacy.

People were involved in making decisions about their care and the support they received.

Good



### Is the service responsive?

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs or to the placement were identified.

People using the service were invited to a regular forum to meet people using other services in the borough to discuss the support they received and any other issues. People had opportunities to share their views about how the service is run.

The service had a complaints policy and procedure which was provided in an easy read format.

Good



### Is the service well-led?

The service was well-led. Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good



## Summary of findings

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received. Feedback from the 2014 survey indicated people felt happy with the service and carers said they had good levels of support from the schemes staff.

The registered manager attended regular shared lives network meetings and conferences to identify examples of good practice to improve their service.

# The London Borough of Sutton Shared Lives Team

## 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 of the London Borough of Sutton's Shared Lives Service took place on 16 March 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the

manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service including notifications about safeguarding incidents that the provider had sent us.

During our inspection we went to the provider's head office and spoke to the Head of Provider Services for L.B of Sutton, the registered manager, the care co-ordinator and the development officer for this service. We spoke with three carers and four people who used the service. We reviewed the care records of those four people, the records for four carers, two of the scheme's staff and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well. One person told us, “I’m very happy living here, yes I feel safe, it’s home.” Another person said, “This is my home, I love it here. I feel quite safe thanks.”

Carers told us they had received all the training they needed to ensure the safety of the people who live with them. They were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose and what they would do to report any concerns appropriately. We looked at the records of the training carers had received, which indicated they had completed a safeguarding adults course in the past eighteen months.

The service had policies and procedures in place to respond appropriately to any concerns regarding the care being provided to people. We saw the service used the local authority’s safeguarding adults’ policy and procedures. Carers told us they regularly discussed with people how to raise concerns, what to do in case of an emergency and how to protect their own safety.

The registered manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams. We saw documented evidence that showed the concerns had been reported as stated and that the concerns had been followed up via local authority safeguarding meetings.

We saw people had individual risk assessments and we saw risk management plans in their care files. These had been developed with the person and where appropriate with their relatives and carers in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. One person’s risk assessment stated that they were unable to manage their finances. An appointee had been arranged and there was information about their finances so they could be managed safely. This had been compiled together with the person and their relative. It was followed by carers and monitored by the SSLS scheme’s staff. When we looked at people’s care files we saw that risk management plans had been followed appropriately.

The registered manager explained that as part of the regular visits staff make to carers’ homes they check to ensure the person using the service was receiving the

correct benefits. If the service had been given authority to support the person with their finances or was made an appointee, staff monitored the management of the person’s money to prevent financial abuse. When we looked at people’s care files we saw other risk assessments had been carried out to help to ensure their safety and maximise their independence. The risk assessments we saw covered the range of daily activities and possible risks including travelling, using the kitchen, medication and finances. Risk assessments had been carried out where people were engaged in specific activities identified as higher risk such as the person going on holiday or using taxis. Risk management action plans were in place to help minimise the risks faced by people.

The provider had arrangements for health and safety checks on the carers’ home undertaken by staff during their supervision meetings that carers told us happened every four to six weeks, unless there was a need for an earlier meeting. These checks ensured people using the service were living in a safe and maintained environment. Carers told us they received training to do with manual handling and first aid. They said this helped them to do their work safely with people who needed this support.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred the carer would contact the registered manager as soon as possible. A record form was completed with the details of the accident or incident, the information was added to a spread sheet and in the person’s file. A copy of the form was also sent to the person’s social worker. If required, an investigation was carried out by the registered manager and an action plan was developed. The registered manager or the staff would carry out on-going monitoring of any actions implemented to reduce the risk of the incident or accident occurring again and to ensure that the person’s support needs were appropriately met.

We reviewed staff and carers’ files and we saw they contained evidence that appropriate recruitment checks had been carried out. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable carers or staff.

## Is the service safe?

Carers told us that they received training in order to assist people to take their medicines safely. They said people's medicines administration records (MAR) were checked by staff to ensure the safe administration of medicines to people.

Carers were fully aware that they should always report to the office any concerns they might have over medicines

handling practices. We were told by the registered manager that staff undertook a monthly audit of MARs held in people's homes and we saw evidence of this. The training of staff and the monitoring checks have helped to ensure the safe administration of medicines to people in their homes.

# Is the service effective?

## Our findings

People were cared for by carers who had appropriate support and training to do their job. The carers told us they felt supported by the shared lives staff team and had appropriate training to carry out their roles. One carer said, "They provide good support for us. If all is going well we'll get a visit every four to six weeks. If a problem arises they provide support straight away." Another carer said, "When we need them, the shared lives team are there."

The provider had identified a range of mandatory training course and these were completed by new carers as part of their induction. We saw documented evidence that carers completed annual refresher training courses including safeguarding adults; the Mental Capacity Act 2005; the safe administration of medicines; health and safety; infection control; fire safety and food hygiene courses. Carers also completed additional training identified as necessary for providing safe and appropriate support for the person using the service. A carer told us they could also access other training they felt would help provide improved support to people such as training for dementia and autism awareness. The registered manager explained that the training accessed by carers was mainly provided by the local authority.

Carers had supervision sessions either with the registered manager or other members of the shared lives scheme staff every four to six weeks. The registered manager said if the need arose then this could be provided earlier and as required. During our visit to the Shared Lives Scheme's offices we inspected staff and carers files. We saw minutes of both carers' and staff supervision sessions notes. Discussions about the placement, any learning or actions identified following training and other issues were recorded in detail in the notes of the supervision session. Staff and carers told us that they had received notes of their supervision sessions signed and dated so they were aware of any actions they had to take. They said they felt well supported by the registered manager. We saw supervision notes on the files we inspected, signed and dated.

All staff had an annual appraisal. We saw copies of detailed appraisal notes including any identified training needs and discussion about the support they provided to carers. The service arranged two monthly carers' meetings to discuss any changes in procedure, legislation and any issues that had arisen. We saw copies of the minutes taken from the

recent meetings which had been circulated to all the carers so if they were unable to attend the meeting so they were aware of what was discussed. The registered manager explained they aimed to match a person who used the service with a carer who had similar likes, dislikes and background. If there were no suitable carers available for either long term or respite placements the person was placed on a waiting list. This prevented the person using the service having to move between placements which can be disruptive.

People in the scheme were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with people and their carers that they were actively involved in making decisions about their care and support needs where ever they could. Carers we spoke with evidently encouraged people's full involvement in this and records we saw also showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented. Where people did not have the capacity to make decisions about specific aspects of their care and support, staff, relatives and healthcare professionals had discussed and recorded where these had been made in people's best interests. The registered manager said that people's capacity to decide on important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests. This was corroborated by the care plan meeting minutes we saw.

Staff displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. Training records showed carers and staff had attended training on the MCA which they confirmed to us they had received. The policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

People told us they were given choices and enjoyed the meals they had with their carers. One person said, "I enjoy all the meals I have here. I do like going out especially for fish and chips." Another person said, "It's good the food I eat here, I enjoy it. Yes I can choose what I want to eat." We saw the dietary requirements for each person using the



## Is the service effective?

service were detailed in their support plans. We spoke with the carers about how they responded to people's individual dietary needs. One carer told us they had developed a menu with the person living with them which was based on their favourite meals. They said they balanced this with providing a healthy and nutritious diet so their particular health needs could be met as well as their preferences. The carer said they also went out for meals such as for fish and chips on Fridays. The person concerned provided some help with the preparation of meals and tidying up afterwards.

People we spoke with told us they saw their GPs regularly. One person said, "I've just seen my GP last week for a check-up." Another person told us they had been to see a

doctor in the hospital they attended recently. Carers told us that people had annual health checks with their GPs and other health professionals including dentists, chiropodists and opticians. We saw evidence of this when we inspected people's care files. There was a log of people's healthcare appointments on each file we inspected. People using the service had health passports detailing any health issues and treatment. Carers told us they usually accompanied people to their medical appointments if identified as a support need in their assessments. The registered manager and carers said they recognised the importance for people in the scheme to maintain good health and supported people with this.

# Is the service caring?

## Our findings

People told us they were happy with their carers and from our observations when we visited people in their homes seemed to be happy. We saw people being treated with kindness and compassion with the care they received. One person told, "I am happy living here. They are very kind to me. I couldn't live at home anymore." Another person told us, "My carer is really nice. I like it here." We saw that people's support plans included information about the person's background and the contact details for their next of kin. This helps carers to have a better understanding of the person they are caring for.

People using the service had an annual review meeting of their care and support plan. Carers confirmed this and we saw evidence of this on people's care files. Together with their carers, the

SSLs's staff and care managers, people discussed their support and they were able to give feedback about whether they felt it was appropriate to meet their needs and whether their privacy and dignity was respected by their carers. We saw copies of four people's review meetings. In the notes people were asked if they felt valued and if their dignity and choices were respected by the carers. Carers told us they knew about people's backgrounds and their histories because this was all part of the initial placement and matching process. They explained that this was useful in helping them to understand the person better. Carers said the process of getting to know the person continued as the placement developed and as the person became more integrated in the home.

The registered manager told us that when they visited the carer for their supervision session, they would try to arrange their visit for when the person using the service

was available. Whenever possible people were encouraged to make decisions about the care and support they received, and their daily lives. If the person needed additional support to make decisions which could involve complex information they could ask for support from their carer, social worker or access lay advocacy services. The people we spoke with told us they knew they could access an advocacy service but felt they could talk to their carer about anything and were happy with the support they received. The carers confirmed that the people they supported had access to advocacy services but had not wanted to use it.

People told us they felt the carers treated them with dignity and respect. One person said "I have been with my carer for over five years, I am treated as part of the family, this is my home". We asked the carers how they protected and maintained the person's privacy and dignity. One carer explained that they would always call out before going into as person's bedroom so as to ensure that people were dressed. When they went to wake the person in the morning they would not enter the bedroom but just knock on the door and call the person's name to see if they could go in. Another carer told us that they treated people with respect, "as I would like to be treated."

When we looked at the staff records we saw carers had signed a carer's agreement which outlined their roles and responsibilities as part of the shared lives scheme. The agreement included sections on confidentiality, providing support according to support plans and risk assessments and ensuring the safety.

People told us their family members or relatives were encouraged to visit them in the carer's home. This was confirmed by the carers we spoke with and the registered manager.

# Is the service responsive?

## Our findings

People told us the carers they lived with or who provided respite care for them knew about their wishes and support needs and cared for them accordingly. The manager explained that people were referred to the service through the L.B Sutton's Social Work Team. Once a referral was made their social worker carries out an initial assessment of their support needs. Shared Lives staff visited the person to explain about the service and they also carried out a detailed assessment of the person's needs to ensure the service could provide an appropriate level of care and support to meet the person's needs. Staff also met the person's relatives or family to discuss how the service might help provide appropriate support. For long term placements the person using the service would meet with the carer as often as required for them to feel comfortable. This would then progress to overnight stays and then a weekend. The placement would not start until both the person using the service and the carer were happy the service could meet the person's needs appropriately and safely. The registered manager told us the support plans and risk assessments were reviewed annually or sooner if any changes in the person's support were needed.

Additional information from other people involved in the person's care was also included in the support plan for example relatives, social workers and any day services people attended. The person using the service was involved in the development and review of their support plan. The support plans we inspected evidenced that the person had signed their plan and a copy was kept in the carer's home and in the office. A copy was also sent to the person's social worker. We saw the support plans included information on the person's religious and cultural needs as well as any communication needs including any languages

spoken. The monitoring records of people showed that all the support plans had been recently reviewed and were up to date and this information was confirmed when we looked at the support plans for four people who used the service. People had monthly assessments to check whether their needs were changing. This included monitoring of their health conditions. The people we met with were positive with their views and experiences on the assessment process.

Each person had an individualised activity programme according to their preferences. One person told us they attended drama classes, bingo and line dancing. A carer said the person they cared for attended a day centre three days each week and they loved it. The person concerned confirmed this saying "I love it there." The registered manager told us the service provided person centred care to people to meet their individual needs. Staff told us they received training in person-centred planning. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way.

People we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk to their carer and social worker about anything. We were shown the provider's complaints policy and procedure. The forms used by people wishing to make a complaint were in an easy to read format. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received. People were also reminded of the complaints process and what to do if they do not feel safe.

The registered manager told us they reviewed any complaints or concerns made and this has provided them with the opportunity to improve the service appropriately.

# Is the service well-led?

## Our findings

Carers we spoke with told us they felt the service was well-managed. They said “The manager is very helpful as are the staff”, and “their support is really good, no problems at all. If we need something they are here to support us.”

The service had a registered manager in place. During our inspection visit we saw that the registered manager was aware of all aspects of the service including the support needs of all the people using the service.

We found shared lives staff were positive in their attitude and seemed to be committed to the support and care of the people in the scheme. The registered manager told us they encouraged a positive and open culture by being supportive to staff and to carers by making themselves approachable with a clear sense of direction for the service. Both staff and carers told us that this was a fair reflection. They said the service was forward looking and the registered manager supported the team to consider ways they could provide people with better standards of care and support. One staff member told us, “We are encouraged to discuss any issues and the manager listens.” Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered appropriately.

Regular communication between shared lives staff and carers, as well as the two monthly home support visits (or more frequently if the need arises) and the forum meetings have all helped to ensure that people, carers and staff are always aware of upcoming events, meetings and reviews. This has helped to ensure a sense of people and carers being well supported by the service.

Systems were in place to monitor and improve the quality of the service. We saw records to show that in 2014 the registered manager carried out an annual satisfaction survey sent to people living in the Shared Lives Scheme and to carers providing either long or short term care and support for people. The registered manager told us they

analysed the responses and prepared an action plan where necessary to address areas that required improvement. We saw the responses received which were positive and we saw the analysis of the feedback. As an example carers fed back that they were well supported by the scheme. We also saw a timetabled action plan to address any issues that arose from the feedback that was given. The registered manager told us the same process had been started this year in 2015 and we saw documented evidence that supported this.

The registered manager had other quality assurance methods in place to monitor the scheme’s processes. An example we were shown was a staff and carer supervision matrix. This charted the dates when all staff and carers receive their supervision and set out the planned dates for the year ahead. This is a useful tool to monitor the frequency of staff supervision and acts as an aid to help ensure the regularity of it. We were provided with evidence of a similar tool charting staff and carer training. This evidenced the scope of training delivered and highlighted any training needs for staff or carers. Another quality assurance tool developed by the registered manager was an audit tool used to monitor and audit Shared Lives carer files to ensure they were up to date and all support plan reviews and the records relating to the people using the service were kept up to date.

The registered manager told us of a number of other ways used to improve the service people received. For example they told us that they attended quarterly shared lives network meetings with other services across London where they discussed and exchanged good practice. They also accessed an online discussion group which was run by a national network for shared lives carers and providers, to discuss good practice.

The registered manager told that the people using the service and the carers were invited to a forum meeting every two months to discuss their support and any other issues. The registered manager said that any suggestions or issues that were raised at this forum and relating to the shared lives service were actioned as required. We saw minutes of these meetings and carers also confirmed they attended these meetings.