

Adults Supporting Adults (ASA Shared Lives)







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Inspection report

Railton House
Sleaford Business Park
Sleaford
Lincolnshire
NG34 7EQ
Tel: 01529 416270
Website: www.asaorg.co.uk

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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 carried out on 22 October 2015.

Adults Supporting Adults provides a shared lives service in Lincolnshire for people who need support and who wish to live in the community as part of host families. The service provides support both for people who wish to live with host families on an extended stay basis and also for

people who only need to stay for shorter periods of time. At the time of our inspection 50 people were receiving support on an extended stay basis and 20 people received support for shorter periods. The host families provide people with a wide range of support which is similar to that provided in ordinary family settings. Most of the people who use the service are younger adults who have a learning disability. However, the service can also

Summary of findings

provide support for older people and for people who live with mental health problems, dementia, physical disabilities and who have special sensory needs. The service employs area managers and area supervisors. They identify, train and support the host families so that people who use the service can receive the support they need. We refer to the area managers and area supervisors as being 'staff'.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager was not at work. Her role had been filled by another senior member of staff who had agreed to manage the service until the registered manager returned to work. We refer to this person as being the 'service manager'.

Staff and the host families knew how to respond to any concerns that might arise so that people who used the service were kept safe from harm. People were helped to promote their wellbeing and practical steps had been taken to help prevent accidents from happening. Host families reliably supported people to use medicines in the way intended by their doctors. People who wanted to use the service on both an extended and short term basis, were only offered a place when a host family was

available that matched their needs and expectations. Background checks had been completed before new staff were appointed and host families were approved to join the service.

Staff and host families had received training and guidance. Host families knew how to support people in the right way including how to respond to people who had special communication needs. People had received all of the healthcare assistance they needed. Staff and host families had ensured that people's rights were respected by helping them to make decisions for themselves.

People were treated with kindness, compassion and respect. Staff and host families recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the support they needed including people who could become distressed. People had been consulted about the support they wanted to receive and they were assisted to express their individuality. Staff and host families had supported people to pursue their interests and hobbies and there was a system for resolving complaints.

Regular quality checks had been completed and people had been consulted about the development of the service. The service was run in an open and inclusive way and people had benefited from staff and host families receiving good practice guidance.

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.

Staff and host families knew how to keep people safe from harm.

People had been helped to promote their good health, to stay safe by managing risks to their wellbeing and to use medicines safely.

There were enough host families to provide support on both an extended and short term basis.

Background checks had been completed before new staff were employed and host families were approved.

Good



Is the service effective?

The service was effective.

Staff and host families had received training and guidance to enable them to care for people in the right way. These skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had received all the healthcare attention they needed.

People were helped to make decisions for them. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good



Is the service caring?

The service was caring.

Staff and host families were caring, kind and compassionate.

People's right to privacy was respected and their dignity was promoted.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about the support they wanted to receive.

Host families had provided people with all the support they needed including people who could become distressed.

People had been supported to express their individuality and to pursue their hobbies and interests.

There was a system to resolve complaints or concerns.

Good



Is the service well-led?

The service was well led.

Quality checks had been regularly completed to ensure that people reliably received appropriate and safe support.

Good



Summary of findings

People who used the service and host families had been asked for their opinions of the service so that their views could be taken into account.

There was a service manager who oversaw the running of the service and who ensured that staff and host families were well supported.

People had benefited from staff and host families receiving good practice guidance.

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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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 22 October 2015. We gave the registered persons a short period of notice before we called

to the service. This was because some of the staff routinely worked away from the office and we needed to make sure that they were available to contribute to the inspection. The inspection team consisted of a single inspector.

On the first day of our inspection we called to the service's administrative office. We spoke with the chief executive officer, operations manager, business manager and the service manager. We also spoke with an area manager and a senior area supervisor. In addition, we looked at records that related to how the service was managed including the recruitment of host families, training, planning the delivery of people's support, managing possible risks to people's welfare and quality assurance.

After the inspection visit we visited four people who used the service and their host families. We also spoke by telephone with eight people who used the service and with the members of nine host families. In addition, we contacted two health and social care professionals so they could tell us their views about how well the service was meeting people's needs and wishes.

Is the service safe?

Our findings

People said that they were settled in their homes and regarded their host families to be part of their extended families. We saw that people were relaxed in the company of their host families and did not have any reservations about seeking their company. A person said, "I've lived here for a long time. I see my mum regularly and it's like I've got two families. This is my home though and I wouldn't change it for anything."

Records showed that staff and host families had completed training and received guidance in how to keep people safe. We found that staff and host families knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff and host families were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered persons had acted appropriately to raise four concerns about the safety of the people who used the service. We saw that each concern had been investigated and when necessary action had been taken to ensure that people were kept safe.

Staff and host families had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, we saw that special arrangements had been made to support a person who had difficulty opening windows so there was less chance of them being caught in the mechanisms. Another example involved host families adopting a variety of arrangements to enable people to safely use appliances in the kitchen when helping to make drinks and prepare food.

Records showed that a small number of accidents or near misses had occurred in the 12 months preceding our inspection. We saw that each of the events had been analysed and that steps had been taken to help prevent them from happening again. For example, it had been noted that some people could be unsteady when getting

into and out of the bath. As a result of this assessment a grab rail had been fitted in their bathrooms and extra assistance had been provided to assist people to bathe safely.

Most people were being supported to manage medicines for themselves. We saw that this support was being provided in a reliable way so that there was an adequate supply of medicines, they were stored securely and were used correctly. Host families had received training and guidance about how best to support people to manage medicines and records showed that there had not been any medication errors in the 12 months preceding our inspection. A person said, "I like doing things for myself like taking my tablets. I can do it and I only need a bit of help with the packets and then with someone checking on me to make sure I haven't mixed the pills up."

The registered persons had established how many host families were needed to provide support for people who used the service. This enabled people to receive support in established family settings. It also meant that there were enough host families to meet the needs of people who only stayed for shorter periods of time. We saw that the number of people who were present in each host family differed according to the household. However, in each case sensible arrangements had been made so that there were enough people on hand to provide support. For example, host families had made a variety of arrangements to ensure that when necessary there was always someone at home to provide company for a person who used the service. Another example, involved host families making domestic arrangements so that people who used the service could be supported to enjoy going out to shops and seeing friends. A member of a host family said, "Over time we've worked out how to get things organised so that each of the two people who live with us can be supported to enjoy the very different ways in which they like to spend their days."

Staff and host families said that the registered persons had completed robust background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. They noted that in addition to this, other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff and host families could demonstrate their previous good conduct and were

Is the service safe?

suitable people to be employed in the service. Records also showed that host families had to demonstrate their continued good conduct. This was because they had to apply for re-approval every two years in order to be included in the service. A host family member said, “The re-approval process is very thorough. We have to show

we’ve done all the required training and provided all of the care a person needs and correctly followed all administrative procedures such as recording a person’s financial transactions. The whole process is pretty rigorous.”

Is the service effective?

Our findings

Staff had regularly met with the service manager to review their work and to plan for their professional development. We saw that they had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support host families to care for people in the right way. Records showed that each host family regularly met with the area supervisor who had been assigned to support them. During these meetings host families were given guidance and their training needs were identified. In addition, records showed that the meetings were used to assess how well each host family was providing support to the people who lived with them. These assessments were done in a particular way so that they reflected the national standards that we use to identify good practice. This helped to ensure that host families used information about national good practice to guide the way in which they provided support.

Records showed and host families confirmed that they had all of the introductory and on-going training they needed. A member of a host family said, “ASA is quite strict about the training they expect host families to complete. There is refresher training in all sorts of subjects and I have to say that I find it to be very useful.” We saw that host families had the necessary knowledge and skills to provide people with the individual and responsive support they wanted to receive. For example, we saw that a host family knew how to effectively support a person who had particular needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a planned way from one activity to the next. They said, “I like to be organised so I can get on with doing all of the things I want to. My host family helps me with that and knows me.”

People who used the service said and showed us that they were well supported in their homes. They were confident that their host families knew what they were doing, were reliable and had their best interests at heart. For example, when we asked about two people who lived at the same address about their relationships with their host family, they both used the terms ‘good’ and ‘helpful’ when replying.

Host families involved people in making decisions about the meals they wanted to have and people told us that that

they were provided with a choice of meals that reflected their preferences. We saw that host families had supported people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in being as independent as possible and in addition it contributed to catering being enjoyed as a shared activity. A person said, “I help out quite a bit with meals and I go shopping with my host family, do some of the cooking and then help out with the washing up. I don’t mind doing it.”

People were supported to have enough to eat and drink. Host families tactfully checked how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. We noted that when necessary people had been provided with additional help. This involved a host family consulting with a healthcare professional to work out how best to support someone who wanted to lose some weight. The measures involved staff supporting the person to follow a healthy diet and then gently encouraging them to take exercise. Another person had their food specially prepared because they had difficulty chewing dishes such as meat.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health.

The service manager, staff and host families knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible people are supported to make important decisions for themselves. We saw examples of host families having assisted people to make decisions for them. This included people being helped to understand why they needed to use particular medicines and being helped to decide where they wanted to go on holiday. A person said, “I like going away on holiday and we go abroad sometimes. There’s quite a lot of planning and my host family and I decide where we’re going and what I need to do to make sure I have enough money to pay for it.”

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff and host families had supported people

Is the service effective?

who were not able to make important decisions. An example of this involved key people being consulted when it had been necessary for a person to temporarily be accommodated in a setting that was not run by the service. Records showed that health and social care professionals had considered what alternatives were available and then

in consultation with the person concerned had decided how best to proceed. We were told that the arrangement had worked well in that the person had received the support they needed in the other setting after which they had returned to their host family.

Is the service caring?

Our findings

People who used the service were positive about the quality of support they received. A person who we visited at the home of their host family said, “I suppose I take it for granted that my home is here. I’ve lived here for a long time and know where I am. I have my moments but I’m settled here and have no plans to move.” Another person who we met at their home said, “I have my own family down the road and another one here. Everyone’s very kind to me and I don’t have any complaints.”

We saw that people were treated with respect and in a caring and kind way. Host families were friendly, patient and discreet when providing support. They took the time to speak with people and we observed a lot of positive interactions that promoted people’s wellbeing. For example, we noted that a person needed to be supported in a particular way when they spoke with us on the telephone. They described how the host family had asked them in advance if we could speak with them so they did not have to make a decision there and then. In addition, the host family had then stayed with the person while they spoke with us. The person told us that they had requested this in case they needed support and did not want to continue the telephone call.

Host families had a detailed knowledgeable of the support people required, gave them time to express their wishes and respected the decisions they made. For example, during the course of a visit we did to a host family a person indicated that they did not want too much time to be spent talking with us. This was because they were a little concerned that it may result in them being delayed in going out to a social event later that evening. The host family acknowledged this and reassured the person that all of the necessary travel arrangements were in place to make sure that they attended the event at the time of their choice. In doing this the host family had provided a caring

and compassionate response to the person. A host family member said, “I know the two people who live here as if they were my own family. In many ways they are and I care for them as if they were.”

The service manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. As part of this arrangement we noted that a person had been referred to a national advocacy service. This had been done to help ensure that their money was managed effectively so that they had as many resources as possible to buy the things they wanted.

Staff recognised the importance of respecting people’s right to privacy and had made arrangements for each person to have their own bedroom. People told us that their bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company when they wished to do so. A person said, “I can spend time in my bedroom whenever I want. I don’t have to of course, I’m often in the lounge or the kitchen like anyone is at home. But I do like having my own space too.”

People told us that they were fully supported to keep in touch with their natural families. We noted that this included being assisted to make travel arrangements to visit them, speaking on the telephone and sending birthday and Christmas presents. In addition, people said that they could meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

When we visited the service’s administrative office, we saw that written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by staff that had been given permission. In host families homes the arrangements were less formal, but we noted that confidential information was kept private. For example, we observed that host families did not discuss information relating to one person who used the service when the other person who lived there was present.

Is the service responsive?

Our findings

We saw host families consulting with people about the support they wanted to receive and we noted that people's decisions had been recorded in their individual care plans. These care plans had been regularly reviewed to make sure that they accurately reflected people's changing wishes. In addition to more detailed annual reviews, records showed that each host family received a monthly visit from an area supervisor. People who used the service told us that they were invited to contribute to the meetings and records showed that they were used to establish how well people's support needs were being met.

We saw a lot of practical examples of host families supporting people to make choices. One of these involved a person being assisted to choose the time they wanted to go out to visit one of their relatives. A member of the host family explained that it was Autumn, the clocks were about to go back and that they may need to take this into account if they did not want to travel when it was getting dark. The person concerned then reflected on this information and was pleased to change their original arrangements to an earlier time.

People showed us that staff had provided them with all of the practical everyday assistance they needed. This included supporting people to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, organising personal laundry and managing money. We saw that when appropriate people had been supported to move on to more independent living arrangements. This included host families helping the people concerned to practice a wide range of skills such as shopping for themselves, cooking and budgeting their money.

Host families were confident that they could support people who had special communication needs. We saw that they knew how to relate to people who expressed themselves using gestures and signs to add meaning to the single words and short sentences that they preferred to use. For example, we observed how a family member knew how to respond to a person who wanted to speak with our inspector about some of the activities they enjoyed. They found it difficult to describe a particular social event they

attended until a host family member gently reminded them of what it was about the activity that they enjoyed. After receiving this assistance, the person smiled and told our inspector all about the event in question.

In addition, host families were able to effectively support people who could become distressed. We saw that when a person became distressed, host family members followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the arrangements they had made to go to the bank to collect some money. A host family member quietly reminded them of how they had gone to the bank in the past without any difficulty. They then reassured the person they would be accompanied if they remained anxious about the matter. After this the person concerned smiled and said that they happy to do their own banking without assistance.

Host families understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. For example, arrangements could be made to meet people's spiritual needs including supporting them to attend religious ceremonies. We noted that host families recognised that some of the people who used the service wanted to form close friendships. They were supported to do this by being helped to keep in touch with friends and being able to use social media. A person said, "I like to go into town, have a drink and meet up with people I know. It's no problem with my host family who help me with transport and will give me a lift home if I'm running a bit late for the bus."

People told us that their host families had supported them to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included going to work, attending local resource centres, visiting places of interest and attending a wide range of social functions.

People said that that they would speak out if they were not happy about something. A person said, "I'm okay here and don't have anything at all to complain about. If I did it wouldn't be a problem because I could speak to the lady who comes to see me (the area supervisor)." We saw that people had been given a user-friendly complaints procedure. This document explained people's right to make a complaint and described how any concerns would

Is the service responsive?

be investigated. The registered persons had a procedure that helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection.

Is the service well-led?

Our findings

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the assistance they needed. These checks included making sure that support was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and host families had received all of the guidance they needed. We saw that action had been taken when issues had been identified. For example, records showed that a skills audit had identified that staff considered they needed additional guidance to support people who needed special help managing a particular medical condition. We saw that the service manager had organised for staff and host families to receive relevant training. Host families said that the training in question had been informative. In addition, they welcomed the way in which staff had encouraged them to suggest additional training courses that would further develop their ability to provide people with responsive and effective care.

However, one set of checks had not been robust and had resulted in us not being told about two incidents that had occurred in the service. Although the mistake had not resulted in anyone experiencing direct harm, the registered persons accepted that the matter required immediate attention. They described the action they intended to take and this provided us with suitable reassurance that the mistake would not happen again.

People who used the service told us that they were asked for their views about their homes by their host families as part of everyday life. For example, we saw members of host families discussing a range of things with people including changes they wanted to make to the layout of their bedroom. Records showed that the registered persons had invited people who used the service and host families to complete an annual questionnaire to give their views about how well the service was performing. In addition, people who used the service and host families were invited to attend regular meetings called 'forums'. These were also attended by staff and so people and host families could give direct feedback about improvements that needed to be made. An example of this involved the introduction of a

new payments system that enabled host families to electronically submit invoices. This arrangement was more reliable and saved time that host families could then invest in providing support for people.

People who used the service told us that they knew who the area supervisor was who regularly called to support them and their host family. They said that area supervisors were friendly and interested in their views. A person said, "She's very nice and I like it when she comes because we have a chat and a cup of tea and she wants to know about everything I've been doing." During our inspection visit to the service's administrative office we saw the service manager talking with senior staff. We noted that she had a thorough knowledge of the support people were receiving and about the individual circumstances of their host families. This level of knowledge helped them to effectively manage the service and to provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. This included holding regular staff meetings at which the operations manager and senior staff discussed how well the service was running and identified ways in which it could be further strengthened. For example, we were told that at these meetings the operation of the on call arrangement was regularly reviewed. This referred to an out of office hours telephone number that host families could contact if they needed advice and support. We noted that by keeping the system under review staff contributed to ensuring that host families received all the support they needed. A member of a host family said, "The on call system is very important. I don't need it that often but when I have called it someone answers straight away and they give me an informed response." These measures all helped to ensure that staff and host families were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff and host families said that they were well supported by the service manager and they were confident they could speak to them if they had any concerns about another staff member or host family. They said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered persons had provided the leadership necessary to enable people who used the service to benefit

Is the service well-led?

from staff and host families receiving good practice guidance. We noted that the service was a member of a national organisation that was focused on developing high standards of care for people who lived with host families. We were told that as part of this organisation the service

had contributed to developing a new introductory training programme. The training was designed to respond to the particular needs of host families so that they had the necessary knowledge and skills to effectively support the people who lived with them.