

Derby City Council

Adult Placement Scheme/Shared Lives Scheme

Inspection report

Adults Health and Housing, Younger Adults
Corporation Street
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Tel: 01332717777

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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

The inspection took place on 10 October 2016 and was announced. The provider was given 72 hours' notice because the location provides shared lives care and support and we needed to be sure that someone would be at the office. At our previous inspection during February 2014 the provider was not meeting all the regulations we checked. At this inspection improvements had been made and recruitment checks were thorough with all the required pre-employment checks in place.

The Adult Placement/Shared Lives Scheme is run by Derby City Council and monitors shared lives carers to provide support to adults with learning disabilities. This support can be on a short or long term basis where the person lives with the shared lives carer in their home as part of the family. Day support is also provided where the person is supported by the shared lives carer during the day to access activities in the community. The shared lives scheme office is located in Derby City Centre. At the time of this inspection 70 people received support from shared lives carers recruited by the scheme.

There was 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.

Shared lives carers we spoke with had received safeguarding training and understood their responsibilities to provide safe care and report safeguarding concerns. Shared lives carers went through an intensive recruitment process before becoming approved as a shared lives carers. This ensured suitable shared lives carers were employed to work with people who used the service. Shared lives carers told us they had received training which helped them to understand and support people better.

People received support from sufficient numbers of shared lives carers. Shared lives carers responsible for the administration of medicines had received training to ensure they supported people safely with their medicines.

Risk assessments had been developed to minimise the potential risk of harm to people who used the service. People had care plans in place, however the shared lives carers told us this were not always detailed. The registered manager acknowledged that this had been picked up in an internal audit. They told us they would be taking action to address this.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Shared lives carers supported people to make their own decisions. However shared lives carers told us they had not undertaken training in this area, which they told us had been booked.

We saw people were treated with dignity and respect by shared lives carers. Shared lives carers described how they aimed to promote people's independence. The delivery of care was tailored to meet people's

individual needs and preferences.

People received appropriate support to manage their dietary needs. This was done in a way that met with their needs and choices. People were supported to have good health, for example shared lives carers supported people to health appointments.

The provider ensured people had access to information about how to make a complaint or express a concern about the service. People received responsive and personalised care and were involved in planning their support.

There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement. Shared lives carers felt supported by the Adult Placement Scheme/Shared Lives Scheme staff. The leadership and management of the service and its governance systems ensured consistency in the care being provided.

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.

People were protected from abuse because shared lives workers and shared lives carers understood their responsibilities to protect them from harm. People had care plans and risk assessments providing guidance about how to keep people safe, however these were not always detailed. There were sufficient numbers of shared lives carers deployed to meet people's needs. The provider had appropriate recruitment procedures in place to ensure shared lives carers were suitable to work with people who used the service. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by shared lives carers who were sufficiently skilled and experienced to support them. The registered provider was aware of the Mental Capacity Act 2005 (MCA) People were supported to have good health and nutrition.

Is the service caring?

Good ●

The service was caring.

People's privacy, dignity and independence was respected and promoted by the shared lives carers. People were involved in what care and support they required and their views and decisions were respected. Information about Independent advocacy services was available for people should they have required this support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people and their preferences were respected. The provider's complaints policy and procedure was accessible to people and they were supported to raise any

concerns.

Is the service well-led?

The service was well led.

The registered manager demonstrated an open management and leadership style and was involved in reviewing the development of the service. Shared lives carers understood their roles and responsibilities. They were given guidance and support by the staff at the scheme. Systems and processes to check on the quality and safety of the service were in place. The registered manager recognised where the service needed to improve and was committed to making improvements.

Good ●

Adult Placement Scheme/Shared Lives Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 October 2016 and was announced. The provider was given 72 hours' notice because we needed to be sure that there would be someone in the office. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had not sent any notifications to us to review since the last inspection in January 2013. Notifications are changes, events or incidents that providers must tell us about.

During our inspection we spoke with six people who were cared for by a shared lives carer, and six shared lives carers. Shared lives carers are self-employed who provide care and support to people using the service. We spoke with the registered manager and three shared lives workers [Staff who are part of the Adult placement scheme/shared lives scheme, who assess and supervise the shared lives carers]. Following the inspection visit we spoke with the operational manager who was responsible for the day to day management of the service. We also spoke with a health and social care professional.

We looked at three people's care plans to see how their care and treatment was planned and delivered. We

reviewed other records which related to the management of the service such as quality assurance, staff training records, recruitment records and policies and procedures.

Is the service safe?

Our findings

At our previous inspection in February 2014 we found there was a breach in meeting the legal requirements relating to recruitment procedures when recruiting new shared lives carers. We found no evidence the provider had obtained proof of identity for shared lives carers. This was a breach of Regulation 21 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements in this area. The registered manager told us the recruitment process included obtaining references, proof of identification and checks with the disclosure and barring service (DBS) had been carried out. The DBS is a national agency that keeps records of criminal convictions. We looked at the recruitment information for three shared lives carers. These showed that all the necessary pre-employment checks had been completed before prospective shared lives carers were approved. The shared lives carers we spoke with confirmed this recruitment process. This meant people could be confident shared lives carers had undergone a thorough recruitment process to ensure they were suitable to work with people.

We asked people who used the service, if they felt safe as a result of the support they received. Not all of the people we spoke with were fully able to communicate their views to us. We saw people appeared to be happy and comfortable with their shared lives carers.

The shared lives carers we spoke with understood their responsibilities to keep people safe and protect them from harm. They told us what actions they would take if they had concerns for the safety of people who used the service. Shared lives carers were aware how to report concerns and had completed training in this area. This showed that people who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People had risk assessments within their care plans, which provided information about how to keep people safe. We were told by shared lives carers they were aware of risks to the people they cared for and the action to reduce these. Shared Lives carers told us that actions were in place to minimise identified risk, whilst supporting people to maintain as much choice and independence as possible. For example, a person travelled independently in the community whilst maintaining their personal safety. This had been achieved by the shared lives carer and other professionals working with the person and identifying the most suitable form of transport for them to use.

The registered manager told us the support people received was based on people's individual needs. People who used the service were either cared for in long term placements, respite or for day support. The registered manager told us there were currently sufficient numbers of shared lives carers deployed to provide the level of service required.

Shared lives carers we spoke with told us they completed medicines administration record (MAR) charts if they assisted a person with their medicines. The registered manager told us shared lives carers were

required to keep and maintain accurate records of medicines administered to a person. This was to confirm that medicines were given as prescribed. Shared life carers we spoke with told us they had received training on medicine awareness. This helped to ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

People confirmed the shared lives carers were good at their job. One person said, "The shared lives carer knows what they are doing."

The provider used an assessment process which looked at the personality and values of people wishing to fulfil the role of a shared lives carer. The shared lives carers underwent a thorough assessment process before becoming approved. The assessment process included an initial assessment being carried out by the shared lives team, which included visiting the prospective shared lives carer several times. The findings of the assessment were presented to an independent panel that made a decision on the suitability of the person in becoming a shared lives carer. This ensured people received effective care because they were supported by shared lives carers who had the values and skills to undertake this role and responsibility. The registered manager told us they had systems in place if a shared lives carer did not have any previous experience of supporting people. They told us the shared lives carer would be linked to experienced shared lives carers and undertake shadowing [This is spending time with an experienced shared lives carer gaining an insight into the role and responsibilities of doing the job]. The registered manager confirmed that shadowing would only take place following consent from people who used the service.

Discussion with shared lives carers confirmed they were provided with opportunities to access training to develop their skills. This included completion of a range of training to meet the needs of the people they supported. One shared lives carer said, "The council are very good with providing you with courses." Another shared lives carer told us, "Training is always available; I am up to date with my training."

Shared lives carers we spoke with told us they did not receive formal supervision, but did receive a formal annual review to see how things were going. They told us about the support which was available to them. They said the staff at the adult placement shared lives scheme were helpful and supportive. All the shared lives carers we spoke with felt supported and confident in their role. One shared lives carer said, "We receive a telephone call at least every six weeks from the shared lives worker to see how things are going. We are able to flag up things as and when we need to." Another shared lives carer said, "We have a very close working relationship with the shared lives worker, if they are any concerns we can contact them." The registered manager told us all the shared lives workers had been issued with mobile telephones so that shared lives carers could directly contact them or email them. The shared lives carers told us this had meant that they are able to directly contact shared lives workers if they required any support.

We observed shared lives carers and the people they cared for which demonstrated they understood people's needs. The interactions we saw between people and shared lives carers were positive and friendly. For example one person wanted their shared lives carer present when we spoke with them, which the shared lives carer agreed to. The shared lives carers and workers we spoke with were aware of the needs of the people who used the service.

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

people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The registered manager told us if they had concerns about a person's capacity to make decisions, this information would be shared with the social work team. They said the social work team would be responsible for completing mental capacity assessments. Most of the shared lives carers we spoke with told us the people they supported did not lack mental capacity. One shared lives carer told us there were concerns about the mental capacity of a person they supported and that the social worker had carried out a mental capacity assessment. Shared lives carers we spoke with understood if a person lacked mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests. The shared lives carers confirmed that they had not undertaken training in this area and this had been booked for them to attend.

The shared lives carers were aware of people's dietary needs and any support they required with their meals. Food preparation at mealtimes was completed by shared lives carers with the assistance of people they supported where appropriate. Two people told us the food was good. Another person was not positive about the meals they received. The shared lives carer told us due to person's health condition, they were on a special diet. Care plans for people contained information on their dietary needs.

People were supported to maintain good health and have access to healthcare services. Shared lives carers told us they supported people to attend health appointments and that they received information on people's health care needs.

Is the service caring?

Our findings

People supported by shared lives carers told us they were happy with their support. One person said, "They are really good and very supportive. It's like going from home to home." We saw the relationships between the shared lives carers and the people they supported were friendly and respectful.

As part of the inspection, people who used the service came to the provider's main offices with their shared lives carers to speak with us. We observed people were comfortable in the presence of their shared lives carers. We saw that caring relationships had been developed. We observed the communication between a shared lives carer and some people who used the service. The shared lives carer spoke with people in a respectful and appropriate manner. It was a friendly atmosphere between them and people were speaking freely and with confidence.

People we spoke with were positive about the care they received. One person said, "It's really good and it's all about being more independent and being more confident." Shared lives carers told us that they supported people to maintain as much independence as possible, such as carrying out their own domestic and personal care tasks and travelling to work. The ethos of the service was to support people's own independence.

The shared lives carers told us they were passionate about caring for people and found the role rewarding. They had a good knowledge about people's needs, personal histories including their preferences. One shared lives carer told us, "We have turned [Name] life round; they now have security and stability in their life." Another shared lives carer said, "What I do is really rewarding."

The PIR sent to us by the provider before our inspection visit confirmed that people using the service were treated with dignity and their choices and wishes were respected. People told us they all had their own private bedroom within the shared lives carer's family home. This was also confirmed by the shared lives workers. The shared lives carers we spoke with understood how to treat people with dignity and respect. Shared lives workers we spoke with gave us examples of how they respected people's privacy. A shared lives worker told us, "We always insist [Names] opens their own post. They will ask us if they require support to go through the correspondence." Another shared lives carer said, "[Names] have their own bedrooms; we always knock on the door before going in." This demonstrated that shared lives carers treated people in a respectful and caring manner.

People were involved in making decisions about their care and support. One shared lives carer said, "The people we support are at the centre of what they want to do." Another shared lives carer told us, "We also support people to make their own decisions." Care plans we looked at showed, people were involved in planning what care and support was needed. People's representatives were also involved in this process.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. The registered

manager told us that information on advocacy services would be provided to people if this was required. Shared lives carers told us an advocate worked with a person they supported. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who used the service received a personalised service that was responsive to their needs. The service provided care and support that was focused on the individual needs, preferences and routines of people they supported. A health and social care professional said, "The service is tailored to the person's needs."

People were referred to the service by health and social care professionals, as they felt people they supported would benefit from the service provided by the Adult Placement Scheme/Shared Lives Scheme. Once the referral was received this information was assessed by the shared lives team. A detailed assessment was carried out to ensure the service could provide the appropriate level of care and support to meet the person's needs. If more information was required the shared lives team made contact with the person and or their family for further information. Also to discuss how the service could help provide appropriate support. This ensured people were matched with the most suitable shared lives carer, as well as other people who the shared lives carer maybe supporting.

For day care, short and long term placements people were able to meet with the shared lives carer as often as required for them to feel comfortable. A one page profile of the prospective shared lives carer was shared with the person and their family. If they were suited a 'tea visit' was arranged. For long term placements this would then progress to overnight stays. The placement would not start until both the person and the shared lives carer were happy, so that the person's needs could be met appropriately and safely.

The service also used a 'matching process' in determining which shared lives carer a person would best be supported by. Shared lives carers told us people were matched with the shared lives carers as well other people they may be supporting. Another shared lives carer explained that the staff at the Adult Placement Scheme/Shared Lives Scheme knew their experiences and strengths. They also told us if they felt they were not able to support a person they could tell the team and they would listen. Another shared lives carer said, "We stipulated the needs of people we could support. In fairness they matched us well." This ensured people were appropriately matched with shared lives carers and other people who used the service with similar interests, hobbies and preferences.

People who used the service had their own care plan in place in relation to their health and social care needs. Despite care plans not being detailed, shared lives carers had a good knowledge on people's needs. A shared lives carer told us they were supporting a person that they had not known for long. They described how they had been able to liaise with staff at the previous placement, as well as the person's family. This enabled them to understand the person and their needs. Another shared lives carer said that it would be useful to have more links between respite and shared lives carers. They told us they supported a person who needed very specific routines and this would ensure consistency in the care being provided.

People's placements were reviewed on an annual basis or more often where needs changed. The shared lives carers we spoke with confirmed this. A shared lives carer said, "We have an annual review to see how things are going." Records we looked at showed that annual reviews had taken place. People were able to take part in evaluating the effectiveness of the support they received. The review process ensured that

shared lives carers were able to continue to meet people's needs.

People were supported to pursue hobbies and interests they enjoyed and accessed the local community. Shared lives carers told us how they supported people with activities of daily living in order to develop people's skills and their confidence. A shared lives carer told us a target for a person they supported was to improve their mobility by doing activities such as swimming and walking. Another shared lives carer told us about the volunteer work the people who they supported carried out.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. We looked at the complaints records which showed in the last 12 months the provider had received five complaints. The provider had investigated and responded to these complaints in line with their procedures. The provider's complaints policy provided people and their representatives with information about how to raise concerns and how they would be managed. The registered manager told us they were currently in the process of updating the complaints procedure. The complaints procedure would be available in an easy read format, making it more accessible to people who used the service.

The shared lives carers we spoke with were aware of the provider's complaints procedure and told us they had not needed to make a complaint about the service. One shared lives carer said, "I have not had to raise anything. If the people I supported were not happy with the placement I would immediately speak with their social worker and the shared lives team."

The provider had also received compliments from people's representatives including external professionals. One person wrote, "Happy with the care and support provided by the service."

Is the service well-led?

Our findings

Not all of the people we spoke with were fully able to communicate their views to us. Shared lives carers we spoke with understood people's method of communication, however this was not recorded in care plans. A shared lives carer said, "I really just do it myself, there is no formal process." They felt there was probably room for improvement in this area. Another shared lives carer told us the quality of care plans varied depending on who had completed them. We saw one person's care plan had not been reviewed since November 2014. The lack of detailed care records placed people at risk of inappropriate or unsafe care. The registered manager told us that they had picked up on the quality of care plans through an internal audit. The registered manager told us as part of the ongoing review of the service they would be taking action to address this.

The registered manager was not managing the service on a daily basis. The day to day management of the service was delegated to the operations manager. The shared lives carers and shared lives workers told us she was supportive and approachable. The operations manager was not present on the day of our inspection and in their absence; the registered manager and staff from the Adult Placement Scheme/Shared Lives Scheme facilitated our inspection.

Shared lives carers we spoke with, as well as shared lives workers based at the office, demonstrated to us that they were clear about their role and responsibilities. They felt the manager was approachable and understanding. They spoke positively about working for the service and praised the leadership and management. The shared lives carers and shared lives workers were knowledgeable about the needs of the people who used their service. A shared lives carer said, "I think the scheme works very well and I would recommend to others to become shared lives carers." A health and social care professional told us, "It's a brilliant service, which works so well."

Shared lives carers told us they were confident to report any concerns they may have about people's care. They told us if they had any concerns, they felt able to approach the shared lives staff team. This ensured people were protected from unsafe care.

Quarterly newsletters were produced for shared lives carers which contained information such as training courses, social events and updates on any changes. This ensured shared lives carers were kept up to date with any changes in service delivery. The service organised shared lives carers meetings, however the registered manager told us the take up had been low. A shared lives carer told us they felt the networking opportunities for shared lives carers needed to improve, so that shared lives carers had contact with other shared lives carers. An internal audit that had been carried out had identified this and management were looking at ways in improving networking opportunities.

The shared lives carers each had an annual review; this was to monitor the quality of the service being provided. As part of this process information was obtained from the people who used the service, their family and representatives who were involved in their care. These reviews were comprehensive and scrutinised by an independent panel to ensure consistency. We looked at a couple of shared lives carer

reviews, which confirmed annual reviews took place. Feedback on a review from a family member stated, "Everything is brilliant, it's going really well. [Name] is very happy and always looks forward to the stay." A shared lives carer said, "Reviews are held annually. However if a person's needs change we can contact the shared lives team or social workers immediately." This showed systems were in place to ensure placements were still working well and were appropriate to continue to provide support to people.

We looked at the quality monitoring systems the provider had in place. The provider undertook audits which included medication and accident/incidents. The operations manager told us if any issues were found on audits these would be acted upon and lessons learnt to improve the service going forward. The registered manager told us when a shared lives worker went to visit a person and the shared lives carer they checked the medication administration record (MAR). If any issues were identified such as gaps on the MAR these would be shared with the operations manager. The operations manager told us satisfaction surveys were last sent out to people during 2014 to obtain their views on the service provided. They also told us people were given an opportunity during the shared lives carers review to provide feedback on the service they received.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the agreed timescale. The PIR was detailed and showed the providers vision and plans of improving service delivery. The provider told us they planned to carry out marketing and recruitment of new shared lives cares to support people with complex needs. Also to review and develop the shared lives carers review process to improve service delivery. The registered manager told us the recruitment for shared lives carers was ongoing due to the demand for the service increasing.

The registered manager and shared lives carers told us they maintained links with relevant agencies For example, the local authority, advocacy services and medical centres as well as community facilities such as places of worship. This demonstrated the provider showed a willingness to co-operate with other professionals and maintain community links.

The registered manager, as well as the operations manager understood the legal requirements for notifying us of all incidents of concern and safeguarding alerts. They told us there have been no incidents since the last inspection which they needed to notify us of. We saw that appropriate systems were in place to ensure people's confidential records were kept securely and that they were not accessible to unauthorised individuals.