

Southampton City Council

Southampton City Council Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Southampton City Council Shared Lives Scheme is registered to provide personal care for adults who may have learning disabilities, mental health needs, physical disabilities, and for older people. There were 25 people living in a shared lives household and receiving support with personal care at the time of the inspection.

People's experience of using this service:

People received a service that was safe, effective, caring, responsive and well led.

The service had the characteristics of a good service in all areas.

Systems were in place to keep people safe.

People received support with their medicines as prescribed.

People were protected from the risk of infection because carers had received relevant training.

People were treated with kindness and respect and lived as part of a family, who cared about them.

People's privacy and dignity was respected.

People received personalised care which was responsive to their individual needs.

People enjoyed a range of activities which they had chosen. Some people shared an interest or activity with their carer.

People had care plans in place which detailed what support they needed.

People and their carers could access the complaints procedure and complaints were investigated appropriately.

People's views, and their carer's views, were sought and regular quality assurance reviews were completed.

Rating at last inspection:

At our last inspection, (report published 2 December 2016) we rated the service as Good.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Southampton City Council 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 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

The service is a Shared Lives scheme. Shared Lives carers provide a family home to people who need care, support and accommodation. Some people need support with their personal care. The Care Quality Commission regulates the care provided to those who have personal care needs only.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection site visit activity started on 7 May 2019 and ended on 9 May 2019.

What we did:

Before the inspection we looked at information we held about the service:

We looked at the last inspection report for the service.

We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections. The registered manager completed the PIR which we looked at before we visited the service.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

During the inspection:

We spoke with three people using the service.

We spoke with four shared lives carers.

We spoke with two shared lives officers and the registered manager.

We looked at the care records for three people.

We looked at other records to do with the running of the service, such as audits and recruitment records.

After the inspection:

We received written feedback from two social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at home with their carers (known as shared lives carers).
- A social care professional told us, "I have found the Shared Lives carers, managers and officers have all been very good at appropriately sharing information and raising safeguarding concerns in a timely manner. I have been very pleased with their proactive stance with working collaboratively to safeguard clients."
- Staff and carers had completed training with regard to safeguarding adults and they gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing, for example, undertaking activities.
- Part of the assessment process for new carers included assessing health and safety in their home. Where necessary, shared lives officers made suggestions to potential carers to improve the environment to meet the needs of people who might live there.

Staffing and recruitment

- Robust procedures were in place to ensure all the relevant checks were carried out for new shared lives officers (based in the office), carers and supporting carers (such as a spouse or other relative). The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing officers or accepting new carers. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The recruitment process for carers involved assessment and training before being approved at a panel, which was made up of three social care professionals.

Using medicines safely

- Some people were supported to take prescribed medicines. Carers told us how they ensured people received their medicines as prescribed and maintained records to show this.
- Carers had received training in the administration of medicines.
- Medicines were regularly reviewed by a GP and people's prescriptions were changed, sometimes reduced and stopped to ensure people did not take medicines they did not need.

Preventing and controlling infection

- Carers completed training in the prevention and control of infection. Personal protective equipment, such

as gloves, was provided when necessary.

Learning lessons when things go wrong

- The registered manager ensured that lessons were learnt when things went wrong. They reviewed incidents and reflected on the situation. The registered manager gave us an example regarding how they had changed a care plan about the level of support a person needed with their medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when being considered to be part of the shared lives scheme.
- People were matched with carers on an individual basis. One carer told us, "[The scheme] consider how busy the house is, where the house is, transport links etc. They wouldn't phone us without thinking it was a good match." A social care professional told us, "My observations are that the team is very effective in matching clients with appropriate carers."

Staff support: induction, training, skills and experience

- Shared lives carers and officers received training relevant to the work they did for the scheme.
- One carer told us the shared lives officers always thought of them when particular training was available. They also told us they had recently completed some training about dementia, as a person who lived with them had been diagnosed as living with dementia. Another carer said, "We can always request other training and the shared lives officer sorts it. We always learn something new."
- The provider had a training programme in place which covered areas considered essential. This included first aid, food hygiene, fire safety, safeguarding and medicines. Some training was face to face but carers and shared lives officers noted that a lot was online e-learning. This type of training suited some carers but not others. The registered manager told us they always followed online training up with a conversation when they visited the carers, to check their understanding.
- Other training included autism, diabetes awareness and epilepsy.
- Carers completed an initial training programme before they went to panel for approval. After they were approved they completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.
- Carers received supervision every three months, a quality assurance visit and a review each year.
- Shared lives officers received regular supervision and annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Carers provided food and drink which people liked and which met their dietary needs. Where necessary, assessments were sought from speech and language therapists and their guidance was followed.
- One person told us, "[Carer's name] is the best cook in the world!" and another person said, "[Carer's name] makes me hot dinners, like toad in the hole."
- One carer told us the people living with them liked to have a consistent menu plan each week and that

each Friday, people took it in turns to choose a take-away meal. Another carer told us they had written recipes, detailing exactly how they prepared and cooked meals for one person so that if they stayed with someone else, there would be continuity for the person.

- The registered manager told us that some people needed support to eat a more healthy or varied diet and that carers worked with people to improve their diet. Where necessary, this included losing weight. For one person, this included the carer losing weight with them.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and shared lives officers worked with other departments within the provider organisation, such as finance. They also worked with day services and healthcare professionals.

Adapting service, design, decoration to meet people's needs

- Shared lives carers provide a service in their own homes and are self-employed. Therefore, the buildings are not provided by the service. However, some people needed adaptations to the home environment, such as handrails. Carers told us how these adaptations had been made to their homes in response to people's changing mobility or healthcare needs.
- One carer told us how their home had been adapted to meet a person's needs, which included the fitting of a through floor lift and the removal of the bath.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals such as doctors and dentists. One carer told us the three people who lived with them all experienced going to the dentist in different ways and what they did to ensure each had their needs met.
- One carer told us how a person who lived with them had become unwell. They knew the person very well and felt they were more unwell than healthcare professionals thought they were. The carer contacted the office and various other healthcare professionals and stayed with the person whilst the provider co-ordinated from the office. This joint approach ensured the person received further diagnostic tests and professionals agreed there was a serious underlying condition.
- Systems were in place to ensure people attended their annual health check.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- Staff and carers had training in and understood the requirements of the Mental Capacity Act 2005.
- Where people were not assessed as having capacity to make a decision, for example, about having a sensor mat next to their bed, a best interests decision was made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us, "[Carer's name] has been amazing! She is nice, kind and friendly to be with."
- Carers spoke in a caring way about the people who lived with them. Further, they were clear that they wanted them to live in the family home as long as possible, even when physical and mental health needs were deteriorating. They undertook adaptations to their home and completed extra training to ensure they could continue to meet people's needs, because they cared about them and saw them as part of the family.
- One carer spoke inclusively about the people who lived with them and their individual personalities and said, "We all have different needs." They also spoke about how their support carer, who was also a shared lives carer, stayed in their house with the people who lived with them. This was so the usual carer could go away and the person who lived there would not have the upheaval of moving out, due to their need for stability and familiar surroundings.
- A social care professional told us, "I have found the shared lives carers, officers and managers to be very caring in their work with clients and colleagues. It is evident the well-being of the client is at the forefront of their practice. The carers themselves offer a high level of care and support to clients"

Supporting people to express their views and be involved in making decisions about their care

- People were asked their views, opinions and were involved in making decisions about their care. People decided where they lived and could move if they wished.
- People made decisions about how they spent their time and what support they needed.
- Staff accessed an advocacy service for people when needed.

Respecting and promoting people's privacy, dignity and independence

- The provider had a Dignity Champion in place. This was a named staff member whose role was to ensure people's dignity was considered and respected. All carers completed training on equality and diversity.
- Dignity was discussed during staff supervision and at quality assurance interviews with people and carers.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support in a family environment that was responsive to their needs. One person told us, "It's been amazing at home. [Carer's names] are doing a good job and gave me a great home."
- People usually lived with carers permanently, often for decades. This meant that carers knew them really well and they were part of the family. They often saw carer's children born and grow up. A number of carers were from a family where their parents and adult children were shared lives carers. People had care plans in place which were particularly useful if people went to stay somewhere else temporarily or into hospital.
- People were involved in creating their care plans which included details about what they liked to do, how they communicated as well as information about healthcare needs, such as diabetes. Care plans were reviewed on an annual basis or sooner if necessary.
- People told us about the activities they enjoyed doing. One person told us they were improving their skill level regarding a martial art, which they did with their carer. People enjoyed going to the cinema, a range of activities and going on holiday.

Improving care quality in response to complaints or concerns

- People said they would talk to their carer if they were not happy about something.
- Carers told us they knew how to raise concerns or complaints. One told us, "If I wasn't happy with the answer I got from the [shared lives] officers, I would go to the [the registered manager]. I know she would return the call."
- The provider had a complaints procedure in place which detailed how people could complain and what they could expect to happen in response to their complaint. When complaints were made, the registered manager investigated them and responded to the complainant.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We received positive feedback about how the service was managed, to the benefit of people using the scheme.
- One carer said, "I can only speak highly of the staff here. I can always pick up the phone and I have had out of hours support. [The registered manager] has been so supportive, over a personal issue. She was really helpful, understanding and empathic about a family situation. I felt I was important to them, they always ask if I need anything extra."
- Another carer told us, "[The registered manager] is there when we need her, or for big issues. She always makes time for us if we need her."
- One social care professional told us, "I have found the management within the Shared Lives scheme very effective and positive. The management team are excellent in co-ordinating support to clients, sharing information for safeguarding purposes and responding in a senior capacity when required. The team within Southampton are very responsive via phone and email. I have found there is always someone available on the phone. Emails are answered very promptly and feedback/attendance at meetings is always evident."
- Another social care professional echoed this, saying, "The service is very well led by both the manager and deputy manager." They also said they knew that carers "felt very well supported and each had an allocated member of staff to talk to if they had any concerns."
- A shared lives officer told us, "I can go to [the registered manager and senior staff] with anything. Their door is always open, they've always got time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Shared lives officers and the registered manager were clear regarding their roles in the scheme and the level of support they were there to provide.
- The registered manager had systems in place to monitor the quality of the service provided. This included a range of audits, such as a three-monthly audit on shared lives officer's training files, monthly carer's file audits and checking that quality assurance interviews and reviews had been completed. They also sent a monthly manager's report to their manager, which considered areas such as medicines errors, falls and new carer applications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought on a regular basis, as were their carers.

- Shared lives officers met with people outside of their home so they could assure themselves that people could talk more freely.
- Shared lives officers considered people's communication needs when meeting with them.
- Annual surveys were sent to people to ask people about their experience of the scheme.

Continuous learning and improving care

- New carers were approved only after attending a panel. The panel consisted of three external social work professionals who had knowledge of people's needs, for example, learning disabilities. The registered manager told us they had made changes to the way the panel worked to make it less intimidating and therefore more helpful for what the panel was there to do. The registered manager had followed the new way of working with seeking feedback from carers and the panel to see what they thought. The feedback had been positive.
- Carers were invited to attend carer's meetings, which aimed to keep them up to date with local and national developments relevant to the scheme. Relevant professionals were also invited to talk on a particular subject, for example, dementia.

Working in partnership with others

- The scheme worked in partnership with the national Shared Lives charity. The registered manager sought advice from the charity on a range of topics. The registered manager gave us an example when they had consulted the charity regarding a sensitive issue as they wanted to ensure they dealt with it appropriately and thoughtfully.