

Your Healthcare Community Interest Company

Yourhealthcare Community Interest Company

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

We undertook an announced inspection on 1 February 2017. This was the first inspection of this service at this location. The service was previously registered at a different address.

Your Healthcare Community Interest Company provides a shared lives scheme across the Royal Borough of Kingston. The scheme matches an adult who has care needs with an approved shared lives carer. Shared lives carers accept people into their own homes and provide care, support and mentorship to people. The shared lives carers are self-employed and have a contract to work with Your Healthcare Community Interest Company. At the time of our inspection four shared lives carers were providing support to seven people. Some people using the service had a learning disability and others were older people some of whom had cognitive impairment. In this report we refer to the shared lives carers as 'carers' and the shared lives scheme staff as 'staff'.

A registered manager was 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.

There were comprehensive systems in place to ensure only suitable carers were recruited who had the right knowledge, skills and attitudes to provide a shared lives service. Staff assessed the risks to people's safety and provided carers with information and support about how to mitigate those risks. This included risks to people at home and in the community. Carers were provided with information about how to safeguard people from harm and there were regular discussions to ensure people were not discriminated against. Carers supported people to have their medicines and medicines management was checked by staff during their visits to people's homes to ensure the provider's medicines management policy and procedures were being followed.

Shared lives staff adhered to the provider's mandatory training. The provider had scheduled training to ensure the carers had access to up to date information and good practice guidance about how to meet people's needs. Carers were supported through regular contact and supervision visits by the shared lives staff. Staff worked with carers and people's social workers to ensure people received support in line with the Mental Capacity Act 2005 (MCA). Staff provided carers with information about people's health and nutritional needs so they could be supported appropriately.

People were involved in decisions about their care and how their support was provided. Staff provided carers with information about people's communication needs so they could communicate with people appropriately and involve them in their care. People and their carers were respectful of each other's individual differences, cultural and religious preferences. Carers respected people's privacy. Carers involved people in their own families and supported people to maintain contact with their relatives.

Staff, together with people's social workers, assessed people's needs and the level of support they required. This information was provided to their carers to ensure they received support in line with their needs. Carers encouraged people to maintain their independence and use their skills. Some people were being supported to access education and employment opportunities. Systems were in place to manage any complaints that arose.

Staff checked the quality of service delivery through regular visits to the shared lives homes. They encouraged people and their carers to feedback about the service and to identify any areas for improvement. Staff checked that people received the support they required and appropriate documentation was maintained. The provider gathered key performance information about the service and this was shared with their commissioners. The staff accessed the London and South East shared lives network to share experiences and obtain peer support. The provider and registered manager were aware of their responsibilities as registered persons and adhered to the requirements of their Care Quality Commission registration.

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. There were comprehensive systems and checks in place to ensure only suitable shared lives carers were recruited to support people.

Staff assessed the risks to people's safety and provided information to their carers about how to support the person to mitigate those risks. Carers had received safeguarding adults training and staff checked that people were not being discriminated against.

Carers supported people to take their medicines and staff checked that safe medicines management was being followed.

Good 

Is the service effective?

The service was effective. Staff supported carers to ensure they had the knowledge and skills to undertake their roles. The provider had scheduled two days training for carers to further their knowledge.

Staff worked with the carers and the person's social worker to ensure care was provided in line with the Mental Capacity Act 2005.

Staff provided carers with information about people's health and nutritional needs so they could support people appropriately.

Good 

Is the service caring?

The service was caring. People and their carers were respectful of each other's cultural and religious preferences and their individual differences. Information was provided to carers about people's communication styles and how to communicate with them to ensure they were able to express their preferences and how they wanted to be cared for.

People were involved and integrated within their carers' family and participated in family events. In addition, the carers supported people to maintain contact with their family and they were invited to visit the person at the carers' home.

Good 

Is the service responsive?

The service was responsive. People received the support they required. Staff assessed people's needs and this was communicated with their carer. Staff liaised with other health and social care professionals involved in their care to ensure they received the support they required. Carers supported and encouraged people to be independent.

A complaints process was in place which was made available for people and their carers.

Good 

Is the service well-led?

The service was well-led. The provider had processes in place to obtain feedback from people, carers and staff about the service. Systems were in place to check on the quality of care provided and review key performance data. This information was used to identify areas for improvement.

The provider adhered to the requirements of their Care Quality Commission registration.

Good 

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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 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.

This inspection took place on 1 February 2017 by one inspector. The inspection was announced and the provider was given 48 hours' notice because we needed to be sure that someone would be available at the offices from where the service was managed.

Prior to the inspection we reviewed the information we held about the service, including the statutory notifications received about key events that occurred at the service. We also liaised with a representative from the local authority to ask for feedback about their experiences of the service.

During our visit to the shared lives scheme office we spoke with three staff, reviewed four people's care records, three shared lives carers' records and records relating to the management of the service. After the inspection we spoke with three people and one shared lives carer.

Is the service safe?

Our findings

There were comprehensive systems in place to ensure suitable shared lives carers were recruited. This included a series of meetings between the registered manager and the carers. The registered manager assessed the carers' knowledge and experience of caring, their attitudes and their values. The manager also reviewed the carers' family dynamics and who else would be living in the carers' home. They undertook health and safety assessments of the home and ensured people had access to suitable facilities, including their own room, sufficient bathing facilities and access to the family communal areas.

Checks were undertaken to ensure people's safety including criminal record checks for the shared lives carer and other adults people would be living with or coming into regular contact with. The shared lives scheme staff obtained references from carers' previous employers, character references and organised for medical checks to be completed.

All of the information gathered as part of the recruitment process was reviewed by the shared lives scheme panel which included directly employed staff, as well as representatives from the funding authority and the person's social worker (if allocated) to verify and approve the carers suitability. The shared lives staff prepared a report for the panel explaining why they felt a carer was suitable to support a person through the checks they had undertaken and this was verified by the panel. Every time a carer supported a new person they were required to attend panel for approval. In this way the provider ensured that only suitable carers were matched with people.

The shared lives staff assessed risks to people's safety. Plans were developed and shared with the carers about how to support people to manage and mitigate the risks. This included ensuring people had the equipment and aids they required to improve their stability and mobility. Carers supervised people who have been assessed as at risk if they used the kitchen on their own and supported people out in the community when they were not able to safely do this on their own. Carers supported people to be safe whilst using the community independently. This included teaching people regular travel routes so they could access the places they attended independently. Carers encouraged people to carry a card with their carers' contact details in case they got lost or disorientated whilst out. From discussions with carers and reviewing people's care records we saw that carers' houses had been adapted to reduce risks to people's safety. This included installing a walk in shower for a person who found it difficult to access an over the bath shower and installing grab rails for a person who needed additional support to aid stability when moving around their home. Staff discussed with carers health and safety processes when they visited the home including fire safety procedures.

We saw in the shared lives carers' agreement there was the expectation that all incidents were reported through the provider's processes. This included reporting any accident or incident as they occurred so the shared lives' staff could assure the provider that appropriate action was taken to support the person and protect their health and welfare. All incidents and accidents were recorded on the provider's centralised system. These were reviewed by the provider's senior management team so they could identify any trends or lessons learnt.

The provider had a dedicated safeguarding lead. This person was available to support and advise the staff on any safeguarding concerns and staff had completed safeguarding adults training. In addition they were able to support the shared lives carers with any safeguarding issues and there were plans to provide additional safeguarding training to carers during February 2017. Staff liaised with the local authority safeguarding team about any safeguarding concerns identified and ongoing concerns to ensure people were protected from harm. The registered manager discussed any safeguarding concerns during regular visits to the carers' homes.

As part of the recruitment process carers were asked about their attitudes and opinions of people who practised a faith different to theirs or who had a different cultural heritage to ensure that people living with them would not be discriminated against. Staff also had a standing item discussed at people's review in regards to any concerns carers had about the person's safety and if they felt there were any concerns that the person was being discriminated against whilst in the community or accessing local amenities.

Carers managed people's medicines where the person was unable to safely and ensured they received their medicines as prescribed. Information was included in people's care records about their medicines. The shared lives carer we spoke with told us they supported the people living with them to collect their prescriptions and they checked that all their medicines were delivered. They said there was clear information about what medicines people were required to take and when. They received medicine administration records (MAR) charts with people's medicines and completed these to show the medicines had been administered. The shared lives staff checked people's medicines when they visited people's homes to ensure safe medicines management was followed and people received their medicines as prescribed.

Is the service effective?

Our findings

The shared lives staff provided carers with regular support and supervision, through 12 weekly visits as well as informal contact over the phone. One carer said the support they received was "great" and they appreciated the regular visits from the shared lives staff. They said, "Everything you need they provide." In addition, staff received regular supervision from their manager.

We saw from carers' records that they had received initial training in safeguarding adults, health and safety and the Mental Capacity Act 2005. One carer had undertaken the full range of mandatory training through employment with another service and we saw copies of their training certificates. However, staff told us there had been some difficulties in providing the other three carers with their refresher training. Carers were unable to access the provider's online mandatory training because of IT security problems. The provider had arranged for carers to receive a two day training programme to go through all of the provider's mandatory training and this was due to be delivered during February 2017. In the meantime staff had met with carers to discuss the provider's policies and procedures to ensure carers were reminded of their expectations and what processes to follow. This included policies and procedures in relation to medicines management, health and safety, fire safety and food hygiene. The shared lives staff had completed the provider's mandatory training including face to face courses and e-learning, on a variety of topics including safeguarding adults, health and safety, fire safety, moving and handling, communication and record keeping.

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. We heard and care records confirmed that people were involved in decisions about their care and consented to the support they received. People had signed an agreement to show they consented to the placement and they agreed to adhere to the carers' house rules.

People's social workers provided information to shared lives staff and carers about nominated consultees who managed or made decisions for people on their behalf. This included those legally nominated to manage people's finances when the person did not have the capacity to do this for themselves. Staff told us, and records confirmed that most people had the capacity to make decisions about their care. Staff reported that one person's capacity had diminished since they had been using the service and best interests' meetings were held to ensure this person received the care and support that met their needs.

One person told us, "There's food all the time. [Their carer] makes sure I get my food." Records showed that information had been gathered on people's nutritional needs and staff had asked people about their food likes and dislikes. A shared lives carer we spoke with told us they held a family meeting to plan the weekly meals to ensure people's choices were incorporated. Information was included in people's care records about any assistance they required with meals. For example, one person needed some assistance to cut up

meats and reminding to take their time when eating to minimise the risk of choking. People's weights were monitored at their reviews to ensure they maintained a healthy weight and to identify if they were experiencing weight loss or gain so appropriate action could be taken.

Shared lives carers supported people to access healthcare services when they required them. This included access to a GP, dentist and optician. Staff told us if there were concerns that a carer was not supporting a person to access appropriate healthcare when they needed it, this was followed up by the person's social worker. Carers liaised with the healthcare professionals involved in people's care to ensure they had access to any specialist equipment they needed, including specialist footwear a person required to aid their stability.

Is the service caring?

Our findings

One person told us their shared lives carer was "very nice, helpful and kind." The people we spoke with were complimentary about their carers and appreciated the support provided. They told us they had developed close relationships.

At the time of our inspection staff were not able to give people a choice of shared lives carers to live with due to difficulties in recruitment. Nevertheless, people were able to meet their prospective carer, the other people they may be living with and visit the house before making a decision about whether to use the service. Carers were allowed to support up to three people at one time.

Staff did not match people with their carers depending on cultures, religion or sexuality. However, they did discuss with people and their carers their individual preferences and ensured they were open and accepting of each other's preferences and the way they lived their lives. People were supported to practice their faith, including attending church services.

There was an expectation and an agreement with the shared lives carers that they would incorporate and involve people in their families. This included inviting people to join the carers' family meals, trips out together and joining in family events and celebrations. We heard from one carer that the people living with them were invited to family weddings, holidays abroad and had developed a relationship with the carers' near and extended family members. They also said the people living with them had helped chose the family dog.

Staff gathered information about people's families and identified who they stayed in regular contact with. The carers told us they supported people to maintain relationships with their families. We heard from some people that their family members came to visit them regularly at their shared lives homes and joined in their family meals.

Staff, with support from people's social workers, provided the shared lives carers with information about people's communication needs. This included their preferred language and any non-verbal communication they used, including gestures and facial expressions. Carers were informed if people needed time to process information and the importance of giving them time to respond. One person's care records outlined that if they were not given sufficient time they would usually offer a negative response and not engage in the conversation. Carers were also informed if a person chose not to express verbally when they were in pain and what facial expressions carers should look for so they would know the person was in pain and support them accordingly.

Carers supported people to follow their interests and undertake their hobbies. We saw from a person's records they enjoyed music and their carer had bought them a CD player as a Christmas present so they could enjoy listening to music at home.

People's privacy and dignity was respected. The carer we spoke with told us they respected people's

decisions to spend time on their own and respected their privacy when in their rooms. They supported people as much as possible with their personal care. For those who were able to undertake their personal care independently they enabled them to do this in the privacy of their bathroom but stayed nearby so they were around to support if needed.

Is the service responsive?

Our findings

One person told us they were "well looked after." They said they were happy living with their carer and they felt able to speak with their carer if they had any concerns or worries. Another person said the placement was "great for me." They told us they received the support they required and that their carer "does almost anything." They also said they had "nothing to worry about...for me everything's fabulous."

The provider has a comprehensive process to follow before a person was placed with a carer to ensure the placement was appropriate and safe. People's social workers identified those who may benefit from a shared lives service. Their social worker liaised with the shared lives staff to discuss the possible placement and the person's needs. A full assessment was undertaken to identify people's support needs. This assessment was also used to identify people's preferences in how support was provided, their interests and what was important to them.

The shared lives staff undertook a six week review after a placement started to ensure people new to the scheme were still in agreement with their placement and they were receiving the support they required. In addition there was an ongoing annual review to formally review people's needs and ensure they were receiving the correct level of support.

The provider delivered other health and social care services. This benefitted people as the shared lives staff were able to liaise with colleagues if people needed additional support. For example, staff told us a shared lives carer had spoken to them about a delay they were experiencing with receiving an assessment and diagnosis for one person using the service. The staff liaised with staff from that department and were able to arrange for a healthcare professional to visit the person at the carer's home.

People were supported to maintain their independence. One carer told us, "I let them do as much as they can and then I support." This included in relation to activities of daily living, accessing the community and participating in education or employment. We saw that people using the service who were of working age participated in a number of voluntary placements and employment opportunities. These opportunities were identified by the person's social worker in discussion with their carer. Carers also encouraged people to use their skills around the home to improve their independence.

We saw records that showed carers discussed any changes in people's behaviour or their needs with the person's social worker and the shared lives staff so they could follow up on any concerns and ensure the person was still happy being part of their shared lives scheme and living with their carer.

Information was provided to people and the shared lives carers about what to do if they had any concerns or wanted to make a complaint. Staff informed us no complaints had been made and the carer and people we spoke with confirmed they had no concerns about the service or the support they received. Staff informed us they would take the lead in investigating any complaints made about or by the shared lives carers. Complaints made by the people using the service were dealt with by their social worker.

Is the service well-led?

Our findings

People were asked to provide feedback about the service during visits made to their home by the shared lives staff and through completion of annual satisfaction surveys. We saw the findings from recent a recent satisfaction survey which showed people were happy with where they were living and happy with the carers supporting them.

The registered manager had tried to arrange a meeting with the shared lives carers but they had struggled to find times that the carers were able to attend. Therefore the registered manager met with carers individually to obtain their feedback about the service.

The staff told us they felt well supported by the provider and their seniors. They said there was an open door policy and if their line manager was not available they felt able to speak with any of the provider's senior managers. One staff member told us, "You're not just a number... everything is important. It doesn't matter how little."

There were documents in place clearly outlining different people and staff member's roles and responsibilities. This included the responsibility of the shared lives staff, the shared lives carers and people's social workers. Staff informed shared lives carers about their responsibility to adhere to the 'national minimum standards for adult placement schemes', follow government guidance on restrictive practice and adhere to the provider's policies and procedures. Staff told us copies of the provider's policies were given to carers so they were easily accessible.

During the regular 12 weekly visits to the shared lives homes, staff checked on the quality of support provided and obtained feedback from people about the placement and the support they received. People we spoke with were aware of who the managers of the shared lives service were. They said they visited regularly to have a "chat" and to discuss whether they were happy with their placement. As part of these regular checks, staff also reviewed the quality of people's care plans and made any amendments where required in response to changes in people's needs, and checked medicines management and health and safety arrangements.

A monthly 'quality report' was produced and shared with the commissioners for the service. This report included key performance data including information from incidents, accidents, complaints and compliments. This report was also looked at by the provider's governance team to identify any areas for improvement. The provider's integrated care services manager worked with the registered manager to ensure improvements required were actioned.

The provider delivered a range of health and social care services. A monthly multi-disciplinary meeting with representatives from each of their social care and outreach teams to discuss the services. Including areas of good practice, any incidents or complaints they received and any learning from these. In addition, the provider held a regular forum to discuss new health and social care models with a focus on providing more integrated care across the borough and ensuring people accessing both health and care services received

coordinated care.

The registered manager attended the London and South East shared lives network to meet staff from other shared lives schemes. This network provided peer support and an open forum to discuss common challenges experienced by the shared lives schemes.

The registered manager was aware of their Care Quality Commission registration requirements and complied with these. For example they submitted statutory notifications about key events that occurred at the service, as required.