

Encompass LATC LTD

# Encompass Shared Lives Service

## Inspection report

Civic Offices  
St Nicholas Way  
Sutton  
Surrey  
SM1 1EA

Tel: 02087704764

Date of inspection visit:

06 June 2018

12 June 2018

19 June 2018

Date of publication:

06 August 2018

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Encompass Shared Lives Scheme is registered to provide personal care and support to people living with shared lives carers. Shared lives carers are individuals and families who offer accommodation and provide personal care to people using the service. Most people lived with the shared lives carers on a permanent basis. This was our first inspection of the service since the new provider registered this location with the Care Quality Commission [CQC] on 10 May 2017.

The CQC regulates the provision of personal care provided to people using the service. Personal care includes help with tasks related to personal hygiene and eating. Although we do take into account any wider social care activities the service provides. At the time of our inspection 20 people with learning disabilities were using the service and receiving personal care.

There was no registered manager in post at the service. The manager has recently applied to the Commission to become registered manager. At the time of this inspection he had just completed his 'fit persons' interview with CQC Registrations. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. 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.

Carers told us they were not adequately supported over the last three to four months by the scheme. This was caused by a gap in time between the recruitment of new staff to replace the staff who left and new staff starting. Carers told us they were hopeful the new staff who had recently started would provide the necessary support. The service did not have full time management support as the registered manager could only dedicate part of their time at the service as they also managed two other services.

People felt safe using the service and were supported by carers who knew how to keep them safe. Shared lives staff and shared lives carers understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on shared lives carers and staff before they started to assess their suitability to care for and support vulnerable people. Where people required assistance with taking medicines this was well managed and people received the support identified in their care plans.

Shared lives carers and shared lives staff received regular supervision and were provided with the training needed to meet people's needs. The registered manager, shared lives carers and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected.

People were cared for by shared lives carers who knew them well. The care and support they received was monitored by shared lives staff. People were treated with dignity and respect and their independence promoted. The registered manager, shared lives staff and carers had a good understanding of equality,

diversity and human rights.

The service was responsive to people's needs and they received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager said they welcomed comments and complaints and saw them as an opportunity to improve the care and support provided.

Carers told us they had concerns about the lack of support they experienced while there were unfilled staff posts earlier in the year and they said there were delays in carers payments being made. The provider had effective quality assurance processes in place with a number of different audit procedures in place.

## 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 but carers told us they were not always well supported.

People were kept safe from harm because shared lives carers and officers had been trained in safeguarding and understood their role and responsibilities to keep them safe.

Risks to people had been assessed and plans put in place to keep them safe.

Checks were carried out on shared lives carers and officers before they started work to assess their suitability provide care and support to vulnerable people.

Medicines were well managed and people received the support identified in their care plans.

Good ●

### Is the service effective?

The service was effective. Shared lives staff and carers received the training and support required to effectively meet people's needs.

The registered manager, staff and shared lives carers understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected.

Shared lives staff and carers worked effectively with other health and social care professionals to ensure people's needs were met.

Good ●

### Is the service caring?

The service was caring. People told us their carers were caring and friendly. They said they were treated with dignity and carers respected their privacy and wishes.

Carers were able to describe people's likes and dislikes. People told us carers understood them well. People's cultural needs were supported and carers supported people in fulfilling their individual wishes.

Good ●

People told us they were involved in planning and making decisions about their care. They said carers listened to them.

### **Is the service responsive?**

The service was responsive. People's care plans were reviewed and their support plans were updated in line with these reviews. Needs and risk assessments were reviewed or updated accordingly to make sure their care plans were personalised to each individual.

Carers understood people's needs and people participated in various activities including accessing the local community.

People and their relatives knew about the complaints procedure and what to do if they had a complaint. They said they felt confident any concerns would be listened to and addressed.

**Good** ●

### **Is the service well-led?**

The service was not always well-led. The service was under staffed for three months and was unable to provide the necessary support that carers said they needed. Issues to do with payments to carers remained unresolved for some time. The management arrangements at the service lacked the capacity to oversee the appropriate provision of a quality service.

The service was run in an open manner and people and staff said the management of the service was approachable.

**Requires Improvement** ●

# Encompass Shared Lives Service

## **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 comprehensive inspection was announced and took place on 6, 12 and 19 June 2018. The provider was given 48 hours' notice because we wanted to ensure the registered manager was available in the office to meet us.

It was carried out by one inspector. Before the inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. Notifications contain information about certain events or incidents that providers have to notify the Commission by law.

We visited five people in their homes to speak with them and their three shared lives carers. We met and spoke with a health and social care professional to gain feedback about the scheme. We spoke with another ten carers on the telephone, six relatives of people living in the scheme, the registered manager and two members of staff who support the manager to operate the shared lives scheme. We looked at five people's care records, medicines administration records, three carers staff files and three staff files including their recruitment and training records. We also looked at other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, "This is like my second family, the carers help me and they look after me well and I feel safe." Another person said, "The carers are always there for me, I can talk to them anytime I need to, I am safe with them." A health and social care professional told us they felt people using the service were safe.

Carers did not always feel well supported by the scheme's staff. One carer told us, "The staff who were here before and who knew us really well left last October or November 2017. New staff have recently been recruited but for a period of two or three months we did not get the support we needed. We have got to give the new staff time to settle in and we are hopeful they will." Another carer we spoke with told us, "We were told that after 5pm we couldn't expect to get the same support we used to get. But that's when a lot of the problems arise, you know people coming back from their day's activities. We don't get the support we expect and that we used to get." All but two of the other people we spoke with made similar comments but they recognised the new staff team needed time to settle into their new roles. One person said, "I'm hopeful things will improve soon, I've met the new staff and they seem really good." Another person said, "It's early days and the new staff seem enthusiastic, we'll see." The impact on people using the scheme was minimised because their care and support was provided by the scheme's carers. This meant they remained safe.

Staff told us the period of time between the staff who left and the new staff starting had caused problems in terms of providing support for carers. Both the new staff told us they were busy scheduling appointments to meet the scheme's carers with some already carried out and this was confirmed by the carers we spoke with.

At the last inspection staff members of the scheme told us they were quite stretched at times to deal with supporting all the scheme's carers. In April 2018 two new staff were recruited but from the feedback we received it is too early yet to know if this will improve support to carers.

People were kept safe from the risk of abuse because shared lives carers and shared lives staff knew about the different types of abuse and what action to take if abuse was suspected, alleged or witnessed. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse.

Staff told us they followed the safeguarding procedure for the local authority safeguarding team. The service raised safeguarding concerns with the appropriate authorities and put in place additional measures to keep people safe in the 12 months leading up to our inspection. The manager ensured CQC was notified appropriately about serious and reportable incidents. Shared lives carers and staff were able to describe 'whistle blowing' and knew how to alert senior staff about any poor care practice.

Risks to people's personal safety were assessed and we saw plans were put in place to minimise these risks. Risk assessments and the associated risk management strategies we inspected covered a wide range of people's daily living activities. We noted people were encouraged to be as independent as possible. For

example, risk assessments were in place for assistance with personal care tasks for people such as bathing and showering and social and leisure activities they took part in. Shared lives carers told us there were risk assessments in people's care records that helped them keep people safe. Talking with shared lives carers and staff it was clear they had a good knowledge and understanding of people's risk assessments and the measures required to keep them safe. Risk assessments and risk management plans were regularly reviewed with the involvement of the person, their relatives, their shared lives carers and where required, other professionals.

People were protected from the recruitment of unsuitable staff. Recruitment records for shared lives staff contained all the relevant checks. The recruitment process included gaining appropriate references, health checks, identity checks and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people.

People received their medicines safely. We saw that where carers supported people to take their medicines, appropriate records were completed and signed by carers. Where people needed medicines as and when necessary there were clear guidelines for carers to follow that had been agreed by the person's doctor. People had profiles that contained information about their medicines and what they were for so the carers had a good understanding of the medicines people were taking.

The provider had a policy in place for investigating accidents and incidents. This detailed the steps involved and included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. This meant the manager and staff had clear guidance on how to investigate accidents and incidents and learn and make improvements. A policy on infection prevention and control was in place. Shared lives carers told us they had access to the equipment they needed as well as training to prevent and control infection.

## Is the service effective?

### Our findings

One person told us, "I enjoy my life here, I am well looked after and I get to do things I don't think I would have been able to do without my [name of carer]." Another person said, "My carer supports me all the way and this has made my life so much better."

Carers gave us examples of how people with the support and encouragement from the carers had achieved some positive results and outcomes in terms of their health and wellbeing. For example carers worked with people to build their confidence and helped them to learn how to manage some of their needs independently such as travelling on public transport, cooking some light meals or being able to go to the cinema.

People received care and support from familiar, skilled and consistent shared lives carers. People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals was obtained when required.

Relatives of people told us carers seemed to be well trained. One relative told us, "Our [family member] has specialist needs and they know exactly what support and care to give them. They seem to be well trained." We viewed the training records for shared lives staff and carers which confirmed they received training on a wide range of subjects. Most of the carers had been in their posts for a number of years and completed regular updates to ensure they remained aware of best practice. The manager explained that both the two new shared lives staff were in the process of induction as was the process for all new starters. An induction process was also in place for newly approved shared lives carers. The training and induction of shared lives carers was coordinated and monitored by a nominated shared lives member of staff.

Shared lives carers received training in core areas such as keeping people safe from harm, first aid, medicines administration, infection control and equality and diversity. Training was also provided to ensure they had the knowledge, skills and abilities to meet people's specific individual needs. This included training on epilepsy and the administration of rescue medication and individual moving and handling training. They said they had received the training required to carry out their roles effectively.

People who needed support from staff with their meals were encouraged to eat and drink sufficient amounts to meet their needs. Their records contained information about their dietary needs including their specific likes and dislikes, food allergies and specialist requirements due to their cultural, religious or healthcare needs. This helped carers support people to prepare and eat meals that met their specific preferences. Carers encouraged people to choose healthier options to support them to maintain a healthy and well-balanced diet.

The two shared lives staff we spoke with told us they were new in post. One person started in April and the other in May 2018. Both told us they were completing their induction and probation processes and they said they felt well supported by the registered manager. We were told by staff the induction process included shadowing more experienced staff and also included a wide range of training deemed essential for them by

the provider. Staff said they received formal supervision support with the manager. This was confirmed by him and by the supervision records we saw.

Shared lives carers said they usually [apart from the recent period where there was gap in staff recruitment] received quarterly support visits from their nominated shared lives staff. They said this included the scheme's staff visiting their home to see both themselves and the people living in the scheme. They told us they valued this when it happened and found it helpful to discuss any issues or concerns they had in order to help them provide effective care and support to people. We saw written records of these monitoring visits completed by shared lives staff.

The care provided to people was closely monitored by carers to ensure their health needs were responded to promptly. Shared lives officers also maintained contact with people using the service and their carers. Although this had reduced over the last six months [for reasons already explained in this report] it allowed them to provide support, advice and guidance and signpost shared lives carers to relevant health and social care professionals. We saw shared lives carers worked closely with a variety of professionals to ensure people's needs were met. These had included GP's, Occupational Therapists, Social Workers, Psychologists and Mental Health professionals.

People said their carers enabled them to make choices and decisions and sought their consent to support them. We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). 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 make 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. Any application to do so for people being supported by this service must be made to the Court of Protection.

Carers and staff had received training in the MCA. Records showed staff assessed and recorded in people's support plans, their ability to make and consent to decisions about specific aspects of their care and support. Where people using the service at the time of this inspection lacked capacity to make specific decisions about their care and support there were processes in place to involve people's relatives, representatives and others such as healthcare professionals to ensure decisions were made in people's best interests.

## Is the service caring?

### Our findings

People spoke positively about the care they received. They told their carers were kind, respected their privacy and made them feel they were part of the family.

People told us they were fully involved in planning and making decisions about their care with their carers. They told us they chose what kind of support they needed and carers helped them achieve these objectives.

Both the shared lives staff and carers knew people's individual communication skills, abilities and preferences, with information contained in care files about people's preferred ways of communicating.

Carers were able to tell us how they maintained people's privacy and dignity. One carer said, "We have house rules, which people respect. People have their own bedrooms, if the door is shut people knock and wait. We don't have any problems with that."

People we spoke with confirmed they had access to the whole house, including their own space, which was respected. From talking with carers, it was clear they knew the people they supported very well, including those who only provided a few hours support each week. Carers were able to tell us about each person's likes and dislikes, personalities and how they preferred to spend their time. We also noted carers respected and protected people's needs and wishes, supporting them in choosing how they lived their lives and spent their time. Comments from carers included, "[person's name] does have routine behaviour patterns and has a strong mind and knows what they want with most things. I just guide people and advise them if they need it" and "You can help [the person] to make choices about what they want to do when we go out."

All of the carers we spoke with said they respected people's spiritual and cultural backgrounds and described specific ways in which they supported people. For example, one carer told us, "[Name of person] likes to go to church on a Sunday and maintains contact with a group of friends who also like to go to church. I support them in going to these meetings."

The manager told us how equality, diversity and human rights were managed. This included how people's sexual orientation was respected and taken into consideration when matching to a carer. We were given feedback by a social care professional, who reported people's needs were positively met by carers in the scheme.

People were encouraged to maintain relationships with their relatives. One of the relatives told us their family member visited them at their home at weekends. All of the relatives we spoke with were very happy with the care their family members received from carers within the shared lives scheme. Comments we received from relatives were really positive and included; "I really couldn't be happier, I have no complaints at all"; "I know they are being well cared for and since I can't do that myself it's a real relief to know this. It's a blessing"; "We often all meet up as one big family, my relative and the carers family. I feel part of [my family members] life even though I cannot be all the time. How good is that."

All the relatives we spoke with said they were kept informed by carers of their family member's progress and this helped them to feel included in their lives. Carers told us they encouraged people to keep contacts with their families where they wanted to because it was important for them all.

## Is the service responsive?

### Our findings

People and their relatives told us carers were responsive to people's individual health and care needs. One person told us, "They look after me very well. They get onto me sometimes if I'm doing something that's not good for me, like eating too many burgers. But they know what I like and don't like and they give me choices." Another person said, "I get good support from my carers. We are going on holiday soon, they know I love that and that's one reason why we are all going. Aren't I lucky!"

When we visited people and their carers at home we asked to see what information they had about their care. Each person had a care file that the carers and people showed us. They had a copy of the service user guide, the complaints procedure and information on people's care and activities.

We saw that care plan reviews were carried out by local authority social workers within the last six months and people's support plans updated. We spoke with one of the social care professionals who confirmed people's care and support plans were regularly reviewed together with the person concerned and other important people such as their family members. We saw risks and needs assessments were revised and amended appropriately to address people's changing needs or any newly identified need. We also found that people were engaged in a range of activities to occupy their time both on an individual level and within the local community. Examples of this were seen where people attended colleges, undertook voluntary work and went to day centres.

From our discussions with the manager and our inspection of care files we saw carers were carefully vetted as to their suitability to be a part of the scheme. A comprehensive matching process was followed before any person was placed with a carer. Care plans were drawn up once the initial assessment was carried out. We looked at people's care plans and saw they were comprehensive and clear. They consisted of people's support plans that included their personal information, medical history, health care professionals' details, health matters, food habits, hobbies and interests, cultural and spiritual needs, weekly activities and health related information. The care plans detailed people's personal histories and this helped carers and staff to have sufficient information on what was important to people. This helped to provide people with individualised support and person-centred care.

People were actively encouraged to raise their concerns or complaints. People and their relatives told us they knew how to make a complaint and felt comfortable to do so if required. The provider's complaints procedure was part of the service user guide and was available in people's homes. The provider's policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints.

## Is the service well-led?

### Our findings

There was no registered manager in post at the service. The manager had recently applied to the Commission to become registered manager for the service. The manager told us he managed two other schemes as well as the 'shared lives' scheme and was therefore unable to provide full time management cover for this scheme. Carers told us the lack of a full time and dedicated manager for 'shared lives' contributed to the lack of support they had experienced over the last six months. One carer said, "The service was under staffed for months and was unable to provide the necessary support that we needed." Another told us, "The impact on people using the service was minimised because we have been able to rally together as a group and give good care and support to people. The support we have had though has been poor." Another carer said, "The support has been very good over the years but when the staff left it changed and got worse. We have to be patient and let the new staff get to work. I hope it's soon." Carers also raised issues to do with the receipt of their financial payments for operating the scheme. One carer said, "We have had problems with receiving our payments despite them being agreed months ago and us chasing them up about it." Another carer told us, "There has been a lot of confusion over our pay increase and we have still not received it. We have to chase them up all the time, it's not good enough."

We raised this feedback with the manager. He acknowledged there were difficulties caused by not being able to fill vacant staff posts for three months but with the introduction of two new staff team members it was hoped the issues identified would be put right very soon.

The manager was committed to providing good leadership and management. The shared lives staff told us regular staff meetings were facilitated and these provided a forum for discussing any issues of concern and being involved in decisions about the service. We saw minutes of these meetings that evidenced what we were told.

People using the service and their relatives spoke positively about the service and how it was run. Comments from people included, "I love living here, I am happy and it's like my family. I have been here for a long time and I would not want to go anywhere else, I get such a lot from it", "I could not be happier, the carers are so kind and the scheme operates really well for us"; "It's well run, well managed and friendly" and "They [carers] are all nice and have met my [family member's] needs."

The service encouraged carers to hold their own carers group meetings as well as organising meetings with shared lives staff together with carers. The carers we spoke with told us, "At support group meetings we are asked for any suggestions about changes we think are needed. These meetings are always minuted and sent out to everybody." Carers told us that recent issues arising at these meetings have included concerns about a lack of support while there were unfilled staff posts earlier in the year and delays in carers payments being made.

The manager and shared lives staff had a clear vision for the service. They saw the shared lives provision as a desirable alternative to residential care provision for people. They explained people were able to benefit from a person-centred service that gave them safety and security within an ordinary domestic environment.

A business plan was in place with measurable targets to measure the successful growth of the service. This defined the aims of the service, the values that underpinned it and its financial sustainability. Clear agreements were in place to manage placements. These included an agreement between the provider and the shared lives carer and, an agreement between the person using the service and the shared lives carer. These defined the roles and responsibilities of each party and were overseen by the nominated shared lives staff.

We saw the service worked closely with other professionals and organisations. This was confirmed by the health and social care professionals we spoke with both at and after the inspection.

We saw there were a number of audits and monitoring systems in place to monitor the quality and effectiveness of the service. We saw that the local authority had carried out a comprehensive audit of the service in September 2017 before the changes in the staff team. The outcome of that audit was positive. The computerised system in use, Mosaic, provided an overview of each shared lives staff's workload and output and was used to monitor completion of meetings and reviews with carers. Computerised systems had also been used to monitor completion of training and medicines management. The service had a detailed development plan which clearly identified areas for improvement and how these would be achieved.