Derbyshire County Council

Shared Lives Derbyshire

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

Shared Lives Derbyshire is a local authority operated service that supports adults with a learning disability or autistic spectrum disorder to live in the community, in the family home of their shared lives carer. Shared Lives schemes offer an alternative to both residential and more traditional care at home services for people who need personal care and support with their day to day lives. The Care Quality Commission (CQC) regulates the provision of personal care for people who use the service.

At the time of the inspection Shared Lives Derbyshire was involved in supporting people with a learning disability or autistic spectrum disorder who were settled in long-term placements or who took short respite care breaks. The provider is responsible for appointing, training, monitoring and supporting local carers who are self-employed and receive a payment for providing people with personal care, accommodation and other assistance.

This inspection took place on 6 February 2018 and was announced. The provider was given 48 hours' notice of our intention to conduct the inspection, as we wished to ensure key staff would be available to contribute to the inspection. Telephone calls to shared lives carers were completed on 12 and 13 February 2018. On 23 March 2018 we visited four people at a day centre who lived in full time shared lives arrangements.

At our previous inspection in July 2017, we found one continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice in relation to the key question, 'Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?' At this inspection we found improvements had been made and the service now met this regulation.

Systems and processes were now in place to check on the quality and safety of services, including medicines administration, with carers trained in medicines administration and medicines administration records kept. Carers training was now monitored to ensure carers met the training requirements set by the provider. Policies specific to the governance of the shared lives scheme were now in place.

People made decisions in relation to their care and support and received support to enable them to be as involved as possible; where people needed support to make decisions their rights were protected under the Mental Capacity Act 2005; we found this had been followed for most people. Care plans were reviewed with people and their carers. People understood their care and support because carers worked with other professionals to ensure people received information in a way that they could understand.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager in post. The registered manager understood their responsibilities for the

management and governance of the service. The service was focussed on achieving good quality outcomes for people. The service was managed with an open and transparent culture where people were listened to and carers were valued.

The provider had systems in place to enable carers to recognise and respond to allegations or incidents of abuse or harm. Risk assessments were in place to identify day to day risks, as well as risks associated with people's health conditions; actions were taken to reduce these known risks. Recruitment processes helped to ensure carers were suitable for their role. Processes were in place to match people to suitable carers and therefore carers had sufficient time to care for people. Where carers administered medicines to people, they had received training and understood what records they were required to keep. These were checked by staff at the Shared Lives scheme. Carers were knowledgeable on what actions to take to prevent and control any infections.

Carers received training in areas relevant to people's needs and received support through meetings and regular contact with the shared lives staff team. People's health and any associated risks were monitored and responded to by carers who involved other healthcare services where this would be of benefit. Where carers helped people with their meals, this was done in a way that promoted people's involvement and independence and respected their choices and preferences.

A 'matching process' took place to help ensure people were cared for by carers who they could share interests and hobbies with; as a result carers reported they had positive relationships with the people they cared for. Some carers had cared for people since they were very young and were now adults; carers spoke genuinely of people being a part of their family. People were cared for in family settings by carers who were caring. Carers spoke about the importance of promoting people's independence and how they respected people's privacy and dignity.

Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act, for example in relation to any disabilities people had, were considered in people's care plans with them. People and their carers contributed to reviews of their care and support. This helped to ensure people did not experience any discrimination.

Carers and people were given information on how to raise issues or concerns, including complaints. Where feedback, including complaints had been received, systems were in place to ensure people's views were listened and responded to.

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.

Risks were assessed and actions taken to reduce risks. Actions had been taken to help manage medicines safely and to prevent and control infections. Carers had sufficient time to care for people. Recruitment processes helped to ensure carers were suitable for the role. Carers understood how safeguarding procedures helped to protect people.

Is the service effective?

Good

The service was effective.

Information was presented to people in ways they could engage with and understand. Carers were trained in line with the provider's expectations; carers received support in their role. People's health was monitored and responded to appropriately; people received care to ensure a balanced diet. People's needs and choices were assessed in a way that helped to prevent discrimination. The MCA had been applied for most people when needed.

Is the service caring?

Good

The service was caring.

People formed positive relationships with their carers and benefitted from living as part of a family. Carers respected people's privacy and dignity and promoted their independence. People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. Carers were aware of people's interests, hobbies and preferences, and often shared these with them. People and carers were supported to raise issues; issues raised were investigated and responded to.

Is the service well-led?

Good

The service was well led.

A registered manager was in place and they understood their responsibilities for the management and governance of the service. The service was focussed on achieving good quality outcomes for people. There was an open and transparent culture in the service where people were listened to and carers were valued. Systems were in place to monitor and improve the quality of the service provided.

Shared Lives Derbyshire

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 checked 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 announced comprehensive inspection was carried out on 6, 12, 13 February and 23 March 2018. The inspection was completed by one adult social care inspector. On the 6 February the lead inspector was accompanied by another inspector who shadowed the inspection process. The provider was given 48 hours' notice prior to the first day of the inspection. This was because the registered manager spent time in the community supporting shared lives carers and we needed to be sure that someone would be available to speak with us.

This service is a shared lives service. It supports adults with a learning disability or autistic spectrum disorder to live in the community, in the family home of their shared lives carer. The Care Quality Commission (CQC) regulates the provision of personal care for people who use the service.

Before the inspection visit we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also checked what information Healthwatch Derbyshire had received on the service. Healthwatch Derbyshire is an independent organisation that represents people using health and social care services.

In addition, we phoned the homes of four shared lives carers; people who used the service were not available to talk with us so we spoke to their carers. We visited a day centre and spoke with four people who lived in full time shared lives arrangements. We also spoke with the registered manager, the service manager

and administrator for the scheme.

We looked at the relevant parts of three people's care plans and reviewed other records relating to the care people received and how the agency was managed. This included quality assurance checks, staff training and recruitment records. The registered manager sent us further records for our review as part of the inspection.

Good

Is the service safe?

Our findings

People told us they received medicines when these were needed. One person told us they had creams and a medicated shampoo to help their skin health. Carers we spoke with were knowledgeable about the levels of support people required with their medicines. For example, carers knew when people could safely manage their own medicines and when they required assistance. One carer told us one person required help to take the medicine from the container only, and the other people they cared for independently managed their own medicines.

Carers told us the steps they took to manage people's medicines safely, including how they had received medicines training. All carers told us they knew how to complete medicine administration record (MAR) charts if the people they cared for required medicines. Records showed these had been completed by carers. Details on people's medicines were also detailed in their care plans. In addition, the provider had policies and procedures in place that were discussed with, and followed by carers. In addition, regular checks on records by the provider helped to ensure the proper and safe use of medicines was in place. These actions helped to ensure people received safe care around the management and administration of their medicines.

People told us they were aware of risks and what steps they should take to reduce any risks. For example, one person told us their carer would help them in the kitchen. Carers told us they had access to people's care plans and any risk assessments. Records confirmed these were in place and detailed what care was required. For example, records detailed how much thickening powder was needed to make sure a person's drinks were at the right consistency to reduce risks of them choking. Carers were provided with the shared lives policy on how to report any accidents or incidents. Risk management was also discussed at carers meetings; records showed this had recently included steps to help reduce risks should there be an emergency, such as a fire. Carers told us, and records confirmed any accidents, incidents and near misses were reported. Records showed any actions to reduce the likelihood of a reoccurrence were identified and put into place. The service had identified and used learning from these incidents to implement further improvements.

In addition, health and safety checks were completed on carer's homes before people went to stay there. These checks included the identification and reduction of any risks in the environment such as trip hazards as well as checks to support infection prevention and control. These included checking the cleanliness of the home and the appropriate storage of food. People's care plans showed medical advice was followed where they were at an increased risk of contracting seasonal infections. Risks were identified and actions taken to reduce risks, including those associated with infection prevention and control.

People told us they felt safe living with their carers. All people we spoke to told us they felt confident to talk with their carers if anything worried them; people also told us they felt comfortable talking to other professionals, such as the staff at the local day centre they attended if they needed to. Carers told us the steps they took to ensure people were cared for safely and protected from abuse. One carer told us they had helped a person become more aware of what factors could make them more vulnerable to abuse; they told

us this had helped the person become more aware of how to keep themselves safe. They went to tell us the person now attended a self-advocacy group where they had met with the police and received information on keeping safe. Carers were provided with information on the local authority safeguarding procedures and had attended training on safeguarding. The shared lives scheme had also provided other information on safety, such as information on how to spot a scam. It also had recommended practices for carers to follow if carers had any involvement in people's finances; these included checks on receipts and approval for certain purchases. We found one arrangement for a person was not in line with one of the provider's recommendations. We discussed it with the registered manager who provided an explanation and told us they would review the issue. Systems and processes were in place to safeguard people from abuse.

People told us their carers had enough time to support them on an individual basis when needed. For example, people told us their carers would support them to any health appointments or spend enjoyable time together, such as on holidays or shopping trips. Carers told us they had enough time to meet people's needs. Where carers had more than one person living with them they told us how they made sure people were able to have individual support when needed. For example, one carer told us how they would always ask if a person wanted to be accompanied to any appointments and would always oblige if the person wanted their support. Reviews of people's care had recorded where this support was provided. For example, a review for one person stated, '[Person] is happy spending time with [names of carers] and likes going on holiday and spending time with their family [carers]'. People spent quality time with their carers.

The registered manager oversaw the matching process to introduce people and carers. Arrangements were evaluated as to whether they demonstrated the likelihood of successful outcomes for both the person and the carer. The matching process included consideration of people's care needs and interests. The registered manager considered carers skills, experience and interests to meet people's needs and to help secure a successful relationship between the person and the carer. This approach helped to ensure shared lives arrangements were planned safely and took account of differences in carers' skills and experience.

Good

Is the service effective?

Our findings

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The provider had applied the MCA and people's care plans referred to where best interest decisions had been made. For example, the arrangements to manage people's finances. However, we found one person did not have the mental capacity for financial decision making and no mental capacity assessment or best interest decision had been made to cover this area. We discussed this with the registered manager who told us the person had lived with their carer for a significant part of their life and shared lives staff had not identified the MCA had not been applied in this case. The registered manager told us they would take action to ensure all relevant decision making demonstrated the MCA process had been followed.

One person we spoke with told us about an operation they had undergone. They told us how their carers had helped them understand the decisions involved. Staff we spoke with confirmed this process had applied principles of the MCA and best interest decision making. Carers we spoke with understood and provided examples of how they supported people to make their own decisions, for example over preventative screening for health conditions. They also told us about another decision regarding the person's health. They said, "Everyone was involved in making the best interest decision and we gave support to [name of person] to be involved." Carers spoke to us about how they ensured people were given choices and control over their day to day lives; for example, how they asked people what they wanted to do when they came to stay with them. Care plans were written to ensure consent was sought before care was provided, and any care was explained to people. For example, one person's care plan stated, 'Before [person] receives assistance it should always be explained what is about to happen; continue to explain what you are doing at every stage.' Steps had been taken to ensure people's consent was sought and the principles of the MCA were understood and followed.

Carers told us they felt they were supported to gain the skills, knowledge and experience to meet people's care needs. One carer told us, "[The service] is good with training provision and refresher training; there are regular meetings [with other carers] and it's useful to meet other carers and exchange ideas." The registered manager established what training carers were required to have in order to fulfil their role and monitored carers' attendance on this. Training in areas such as the MCA and medicines management were also reiterated at carers meetings and in newsletters. These steps helped to ensure carers had sufficient skills, knowledge and experience to fulfil their roles effectively.

People told us how they received meals and drinks that were of their choosing and met their preferences. One person told us, "I like vegetables," and told us their meals always included vegetables. Another person

told us they needed to avoid certain food as they were intolerant to them. They told us their carer made sure their meals avoided the foods they were intolerant to. Carers told us about the support they provided to people with their meals and drinks. This varied according to people's independence which carers understood and promoted. Carers knew people's preferences and were knowledgeable if people required food of a modified texture. People's care plans reflected any requirements people had over their nutritional and dietary needs as well as their preferences and where they were independent. For example, one persons' care plan stated the person enjoyed choosing and preparing meals and required the carer to supervise to help reduce risks whilst in the kitchen due to the person's reduced awareness of hazards. People received the support they required to have food and drink that met their preferences and to maintain a balanced diet.

People were supported to maintain their health and access on-going healthcare support. People told us they had regular access to doctors for health checks. One person told us, "I go and have my blood pressure checked and my blood tests." People told us they saw dentists and opticians. Another person told us they were getting new glasses at the weekend. One carer told us about a person's regular reviews and how they included input and support from the local specialist learning disability service. In addition, they told us how the local GP had provided information and advice on cancer awareness and how people could continue to monitor their own health. They also told us how they used resources from learning disability specialists to help people understand sexual health and family planning choices. People were supported to maintain their own health and were given information so they understood about their general and sexual health and contraception choices. Carers worked with other organisations so people benefitted from effective care and support.

Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's care plans with them. For example, people's needs in relation to any disability were identified. This helped to ensure people did not experience any discrimination. Where people required specific assessments associated with their health conditions carers told us they had been made. For example, one carer told us about a speech and language assessment for a person who had started to show some risks around choking. They also told us the person's GP had completed an initial dementia assessment that would allow any changes to the person's health to be more easily identified and monitored. Assessment processes were in line with current legislation and standards and helped to achieve effective outcomes for people.

Good

Is the service caring?

Our findings

All the people we spoke with told us they enjoyed living with their carers and were happy as they talked to us about their lives shared with their carers. One person told us they knew their carers loved them, and they loved them back. Carers spoke with warmth and affection for the people they shared their lives with. Through talking with carers and looking at the information used by the provider when assessing carers, we found carers often had a background of supporting people. Some people had lived with their carers since they were very young or for substantial parts of their lives. One carer told us about the family holiday they all took together, and how people enjoyed keeping in touch with some of the friends they had made over the years.

People told us how they enjoyed helping their carers run the house they shared. For example, one person told us, "I always help with taking the shopping out of the car." Carers told us how they were given opportunities to build up relationships with people, and where appropriate their families, through a matching process before any arrangements were formalised. One carer told us they felt this had contributed to the success of their current arrangement. They said, "Being able to discuss [person's] support needs, especially how they communicate, with their family was a great help." The registered manager organised the matching process where they took into account factors that would help the relationship between the person and their potential carer be a positive one where people could share common interests and enjoy each other's company. Caring relationships between people and their carers' were valued and promoted.

People told us about the activities they enjoyed; one person told us they would always wash up and put their own pots away. They also added, "I travel [to the day centre] by myself." Carers told us how they supported people to live their own independent lives. One carer told us about the work one person did and how much they enjoyed it. The person and their carer had contributed to a video the local authority had produced to challenge assumptions about people with learning disabilities and work. They went on to tell us about another person who independently pursued their sporting interest. Other carers told us about the steps they took to ensure people's independence. One carer who provided respite care told us, "It's important I'm consistent in how I support [person] so I can promote their independence; [person] can keep the same level of independence and skills when they are here to when they are with their family." People were supported to be independent.

People all told us they had their own private rooms in their home. One person told us, "I like my room, I can go there when I want and have a lie down." Carers told us people's privacy was respected and people had their own rooms in carers' homes. Care plans included how best to support people with their dignity. For example, one care plan stated all stages of support needed to be explained to the person so they understood what was happening. Care plans also included how people liked to dress and where they like to have their hair cut and so recognised these as important things for people. This helped promote people's dignity.

People were involved in decisions about their care and what support they required. All carers we spoke with told us how it was important for people to make their own decisions. One carer told us about what steps

had been taken to ensure a person could fully understand a medical procedure. They told us how they had as many meetings with other professionals as was needed to help the person understand. They said, "Everyone was involved in providing support so [person] could understand it." Records showed people were involved in their care. Care plans recorded people's views on their care and people had signed to say they were in agreement with their care plan. Care plans were discussed with people; this meant people had access to information that enabled them to understand their care needs and the health services available to them and this ensured people were not unduly discriminated against.

Good

Is the service responsive?

Our findings

People told us they could follow their interests and hobbies and their carers supported them with this. One person told us about how they had decorated their room to their own taste and the belongings they had that were important to them. They went on to describe the birthday party their carers had arranged for them, and the special cake that was themed around one of their interests. People also spoke to us about their friendship groups and how their carers helped to support their friendships. For example, one person told us how their friend came for tea every week. Other people told us how their carers helped people to keep in touch with their family members. Another person told us they enjoyed going to Church every Sunday. Carers told us the steps they took to ensure people's care was centred on them and was responsive to their needs. One carer who regularly cared for the same person on a respite basis told us they wanted the person to enjoy their stay. They said, "I'll take into account their views and preferences; they bring along their favourite films; music is important to both of us so we share that interest, and we get out and about together." Other carers spoke with us about what was important for the people they cared for and demonstrated a clear understanding of people's needs. Care plans reflected people's needs and preferences and we saw these were reviewed with people. Carers understood people's aspirations and how to support them achieve these.

People were supported to receive personalised and responsive care to meet their needs. This was because the service involved people in discussions about their care. Care plans showed where care and support was centred on people's needs, and had involved people's views and where appropriate, those of their family members. For example, one person had described how their football club was important to them; their care plan reflected how much they enjoyed sharing football banter with their carer. Another person had identified the jobs they liked to do around the home and this was reflected, along with the satisfaction it brought to the person in their care plan. Care was centred on supporting people to achieve and valued what was important to them.

In addition, care plans and assessments recorded any needs people had in relation to any disability or communication. This was so any associated needs could be identified and how best to meet those needs could be discussed with people. Any needs associated with their health and wellbeing were identified and met through a variety of ways; these included use of mobility aids and hoists as needed. The registered manager told us no-one was receiving end of life care at the time of our inspection; they told us this would be provided with other professionals if required. Carers told us about a range of support that was provided to ensure people could effectively communicate. One carer told us how one person liked to write their contribution to their care plan review, and another person preferred to pre-record their contribution. Another carer told us how the person they supported would sometimes need information repeating so as to help them understand it. Care plans reflected how to meet any needs associated with people's disability or communication needs. The service provided care that met with the accessible information standard and helped to prevent any discrimination. The accessible information standard was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

People told us they would speak with their carers or other members of staff if they were unhappy about

anything. Carers spoke highly of the service and told us they had not needed to make any complaints; they told us they knew how to do so should the need arise. Carers told us they received a handbook with useful information on the shared lives scheme and this included how to make a complaint. There was an 'easy read' version of the complaints process that used picture prompts to help all people understand how to make a complaint if needed. We saw the registered manager had investigated any issues and complaints made since our last inspection. The registered manager had, as a result of these taken steps to improve the way payments were made to carers. Where a complaint had been made the registered manager had investigated and provided a response to the complainant. Information on how to make complaints was accessible to people and complaints were formally recorded and monitored to help improve the service.

Good

Is the service well-led?

Our findings

At our previous inspection we found a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because policies, procedures and some records were not in place; not all procedures were followed to record and check medicines administration. At this inspection we found improvements had been made and the service was no longer in breach.

The registered manager had developed systems and processes designed to assess, monitor, improve services and identify and mitigate risks. These included checks on medicine administration records, obtaining and acting on feedback and systems to monitor carers training. Policies had been developed to cover the governance of the service; these included policies on record keeping, complaints, quality assurance and recruitment of carers. These governance arrangements helped to check on the quality and safety of services people received.

There was a registered manager in post at the service. 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. We found one recent incident that required a statutory notification to be submitted. We discussed this with the registered manager who submitted the notification as required. Notifications are changes, events or incidents that providers must tell us about.

The registered manager had met with other teams in the local authority to promote better ways of working between the shared lives scheme and social care and finance teams. They also attended Shared Lives conferences as a way of keeping up to date with Shared Lives schemes nationally. The service had taken steps to work in partnership with other agencies.

The registered manager told us they wanted to be able to develop and increase the number of carers and people using the service. As part of this development they had developed an action plan that identified targets. For example, how to make improvements to the payments system. The registered manager told us this had been included in the action plan as a direct result of feedback from carers who identified the need for improvements. Plans were in place to continuously improve the service, and this included listening and acting on feedback.

Carers told us they felt the service was well-led and they felt well supported in their role. One carer commented, "There has been a lot of improvement in the last 12 months; it has improved. There is lots of contact and information is updated; we're asked about training and we're asked about what we want to talk about at meetings." One carer told us, "I feel very much kept up to date." Another carer told us, "I think it's a really good service; [staff] bend over backwards to make sure we're [carers] are supported." Carers told us they found the regular carers meetings and newsletter helpful and supportive. Records showed these included useful updates for people on such areas as record keeping. Carers had also been asked for feedback after meetings and this showed carers were satisfied with the content of the meetings. Their

comments included, 'Good meeting; lots of good information,' and, 'I think you covered everything very well.' Carers were also asked what topics they would like to see discussed at future meetings. The registered manager had taken steps to ensure carers were supported.

Carers told us they could talk with staff at any time, and they found all the staff, including the registered manager approachable. One carer told us, 'Staff are very supportive; any issues I can phone them and they respond immediately." In addition, carers had regular review meetings to discuss their role in more depth. Carers told us they had received an updated carers' handbook. This contained policies and procedures used by the service and other useful guidance and information. The service was managed with an open and approachable culture.

People spoke of how they enjoyed using the skills they had. One person told us how they had developed gardening skills and how they had used these to plan and design their garden at home. Carers told us how people were supported to be independent and develop their own skills. For example, carers spoke of work, education and social opportunities. People's care plans were centred on them and what they wanted to achieve. The service met the aims stated in its statement of purpose which were, 'Shared Lives aims to help people retain and develop skills to live as full and independent a life as possible'. A Statement of Purpose sets out clearly what the service intends to do and how. The service was focussed on achieving good outcomes for people and promoted a person centred culture that promoted people's independence.

Carers told us they had opportunities to feel engaged and involved with how the service was provided. For example, carers told us how both they and the people they cared for contributed to their care plans and were asked for feedback. The shared lives service had sent out questionnaires to people using the service, their carers' and families and other professionals on their views. The registered manager told us these would be used to develop the shared lives service. Steps had been taken so that people and staff engaged with and were involved in improving the service.

Carers spoke about, and records confirmed other professionals were involved in people's care as required. For example, one person's care plan stated they regularly saw a consultant for a specific health condition. For another person, their care plan review reflected the health appointments they had attended and the on-going monitoring of their health by other professionals. The service worked in partnership with other agencies for the overall benefit of people.