

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Community Living and Support Scheme - Shared lives and Domiciliary Care

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bexley Council
Registered Manager	Mrs. Catherine Nairn
Overview of the service	Community Living and Support Scheme - Shared lives and Domiciliary Care is a shared lives scheme managed by the London Borough of Bexley. It supports people with learning disabilities who live and receive care and support in carers' own homes in south east London and Kent.
Type of service	Shared Lives
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Community Living and Support Scheme - Shared lives and Domiciliary Care, looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2012 and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People who used the service we spoke with told us they were "very happy" and "getting on well" living in a shared lives placement. One person told us they were supported to do things like washing, and their carers encouraged them to do things for themselves. People told us the provider visited them regularly and "asked them lots of questions", to make sure they were happy and receiving a good service. People told us that when the provider's staff visited them they were friendly, and they told us they "have no complaints" about the service. We heard that one person who had received a service for several years had changed their surname to that of their carers as they felt so much of a part of their shared lives carer's family.

We found people were involved in their care and they were encouraged to maintain their independence. People were treated with dignity and respect. People's care was planned and delivered according to assessments carried out before the service began and was reviewed annually. Appropriate risks were considered to ensure people stayed safe. The provider and carers had policies and procedures for safeguarding vulnerable adults, and people who used the service knew how to complain. Carers were appropriately supported and were trained in areas relevant to the needs of people they cared for. The provider had systems to ensure a good service was being provided, including seeking the views of carers, people who used the service and their families.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Before people moved into a shared lives placement they had a care needs assessment by the provider, to determine their suitability to the scheme, and to enable the provider to match them to a suitable shared lives carer. Carers we spoke with told us there were several opportunities before a service began for carers and people to get to know each other. People who used the service were involved throughout the assessment and transition process and they were consulted about their preferences and aspirations before the service began.

People were supported in promoting their independence and community involvement. Each of the three shared lives carers we spoke with told us about how they encouraged people's independence, and tried to enable people to do things for themselves where possible. For example, one person who was a diabetic was supported to give their insulin injections themselves, and one person told us they were supported to do their own laundry. The provider told us how people were supported to maintain their community involvement including attending day centres.

People's privacy, dignity and independence were respected. People we spoke with told us they have their own bedrooms and they are afforded privacy when needed. One carer we spoke with told us they felt people were given more privacy in a shared lives placement than they would in a residential setting. People told us they get on well with their carers, and they were treated with respect. People also told us when the provider visited them to carry out its reviews they were friendly and always asked them how they were getting on.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. The provider carried out a care needs assessment on each person before they began living in a shared lives placement, to ensure the placement was suitable for them. This assessment included the areas where people needed support such as personal care, finance and medication. Carers we spoke with told us they received a copy of the person's assessment and a profile of the person before they began providing a service to them. The provider gave carers a detailed background of each person, to ensure they were fully aware of people's needs before the service began. For example, one carer told us they were given information, which included when the person might become anxious and the ways the carer could avoid this.

People's initial care assessment also included their on-going care plan. In addition, carers were given a service user guide, which was a summary of people's support needs including finance and medication. People who used the service had a copy of their care plan which was written using pictures and symbols to help them to understand them. Each person had a health action plan to ensure their health needs were met, and we saw people had regularly attended relevant appointments including with their GPs, optician and the diabetic clinic.

People received an annual care plan review carried out by a social worker in conjunction with the carer, the person and the provider. We saw most people had recently received this review although not all documentation was in place at the time of our inspection. Carers told us they received copies of these reviews, and were made aware of any relevant changes to people's support needs at the time of the review.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each person's care assessment set out where support was needed to ensure people remained safe. Where risks were identified the provider set out a risk assessment strategy to reduce the risk. We saw tailored risk assessments had been put in place before each person's service had begun and they were reviewed annually during people's care reviews. In addition the provider had carried out an assessment of the potential hazards at each carer's house during carers' recruitment and then reviewed these annually. People's service users plan included their relevant risks written in a way they could understand to ensure they were informed about how to stay safe.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse, and prevent abuse from happening. The provider had policies and procedures in place for the protection of vulnerable adults. Carers were supplied with details of the providers safeguarding policy and an alerters' guide to ensure they knew how to protect people and report any concerns. Carers we spoke with told us they understood they should first report any concerns directly to the local authority. The registered manager also knew how to report any concerns they received from carers or people who used the service. The provider told us safeguarding vulnerable adults training was mandatory for carers, and was given before they began delivering a service to people. We saw most carers had attended this training and were up to date with refresher courses.

The provider carried out Criminal Records Bureau (CRB) checks on each carer and their family members before the service began, to ensure they were appropriate to live with vulnerable adults. It also carried out regular financial transaction checks, to ensure people who needed support to manage their finances were protected against the risk of financial abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Carers received an appropriate introduction to the service to ensure they were adequately trained and prepared before they were allowed to begin delivering a service. Carers we spoke with told us they went through a rigorous recruitment and vetting process, which in some cases took over a year to complete before becoming a shared lives carer. They told us the provider inducted them in relevant policies and procedures, as well as providing details of people's individual care and support needs during this process.

Carers received appropriate on-going training. The provider told us all carers were required to complete first aid and safeguarding vulnerable adults training before they began delivering a service. We found most carers had completed this training and these courses were regularly refreshed. The provider also ensured that carers were adequately trained in areas relevant to the needs of people who used the service. For example, carers received challenging behaviour training if the person they were caring for had behavioural difficulties.

Carers were appropriately supported by the provider. Carers we spoke with told us they received regular visits from the provider, to check how things were going and to discuss whether there were any issues. As a minimum the provider visited carers every two to three months however we saw that where further support was required the provider visited more often. For example, the provider had made sometimes weekly visits to one person and their carer, to support them when the person required treatment for a health problem. The provider also carried out annual reviews with carers and people who used the service, to formally check the agreed service was being delivered, and to provide any necessary support to the carer, or identify any requirements such as training.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider carried out annual surveys for carers, people who used the service and their relatives to make sure they were satisfied with the service provided. We saw examples of surveys that had been returned during 2012, and each demonstrated that people and their relatives were very happy with the service being provided. Carers' surveys results demonstrated that they felt supported by the provider, and they were happy with the frequency of contact from the provider. The provider had not analysed survey results to identify and trends, however they told us all surveys were positive about the service and if any negative comments were made these would be immediately followed up.

The provider held a carers meeting once a year for carers to get together and discuss their experiences of caring for people, and to allow the provider to give feedback any updates. Carers we spoke with told us they found these meetings useful.

The provider carried out regular scheduled visits to carers and people who used the service, sometimes at short notice or unannounced, to see how they were getting on and if they had any issues. People who used the service told us the provider visited them regularly, and carers told us the visits meant they felt supported. During these visits the provider checked record books maintained by carers, including notes of any events, appointments or incidents, financial transactions and medication administration records, to ensure people were receiving a safe and effective service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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