Inspection Report

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

Stoney Lane Day Centre

Summer Street, West Bromwich, B71 4JA

Tel: 01215004851

Date of Inspection: 17 December 2013

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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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sandwell Metropolitan Borough Council
Registered Manager	Ms. Sally Pratt
Overview of the service	The Sandwell Shared Lives Scheme recruits, trains and supports paid carers who provide placements for people within their own family homes in the community.
Type of service	Shared Lives
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

Advocates

What people told us and what we found

The Shared Lives scheme recruits self employed carers so it can provide long term placements; short breaks, respite care, and emergency care for adults with a range of needs, within carers own homes. During our inspection we spoke with three carers, the manager, a social worker and one advocate as people using the service were not able to speak with us because they had limited verbal communication skills.

People were supported by advocates and family members to express their wishes and preferences. We saw detailed placement agreements in place which clearly set out the care needs of people. A relative told us, "I don't know where I would be without the support X receives from the carers."

We saw that each person had an extensive care plan that was reviewed regularly with an advocate, the individual and Sandwell Metropolitan Borough Council. (SMBC) This meant that a full assessment was undertaken to ensure that the care provided was in accordance with people's choices and preferences.

We saw that the provider had systems in place to ensure people were protected from harm. This included detail risk assessments and training for carers who supported people. One relative told us, "I would not let X go anywhere else, the carers treat her like a family member, and X is safe."

We saw that regular training and support was given to the carers. This meant carers were regularly monitored and trained so they had the skills to care for people.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People have the opportunity to live in an ordinary home as part of the carer's family. The service is a small service and has two office based staff. There were eighteen carers in ten households who were self-employed and assessed on an ongoing basis by SMBC. This meant carers were regularly monitored.

We looked at the care records of three people who lived with carers. We saw that very detailed placement agreements were in place. These clearly set out what the individuals needs were and which carer the person would be better placed with. We saw that the care records focused on the support needed by individuals to live ordinary lives, gain independence, make choices and decisions and share in family life.

We saw a copy of a full needs assessment that had been completed for an individual who lived with a shared lives carer. These assessments had been used to carefully match the individual and the carer, and there was a lengthy process, meetings with the staff, carers and the individuals before the placement was made. This meant before a person went to live with a carer it was agreed by the individual, and other healthcare professionals, social worker and advocate. This ensured that the placement was the right placement for the individual to be cared for in.

We saw risk assessments that identified ways of minimising potential dangers in the daily lives of individuals. We saw that this was balanced by ensuring people retained as much personal freedom and independence as possible. One carer told us about their recent Mental Capacity Act (MCA) training. This had helped them realise that the person that lived with them had the right to make their own decisions even if the carer thought they were not in the individual's best interests.

The accommodation the person would be living in was also assessed. This included the type of accommodation, carer's lifestyle, religious beliefs and culture, household composition, pets, and personal interests. Carers also completed a personal profile which

detailed 'a day in their life'. This was to ensure the individual would enjoy being part of the household.

Written information about the services provided was available to people who wished to move to shared living. Advocates supported people to understand the information provided. This meant they had support to make a decision about their life and the care they were to receive.

All the carers and the manager were very clear about how people's privacy and dignity was respected by those who supported them. A relative told us, "When X goes to the carers I know they are happy, I would not want her going into respite in a residential setting. This is like she is just going to another member of the family which she knows. I have regular meetings with the carers and they know as much about X as I do. This is really important to me as I know she is safe .'

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The care and welfare needs of people who used the service were appropriately assessed and care and support was planned and provided in line with their individual support plan.We looked at three people's care plans. Care plans were very comprehensive and set out the actions needed to ensure that people's identified needs were met. The plans ensured that individuals were involved in all stages of the plans right from when needs were identified through to when they were reviewed.

Care plans covered areas such as relationships, daily living skills, independence and planning for the future. This ensured that the carers had clear information about how to meet people's needs.

There was an assessment of any risks that had been identified in people's life. A strategy was in place to show how those risks were to be dealt with in a way that maximised the person's independence and personal freedom. General and specialised health needs were recorded and detailed how the individual was supported to access appropriate health care services. This ensured people lived full and independent lives.

Relatives told us and records confirmed people had their own copies of their support plans. The acting manager told us and records showed that the placement staff regularly visited the individual and their carer in order to ensure that the needs of the individual continued to be met. The length and frequency of these visits varied depending on how long the individual had lived with their carer. This regular contact was made to ensure the people using the service continued to the receive they wanted.

We saw detailed records that showed regular contact between carers, family members and other healthcare professionals. Records showed that health action plans were in place for people in long term placements. These detailed how health care needs were to be met and the people involved to ensure the person stayed healthy.

There were arrangements in place to deal with foreseeable emergencies. Policies and procedures addressed emergency situations and emergency placements. This meant carers had the information they needed to take the appropriate action.

Carers told us that occasionally they may take someone in emergency circumstances and that although unplanned, they received adequate written or verbal information about the needs of the person. The carer's handbook included guidance regarding emergency situations and gave the contact number for out of hours social work support. One relative told us, "I have a backup carer so if the main carer is not able to take X for respite; we have someone else for continuity of care. This meant people had continuity of care even in emergency situations.

Safeguarding people who use services from abuse ✓ Met this standard

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

All prospective carers undertake a lengthy period of assessment prior to their application going before an approval panel. The approval panel is a group of independent people who assess all applications and give their opinion of the applicants to the manager. The acting manager visits the prospective carers to undertake a full assessment. The carer is supported throughout their application by a member of the shared lives scheme. An in-depth assessment form is presented to the approval panel for their agreement before the care is approved.

The acting manager told us that a training plan was in place to ensure the staff and carers could safely meet the needs of people who lived with carers. We saw records that showed what training had been provided to each individual carer and when that training had been delivered. Records showed that training needs where regular reviewed and updated. All carers underwent a Disclosure and Barring Safeguarding checks, to ensure that they were suitable to work with vulnerable people. This meant carers had the skills to ensure people were cared for safely.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably,skilled and experienced staff.

Reasons for our judgement

All prospective carers undertake a lengthy period of assessment prior to their application going before an approval panel. The approval panel is a group of independent people who assess all applications and give their opinion of the applicants to the manager. The acting manager visits the prospective carers to undertake a full assessment. The carer is supported throughout their application by a member of the shared lives scheme. An in-depth assessment form is presented to the approval panel for their agreement before being approved. This meant extensive checks were completed to ensure they were suitable before vulnerable people went to live with them.

All carers spoken with said they felt supported in the role and felt valued. All the carers told us they enjoyed being a part of the team had good support from the agency. SMBC and the acting manager would visit the carers for support. We were told that the frequency of these meetings depended on various factors. For example, meetings were more frequent for carers who were new or where it had been identified that extra support was needed. There were annual reviews where learning and development needs were identified. One carer told us that the process for recruitment was excellent, they said, "It really made a difference you know that only people who are suitable are given the opportunity to care for vulnerable people, not just anyone can do it".

Carers told us there was an on call system for out of office hour's support. Those who had used this system told us that it had worked very well. Carers we spoke with confirmed that when an urgent issue occurred they were quickly and appropriately supported by the staff from Stoney Lane.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The acting manager provided us with detailed information about how the quality of the service people received was monitored. The process included regular checks (audits) being conducted by staff to assess the quality and appropriateness of the services provided.

The individual care and support provided to people was subject to regular formal review. The reviews involved establishing the views of the person who lived with carers, the carers, their family and the organisation that funded the support package. The carers we spoke with confirmed that staff conducted monitoring visits and that they had an annual review which looked at the quality of the support they were providing.

We saw records of monitoring visits and reviews. Advocates also kept in contact with carers via telephone and email. Carers told us they were kept well informed and people they were caring for were supported by advocates. An advocate told us, "I have regular contact with the people who were placed in carers homes and found the service provided very effective when I have relayed any issues back to the agency their response has been very protective". This meant that the service acted on comments made by people and those acting on their behalf.

Formal meetings and informal meetings were held with carers and people in the placements so people could get together and share information. The provider arranged social events so people in the placements could form relationships and share experiences. These provided good opportunities for people to share their views and keep up to date with the service development.

We saw records of audits and checks carried out by the service manager. These monitored carer reviews, health and safety checks, fire risk assessments, risk assessments for those in placements and reviews of support plans.

Audits were also carried out to check that all the necessary documentation was in place for people using the service and their carers.

We saw that egular checks such as these helped to identify any shortfalls, which were then addressed. A summary of an analysis of feedback from people using the service and carers, that we saw showed positive comments. This meant the service sought people's views and used information to improve where required.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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