

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

Royal Borough of Kingston Shared Lives Scheme

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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	Your Healthcare Community Interest Company
Registered Manager	Mrs. Christine Croft
Overview of the service	The Shared Lives scheme offers people who need support to live independently an alternative to residential care and domiciliary care by enabling them to live in a carer's home with them and get the help they need. The Scheme is for adults aged 18 years and over who live in the Royal Borough of Kingston upon Thames and who need support to live independently.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 17 February 2014, observed how people were being cared for 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 we spoke with told us that they understood the nature of their placement with a carer and were positive in their opinions. Comments included "It is a much better option than residential care", and "I would rather be here than somewhere else". We saw that there was comprehensive information for people to help them make the decision whether or not to enter into an adult placement scheme. This was contained in the Service User guide which explained the process of joining the adult placement scheme (known as the Shared Lives scheme).

We found that there were policies and procedures in place to ensure that people were provided with care and support that met their needs. This included the policy that carers could accept a placement only where they had been given a comprehensive written needs assessment and believed that they could meet the person's assessed needs.

We saw that the provider had the necessary policies and procedures regarding people's safety, including policies on safeguarding, administration of medicine and the use of restraint.

We saw that effective recruitment procedures were in place for people wishing to join the Shared Lives scheme. This included reference checks, criminal and suitability checks from the Disclosure and Barring Service, application and interview process, checks on other household members and experience and skills checks. Applicants were also asked to undertake a health screening process.

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

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 and their 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 who use the service understood the care and treatment choices available to them.

People we spoke with told us that they understood the nature of their placement with a carer and were positive in their opinions. Comments included "It is a much better option than residential care", and "I would rather be here than somewhere else".

We saw that there was comprehensive information for people to help them make the decision whether or not to enter into an adult placement scheme. This was contained in the Service User guide which explained the process of joining the adult placement scheme (known as the Shared Lives scheme) and what it meant for people in terms of lifestyle and any financial considerations they would have to take into account.

People expressed their views and were involved in making decisions about their care and treatment.

People we spoke with confirmed that they felt they had autonomy over decision making, including who they chose to have as visitors and what they did with their time. People also told us that they had access to ordinary services such as a doctor and health services whenever they needed it.

Carers we spoke with told us that their aim was that people should feel part of the household but also be free to be independent and as private as they wished to be. We looked at the criteria for becoming a carer on the Shared Lives scheme and saw that this included being able to support the individual to live as independently as possible, to express their own views and to make their own choices and decisions. It also emphasised that people would have opportunities for meaningful daytime activities, for personal, social and emotional development and maintain family and personal relationships within the local community. In addition, people were also encouraged to be included as part of the carer's immediate family and, where appropriate, their extended family and friends.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People we spoke with told us that they were happy with the help and assistance they were given. One person told us: "My carer helps with my laundry and meals and anything else I ask for". We saw that the person using the service was linked to a social worker who carried out an assessment of the care and support which was required by the individual. In conjunction with the adult placement manager a suitable carer was found. The placement scheme manager visited the individual and discussed the options with them and their family. Visits to potential carers were organised until everyone concerned was satisfied that the right carer had been found.

Carers were provided with relevant information and a care plan was drawn up. The person's social worker carried out a review annually and the scheme manager met with carers at least every 12 weeks. We found that there were policies and procedures in place to ensure that people were provided with care and support that met their needs. This included the policy that carers could accept a placement only where they had been given a comprehensive written needs assessment and believed that they could meet the person's assessed needs.

We saw that carers went through an induction process, other mandatory training such as safeguarding and medication, were provided with a comprehensive handbook which outlined the relevant policies and procedures and were involved regularly in meetings with the scheme manager. The scheme manager was responsible for investigating any concerns which were received about the scheme or the care of the people receiving a service.

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.

People we spoke with told us that they felt safe and well looked-after. Carers we spoke to confirmed they had received mandatory training in safeguarding and that they were aware that their first point of contact in the event of a concern was the scheme manager.

We saw that carers were provided with a policy and procedure regarding the use of physical restraint which confirmed that this was a "last resort" option and had to be used only after discussion with the placement scheme manager.

There was guidance and policy on the administration and handling of medication, as well as guidelines set out in the people's care plans with regard to circumstances under which they may administer or assist in the administration of the service user's medication.

There was a policy and procedure on adult protection which described what action to take in the event of an allegation of abuse, neglect or other harm to the person placed with them.

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 qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before carers began work and there were effective recruitment and selection processes in place.

We saw that effective recruitment procedures were in place for people wishing to join the Shared Lives scheme. This included reference checks, criminal and suitability checks from the Disclosure and Barring Service, application and interview process, checks on other household members and experience and skills checks. Applicants were also asked to undertake a health screening process.

In addition, the candidate was provided with comprehensive information on the scheme, policies and procedures and went through an induction process which included training. Information on the role and responsibility of the carer was provided, as well as a detailed description of the criteria that would be used when selecting carers.

Carers spoken to confirmed that they had received induction training and other mandatory training and that they were aware of the scheme's policies and procedures.

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 and 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

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 scheme was overseen by a manager who in turn received support from senior managers and the wider residential care services of the local authority. We saw that there were regular meetings between the manager and senior managers.

Since the previous inspection there had been further improvements and developments made which aimed to gather the views of people who used the service. There was a questionnaire which sought people's feedback and opinions about the quality of service. The questions asked in the questionnaire were closely linked to the policies of the scheme and so enabled effective monitoring of how well these policies were applied.

At the time of inspection the scheme had seven carers and eight people being cared for. It had recently moved from being part of the Royal Borough of Kingston-upon-Thames' service provision to a new provider, Your Healthcare Community Interest Company. Despite going through some transitional changes we found that the service was being adequately monitored with regard to quality of care and people's safety.

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.

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