Inspection Report

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

Leicester City Council Shared Lives Service

Layton House, 9 Frewin Street, Leicester, LE5 0PA

Tel: 01162211370

Date of Inspections: 18 December 2013
16 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leicester City Council
Registered Manager	Mrs. Sian Clark
Overview of the service	Leicester City Council Shared Lives Service arranges care and accommodation for people who need supported living. The support is provided by individuals in their own homes who are known as shared lives carers. Placements can be long-term, short breaks or for daytime support. This service supports approximately 45 people, many of whom have learning difficulties.
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 16 December 2013 and 18 December 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Many of the people who used the Service had complex communication needs and were not able to speak with us about the care and support they received. We spoke with two relatives and with Shared Lives carers.

A relative told us that they were "really pleased" with the respite care their relative received. They added the carer was very flexible and happy to do what their relative wanted, for example, a long walk in the countryside.
Another relative told us their relative was "very well cared for and very settled. The family appreciate it and how the carer has adapted to changing needs. We feel they are safe".

A relative had written to the service and commented on how their relative was being supported to become more independent.
We found that people who used the service had detailed support plans which included information about their health, preferences, interests and families and appropriate risk assessments.

Shared Lives staff and carers received training in safeguarding which helped them identify and report any concerns and keep people safe. Relatives told us they felt their relatives who used the service were safe.

Effective recruitment processes and checks were in place. Carers and staff received appropriate training which was updated as necessary.

Carers told us they valued the regular support meetings with Shared Lives staff. Shared Lives staff told us they felt they had access to suitable training and that the manager was supportive.

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. 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 were supported in promoting their independence and community involvement. People's diversity, values and human rights were respected.

Many of the people using this service have learning disabilities and some have complex communication needs which made it difficult for them to express their views. We spoke with relatives of people using the service and with Shared Lives carers about the way the service was delivered.

Carers told us that they spent time getting to know and understand the person they supported. This meant they developed an understanding of how a person communicated their needs and preferences. We saw that people were supported to be involved in as wide a range of activities, including household activities, day services, sport, employment, and holidays. This meant they were supported to be involved in the wider community.

Relatives and representatives were involved in the planning of care and advocates assisted people using the service. We spoke to Shared Lives staff who explained that the process for matching people who wished to use the service to Shared Lives carers(and their households). This took account of the assessed needs and wishes of the person and the skills, knowledge and experience of the potential carer and the kind of home they had. Information was shared between the carer and the person. This included information about people's religious and cultural needs and their interests. The person using the service was assisted to understand the information by their social worker or care manager, and relatives. Introductory visits were arranged, and if appropriate, these continued with longer stays. This meant that people who used the service could get to know the carer and the environment they might eventually live or stay in before going ahead with a placement. We saw from care records and from speaking to relatives and carers that these meeting had taken place and that either party had been able to decide whether to go ahead with the placement or not.

Carers told us that it was important for them to spend time getting to know the person who used the service and to understand how they communicated their needs and preferences. We saw evidence that people who used the service were supported to be involved in a range of activities. These included household activities, education, employment, sports, holidays, and day services. This meant that people who used the service were supported to be involved in the wider community and to develop their independence. We saw a letter from a relative who wrote in very positive terms about how their relative had been supported and consulted when moving to a Shared Lives placement and how they had quickly become more confident and independent with support from the carer.

We looked at support plans for four people who used the service and saw that people and their representatives had been involved and consulted in the planning of care and support. We spoke with three relatives who told us they were kept informed of any matters or issues affecting their relative and invited to review meetings.

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

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

We looked at the care and support plans for four people who used the service. We saw that people's needs were assessed and care and support was planned and delivered in line with their individual support plan. Needs assessments were completed by the person's Care Manager or social worker prior to the referral to the Shared Lives Service. Shared Lives staff then completed an initial support plan which outlined how the person's needs should be met. This included sections on health and mobility, communication needs, personal routines, cultural needs and personal preferences. Risk assessments identified where people might be at risk of harm due to their health, disability, or lifestyle choices and what actions should be taken to reduce any identified risk.

Shared Lives staff told us they held regular assessment meetings where staff discussed how a person's identified needs could be met within the scheme and whether a carer was available and potentially able to meet those needs.

Where a potential Carer was identified the Shared Life staff visited them to discuss the potential new placement and gave them a copy of the person's support plan. Carers told us that this usually gave them enough information to decide whether they wished to go ahead with introductory visits which the Shared Lives staff then arranged. Both Shared Lives staff and carers told us that us that the person or the carer could decide at any stage not to proceed with the placement.

Once a placement was made Shared Lives staff made regular visits and reviewed the support plan, records, and environment. We saw evidence that the frequency of these visits was based on a risk assessment taking into account the needs of the person and the experience of the Carer. Support plans were reviewed and changed appropriately. Notes of the meetings were reviewed by the manager and a copy of them sent to the carer.

Carers told us they received regular visits from Shared Lives workersand that they found them helpful and supportive and that it was helpful to have the notes provided.

We saw from the plans that people placed on the scheme were encouraged to be as independent as possible and to take part in activities of their choice. People were also supported to have regular health checks and consult appropriate health care professionals such as GPs, dentists, opticians etc.

A relative told us that their relative was "really well-cared for, and really settled. The carer has been flexible as their needs have changed as they have gotten older".

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

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 responded appropriately to any allegation of abuse.

Shared Lives workers received regular training and updates about safeguarding vulnerable adults, and the Mental Capacity Act. Although people using the service were not subject to Deprivation of Liberty safeguards Carers and staff had received training so that they were aware of this and how to act in the best interests of very vulnerable people. Carers also received training in food safety and safe handling of medicines which was updated regularly.

We saw evidence that carers had attended mandatory safeguarding training and regular updates to this. This ensured that carers understood how to recognise different forms of abuse and what action to take. This helped ensure that people were protected at all times. We saw evidence that carers had raised matters of concern and that the service had raised safeguarding concerns with the appropriate safeguarding body.

Support plans showed that risks associated with the care and support of people had been assessed and reviewed. We also saw evidence that where people using the service had any behavioural issues these had been identified and appropriate guidance put in place to assist the carer manage this behaviour and support the person.

Carers were required to keep appropriate records about the person placed with them. This included any incidents or accidents and any harm or injury to the person who used the service. Systems were in place for recording the management of people's money which minimised the risk of financial abuse.

Shared Lives staff regularly visited the carers' homes and viewed the records. They also made checks of the environment to make sure it remained safe for the person who used the service. Carers were required to show evidence during the annual review meeting that gas and electricity supplies remained safe and that they had appropriate insurance.

Supporting workers ✓ Met this standard

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

Staff and carers received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

The service has a comprehensive and thorough assessment process for approving Shared Lives carers. This includes obtaining three references, DRB (Disclosure and Barring Service) and Social Care checks. Staff from Shared Lives made several home visits to the potential carer to discuss the scheme.

The service is planning to expand the number of placements available and has undertaken a review of its recruitment and vetting processes to ensure that it is as robust as possible. This will help ensure that only people who are likely to be able to offer safe and supportive placements are recruited.

Carers who are accepted on to the scheme were required to attend a number of training sessions which included first aid, safeguarding and mental capacity, diversity and cultural needs, communication skills and record keeping etc.

Further training and updates were available and there were periodic meetings for all carers in the scheme to meet other carers. These meetings usually included a training element such as dementia awareness.

When a person was placed with a carer, Shared Lives staff undertook regular support and monitoring visits. Records were made of these meeting which were checked by the manager and a copy sent to the carer. In addition there was an annual review of the placement and during it carers were encouraged to identify any training or development needs. Carers were also able to access a number of training events provided by the local authority.

Carers told us they valued the training and support they received.

The majority of Shared Lives staff were qualified social workers or had other relevant training and experience. New staff had access to training helpful to their role and also

shadowed more experienced staff, for example, during annual reviews of placements. As the scheme is planning to expand individual staff have been identified to take lead roles, for example, in developing services for older people, or with the development of a new computer system. Staff attended an away day which focussed on future developments.

We saw evidence that staff received regular supervision and an annual appraisal where their development and training needs were discussed. There were also regular team meetings.

Staff we spoke with told us that the manager and other members of staff were supportive and helpful.

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

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 had a system in place for monitoring Shared Lives placements through regular support visits. The frequency of these visits was based on a risk assessment which considered the needs of the person being supported and the experience of the carer.

We saw evidence that at these visits Shared Lives workers discussed the welfare of the person being supported focusing on health, medication, behaviours, activities, and family contact. They asked about any concerns the carer had and any future potential issues, for example, relating to health, or carer's holidays. During these meetings staff also checked the physical environment and made other checks due such as of finance or medication records. Staff also encouraged the carer to discuss their situation, for example identifying any training or support needs. Staff also monitored any changes in the household which might affect the placement.

We saw that staff had completed records of these meetings which were reviewed by the manager before a copy was sent to the Carer. These records were stored in a computerised system which the service used to monitor placements. Through this the service was able to share information with other services involved in supporting the people placed in the scheme. This ensured the service was aware of any issues related to individuals and what progress was being made to deal with any issues such as finding suitable respite care.

Many of the people using the service were not able to give their views about the support they received. Staff told us that if the person who used the service was present during the regular support visits they would try engage with them and ask about how they felt about the placement. They observed interactions between the carer and the person being supported. Staff also arranged to meet with the person who used the service at least once a year away from the placement in order to try and find out from the person how they felt about the placement.

There was an annual review of the support being provided to which the person, their relatives, care managers and where appropriate an advocate were invited. This helped the service to ensure needs were identified and changes made to the support plan if needed.

Relatives told us they had been invited to these meetings and that they felt the service involved them wherever possible.
There was also an annual review with the carer. This looked at the environment and | discussed skills, knowledge and training needs. The carer was also asked about the scheme and asked to identify what had gone well and needed improvement. We saw evidence that the service had considered the responses. It had, for example, set up meetings for carers which included talks on topics requested by carers and enabled them to meet informally with other Carers. The manager told us that these meetings also provided useful feedback to the service.

Carers and relatives were aware of the complaints procedure which formed part of Leicester City Council's Social Care complaints procedure.

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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