Cheshire East Council

Cheshire East Council Reablement and Shared Lives Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cheshire East Council Reablement and Shared Lives Services are based in the Sandbach area and provides a 'Reablement' service, which provides personal care and support to people living in their own homes and a 'Shared Life' service. Shared Lives offer a personalised service to vulnerable adults, aged over 18 years, providing care within a family setting so that they can live in the community as independently as possible. CQC does not regulate premises used for these services. This inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism being supported they can live as ordinary a life as any citizen.

This was an announced inspection which took place over two days on 22 and 23 October 2018. The inspection was carried out by an adult social care inspector and an 'Expert by Experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This was the first inspection of the service following its new registration in July 2016.

The service had registered managers in post for both the Reablement and Shared Live services. The registered manager for Reablement was on secondment at he time of our inspection and a temporary manager was supporting the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found good and consistent service delivery and support for people in both the Reablement and Shared Lives services. Managers had developed systems to assess and monitor the service ongoing and the overall governance of the service was established and effective. Managers could evidence a series of quality assurance processes. There was a clear management hierarchy and we saw that new ideas and service improvements were effectively developed and communicated.

We rated the service as Good.

We contacted carers who supported people in the Shared Lives service and we also spoke with people who were receiving support in their own homes from the Reablement service. The feedback we received evidenced people were getting good support. External professionals involved directly or in commissioning people's care also gave positive feedback which gave further evidence of a good service.

We found medicines were administered safely. Medication administration records [MARs] were completed in line with the services policies and good practice guidance. We pointed out some minor recording anomalies which were promptly addressed by managers.

There were arrangements in place for checking people's care environment to help ensure this was safe. These arrangements included regular checks and audits by senior members of the care team or 'Care Managers' – social workers directly supporting people in Shared Lives.

People using the service, relatives, professionals and staff told us they felt the culture of the organisation was fair and open and supported good care and support for people using the service.

People we spoke with said they felt safe with the staff who supported them. We were told that if any issues arose they were addressed by the managers.

We saw that any risks to care provision had been assessed and there were fully developed plans in place to help ensure they were kept safe. Staff were arranged to support this depending on each person's needs. There were sufficient staff available to support people.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. Appropriate applications, references and security [police] checks had been carried out.

The staff we spoke with clearly described how they recognised abuse and the action they would take to ensure actual or potential harm was reported. All the staff we spoke with were clear about the need to report through any concerns they had. This rigour helped ensure people were kept safe and their rights upheld.

We saw that peoples consent to care was recorded. The service worked in accordance with the Mental Capacity Act 2005.

Feedback from people and their relatives told us that staff seemed well trained and competent. Communication between relatives, people being supported, staff and senior management was overall effective.

Staff were supported by on-going training, supervision, appraisal and staff meetings. Formal qualifications in care were offered to staff as part of their development.

Local health care professionals, such as the person's GP were involved with people and staff from both services liaised when needed to support people. This helped ensure people received good health care support.

Staff could explain each person's care needs and how they communicated these needs. People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the right care.

People told us staff respected people's right to privacy and to be treated with dignity.

All family members and people spoken with felt confident to express concerns and complaints. Issues were dealt with and the service was responsive to any concerns raised. Concerns we relayed to managers during the inspection were followed up.

Both managers talked positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service. It was clear that the service, particularly the Shared Lives service, was meeting standards outlined in current good practice guidance including 'Registering the Right Support'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were administered safely. Medication administration records [MARs] were completed in line with the services policies and good practice guidance; some minor anomalies were addressed immediately following the inspection.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure they were safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff employed to help ensure people were cared for flexibly and in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

The service worked in accordance with the Mental Capacity Act 2005. Care plans contained enough detail regarding people's decisions around key issues.

Systems were in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

People's care documents showed details about people's medical conditions and the support and follow up required to help support people in their own home.

Is the service caring?

Good

The service was caring.

The feedback we received evidenced a caring service. People

being supported and their relatives commented positively on how the staff approached care.

Staff treated people with respect and dignity. They had a good understanding of people's needs and preferences.

People we spoke with and relatives told us the manager's and staff communicated with them and involved them in any plans and decisions.

Is the service responsive?

Good

The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives could approach staff and make a complaint if they needed.

Is the service well-led?

Good

The service was well led.

Both registered managers provided an effective lead in the service and were supported by senior managers in a clear management structure.

We found an open and person-centred culture. This was evidenced throughout for all the interviews conducted through to care and records reviewed.

There were systems in place to gather feedback from people so that the service was developed with respect to their needs.

Cheshire East Council Reablement and Shared Lives Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place over two days on 22 and 23 October 2018. The inspection was carried out by an adult social care inspector and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert contacted people and their relatives by telephone to seek their views. The inspector contacted carers who were supporting people in the Shared Lives service by telephone.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

During the inspection we contacted seven carers in the Shared Lives service and eight people in receipt of support from the Reablement team and one relative.

On the second day of the inspection we visited the central offices for the service. We met and spoke with the managers for both services, the nominated individual for the service and four care/support staff.

We looked at the care records for four of the people being supported, including medication records, three

staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

We spoke with three health and social care professionals who gave us feedback about the service which was wholly positive.

Good

Is the service safe?

Our findings

People being supported by both parts of the service told us they felt safe and were supported well. People being supported by the Reablement team said care staff always presented themselves well with correct identification in place. Staff took time to ensure they maintained good hygiene when carrying out personal care and always wore protective clothing such as gloves and aprons to prevent any spread of infection. A Shared Lives carer told us, "I had to support somebody who had been traumatised prior to coming to me; Shared Lives were excellent at supporting me and I felt very safe so I could provide the right support for [person]."

We reviewed medication management by looking at the policies and procedures used by the service as well as reviewing Medication Administration Records [MAR's]. People we spoke with told us they were happy with the way they were supported with their medications. Most people in the Reablement service administered their own medication but when care staff administered medicines, we were told these were on time and staff were competent. One person in Shared Lives was having their medications managed effectively. The MAR we reviewed was clear and accurate and showed the medicines given. MAR's were reviewed by senior support staff at monthly reviews.

Staff told us that all medicines were administered by designated staff members who had received the required training. Competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. One staff member told us, "The training is thorough; I have no problems if I need to administer medicines.

Medicine administration records we saw were completed ongoing to show that people had received their medication.

All the MAR's we saw for Reablement were handwritten by staff. These were not checked by a second staff member to ensure accuracy; the registered manager advised us this would be corrected and confirmed following the inspection all MAR's were now checked and signed by a second staff member.

Each person had an overall 'medication care plan' which was detailed and informed care staff of any individual preference or risk factor. The plans we saw showed that people had been consulted appropriately.

The service's medication policy was seen and covered all areas of medication administration. We discussed the policy's reference to the use of medicines given 'covertly'; without people's knowledge but in their best interests. This was only briefly explained in the policy document. Similarly, there was no reference to PRN medication [medication given only when needed]. The temporary manager explained that the policy of the service was not to give PRN medicines but to clarify specific times which were subject to medical review. Following our visit, the temporary manager advised us that the medication policy would be updated to include clearer reference to each of these.

People requiring support at home had any risks identified and recorded with an active plan of intervention and support if needed. The care records we saw identified risks had been assessed. For example, if people needed support with their mobility a 'moving and handling' assessment had also been recorded and these were detailed and easy to follow. People had been consulted with the assessments. Other assessments included communication needs, any sensory impairments and risks regarding continence and skin care. The assessments helped ensure people were kept safe.

Immediate environmental risks were also assessed. This was with respect to any immediate and obvious risks as well as the need for any aids or adaptations. A Shared Lives carer told us there had been close liaison with an occupational therapist to assess the house for a person they were supporting in a wheelchair regarding the need for a ramp to enable access.

Staff input was agreed depending on assessment and funding and people's individual care needs. Feedback from people was positive in that staffing was stable and consistent in the Reablement team. People received support for a short time – usually four to six weeks – to enable specific rehabilitation needs. Staff providing support over this period were reported as consistent. One person reported, "They look after me and are very kind and helpful." Another person said, "Everything is working well for me."

All the care staff supporting people in Shared Lives were very experienced and had been part of the service for many years.

There were thorough recruitment processes to ensure staff were suitable to work with vulnerable people. We looked at staff files and found that appropriate applications, references and security [police] checks had been carried out. These checks had been made so that staff employed were 'fit' to work with people who might be vulnerable. We spoke with staff who told us they felt the service had been thorough in their recruitment. Shared Lives carers spoke to us about the carful vetting that takes place to be registered as a Shared Lives carer; this was reported as very thorough.

All the staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All the staff we spoke with were clear about the need to report through to managers any concerns they had. The agencies policies were up to date and clear and included local authority safeguarding protocols. A new member of staff reported they had received a recent training session, as part of their induction, covering safeguarding and recognition of abuse.

An 'easy read' guide was available on safeguarding and was issued to people using the service and relevant others. Managers talked knowledgably about past safeguarding incidents. For example; in Shared Lives a person had been subject to financial abuse prior to being placed with the carer. In another example a person had been at risk from a family member prior to being placed. In these examples the agency worked well with the Local Authority and police if needed. The carer reported they had been supported well. This rigorous process helped ensure people were kept safe and their rights upheld. We saw that local contact numbers for safeguarding were available.

Staff spoken with were aware of the need to record accidents and incidents when attending and supporting people. There had been no accidents recorded in the last year.

Good

Is the service effective?

Our findings

We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 [MCA]. The Mental Capacity Act 2005 [MCA] provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The people we spoke with from the Reablement service were all able to consent and make their own decisions regarding their care and treatment. We saw care files where people had signed to say they consented to specific care and had been consulted when assessments had been undertaken. The resulting care [plan was also signed off with the person concerned and there were further reviews after two weeks and four weeks to help ensure the care plan was meeting their needs. People were not always sure about the detail of the care package; for example, how long the support was being provided for. The manager explained that the principals of Reablement meant that people progressed at different rates and the aim was to ensure increased independence as soon as possible. This meant some programmes of support finished after four weeks whilst others continued longer.

There were no current examples of people who were unable to make their own decisions being subject to a 'best interest' review. This would be where care and treatment was being carried out following a review by professionals, involving family or advocates, for a person unable to consent to a plan of treatment or care. Both managers discussed the underlying principals however, and understood the need to carefully assess the person's ability, in the first instance, to be involved with and make any decision for themselves. One person with a learning disability, who was being supported by the Shared Lives scheme, had measures in place to ensure their safety whilst out in the community. These measures restricted their freedom of movement but had been put in place following a multi-disciplinary discussion to ensure their safety. Throughout the process the person had, however, been involved and assessments made to assist them to make their own decisions and consent.

We saw that staff had received training on the principals of the MCA and this was included as part of new staff induction.

We received positive feedback from people being supported by the Reablement service and carers involved in the shared lives service. They said the quality of the service was good and commented that staff were very competent. Comments included; "All smashing, no problems at all" and "Staff always lovely and know what they are doing." A social care professional gave some positive feedback about a person being supported on the Reablement programme. "The family mentioned the support they received from Reablement was fantastic. The family reported the staff always polite and friendly and they approached my client with patience while explaining everything to [them]." The programme had been particularly effective in getting the person mobile again following a fall.

Another social care professionals reported, "This is an excellent service and the vast majority of feedback

from the users is positive. We have had some real successes with individual's regaining independence."

People spoken with and professionals involved with the service felt staff had the skills and approach needed to ensure people were receiving the right care.

We looked at the training and support in place for staff. The PIR told us, 'The service collates its own training databases. This is used to identify training requirements for individual workers. The registered manager identifies any development needs for the workforce as a whole and flags these up with the Workforce Development Team'.

There was mandatory training for staff in subjects such as health and safety, Moving and handling, first aid, medication [for staff administering medicines], safeguarding, and the Mental Capacity Act 2005. In the Shared Lives Service, the 'in house team' all possessed training certificates and could plan training and support for carers. From April 2016 carers had access to the 'Care Certificate' which is the governments recommended standards for new staff induction; seven carers had completed, or were undergoing this.

We spoke with four staff who had experienced training and support; one was undergoing the induction course. All advised us that the induction training and ongoing support and training was thorough and well-paced. The induction included periods of regular 'shadowing' of more experienced staff to support them in developing their role.

Staff were encouraged to work towards diploma qualifications in Health and Social Care. We had positive feedback from staff who said the training provided and support offered by the service was good. Ninety percent of care staff employed in the Reablement service had a standard qualification such as NVQ [National Vocational Qualification] or Diploma in Health and Social Care.

Staff told us, "There's plenty of time to complete our e-learning, I'm just working through the Mental Capacity Act now." Another commented, "The medicines training was really good, I felt very safe giving medicines afterwards." Staff confirmed that they received ongoing support through supervision sessions. These included sessions of direct observation of carrying out care.

Some of the people receiving support needed support with their meals. This ranged from preparing a meal to assisting with shopping. Five people spoken with from Reablement told us the carer/staff would make them a drink at breakfast time and leave them a sandwich for lunch. A Shared lives carer told us about a programme of care for a person they were supporting involving education around diet and 'healthy eating'. The person had developed some kitchen skills and was now able to make basic meals.

Good

Is the service caring?

Our findings

We received positive feedback from people being supported and their relatives regarding the caring nature of the staff. All the feedback from people supported by Reablement confirmed that the care staff were kind and friendly. Comments included, 'Staff always lovely", "Polite and very good", "Staff are very relaxed" and "They look after me - very kind and helpful."

We saw some feedback from people collated by the service which evidence a high level of satisfaction with the approach by care staff. One comment was, 'They [staff] have all been very kind and helpful and have helped me considerably to regain my confidence'. Another person had commented, 'Very good service, very friendly and caring'.

Staff spoke warmly and positively about the people they were supporting and were very knowledgeable when discussing people as individuals. The emphasis on people as individuals was also emphasised in the services underlying philosophy. The Reablement service, for example, proved short term focussed rehabilitation programmes but also emphasised the individual nature of peoples care needs. The PIR stated, 'We ensure that …. our services are personalised to the individual and responsive to changes in need and wishes'.

This was also supported through the services management approach and training which helped emphasise people as individuals. The staff handbook is a comprehensive document for staff to refer to. The values of the service are clear throughout including specific reference to the importance of dignity and respect and valuing diversity. Staff could give examples from practice to support this. One staff member from Shared Lives had received specialist training around lesbian, gay, bisexual and transgender issues [LGBT] and was able to talk about recent support for a person in trying to get better access to community support. The temporary manager for Reablement advised us that all staff have access to the 'Live Well' website and can promote this with people they support if needed. This gives a list of external agencies for supporting people's diversity.

Care files referenced individual ways that people communicated and made their needs known. People had been included in the care planning, so they could see and play an active role in their progress. There was reference to the way individuals communicated and how this could be facilitated. For example, one person who did not communicate verbally was able to do so via Makaton [signing]. Staff had been trained to use this and worked with the person to improve communication. A social care professional told us about the care of a person living with dementia, "They approached my client with patience while explaining everything to [them]. Staff [were] always calm and in control even at times when my client was difficult."

Good

Is the service responsive?

Our findings

When we spoke with people on the inspection we were told the care to be organised as much as possible to meet people's needs as individuals. This was very evident with the Shared Lives service as the nature of support was longer term and ongoing. We reviewed one very good example where a person's individual needs and circumstances involved safe access to the community. They had been supported by a care plan which considered the person's choices and wishes around living an active daily life. This included supporting the person to attend a range of daily activities and involved support in the community for this.

Underlying all support for people under the Shared Lives scheme was the 'matching' process. This helped ensure that people, mostly with learning disabilities, were placed in appropriate environments with carers having the necessary experience and approach. A carer explained, "They [Shared lives] are very careful who gets placed. Any people already being supported are considered. If things don't work out Shared Lives are good at ensuring a better [more appropriate] placement." One carer said, "I had issues where the mix of people was causing problems; it was quickly sorted with one person moving elsewhere."

We found that care plans and records were individualised to people's preferences and reflected their identified needs. There was evidence that plans had been discussed with people and their relatives if needed. We looked at four examples of care files for people. The nature of the Reablement programme meant that staff had limited time with people over a relatively short timeframe. We found, however, that care planning documentation contained clear reference to people as individuals and included reference to their individual wishes, routines and preferences. For example, one person specified the need to regain independence around their diet. The care plan considered underlying health issues and included the person's likes and dislikes regarding food choices. The care plan had been constantly reviewed with the involvement of the person concerned.

We saw the personal care element of the care plans were well defined so it was clear for staff how this was to be carried out. For example, we saw an assessment and care plan covering one person who needed personal care due to their immediate health condition. We saw this was constantly reviewed with the person agreeing enough progress had been made and they had 'agreed to having a call every other day'.

We asked people and their relatives if they were listened to if they had any issues or concerns. People told us the service was well managed. Some felt the Reablement support did not always go on long enough but this was not a fault of the service. There was a complaints procedure available and this was also in an easy read format. Each person's care file, kept in their house, contained full contact information if there were any concerns. A file was kept of any complaints and how they were responded to. There were no complaints listed in the last year. The file did contain numerous 'compliments' however which were also collected as part of people's feedback. The Shared Lives service included regular monthly reviews during which people being supported were interviewed. There was a section on the review form for 'any concerns'.

Good

Is the service well-led?

Our findings

The service had a registered manager in post for each of the two parts of the service. the registered manager for Reablement was on secondment at the time of our inspection and the service was being managed by a temporary manager. They were supported by clear lines of management accountability in Cheshire East Council.

There was a realisation that, although Shared Lives and Reablement were very different services, there was a common thread which was shared and exemplified in the value base of the service as 'Putting Residents First'. This was at the centre of care delivery and had core values including flexibility, innovation, responsibility, service and teamwork.

We asked about the core principals of the organisation when we spoke with Shared Life carers. One carer, who had previous experience with other care services, said, "It's like a breath of fresh air. Everybody is positive and proactive." Another carer told us, "Everybody listens to you. They are very caring and this resolves most problems."

Staff on Reablement said the philosophy of the service was positive and this gave staff confidence in their work. We were told that managers were responsive and always available, "We never feel rushed on our visits and if we need to stay longer we can – we can coordinate through admin support."

Many of the principals and approach of the Shared Lives service encapsulated the core elements of current good practice guidance including 'Registering the Right Support'. This guidance sets out the core principals and standards applicable to service providing support for people with learning disabilities in terms of individualisation of care.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager could evidence a series of internal quality assurance processes. We saw that survey forms were used to collect feedback from people using the service and relatives; these included telephone surveys. Audits were carried out on key elements of the service provision including the standard of documentation and whether this assisted and evidenced good care. In Reablement, for example, an 'outcome co-ordinator' audited the care pathways for people to evaluate their effectiveness.

Key audits of the service were undertaken by senior managers. We saw a Quality Monitoring Report carried out on behalf of the Nominated Individual in July 2018. This was an audit under the five headings the Care Quality Commission also use. Under 'Well led' the report noted 'The team does have a shared vision for the service; the manager is currently updating the Team Path'. We saw the Team Path updated for October 2018 which set out key goals for the service including one of the key elements being a 'person centred service'. All this feedback was fed into the development plan which we saw for 2018-19 to further develop the service. The ongoing plan included review of policies and procedures for the organisation.

The importance of this is that it helped evidence the culture of the organisation which we found to be open

and positive. Staff interviews helped to confirm this. One staff said, "We're clear about what we are doing. Over the next six months [for example] we will be looking at social media issues and keeping [people] safe."

There were regular meetings of senior care staff with the service managers. We saw notes from the most recent meetings which were well attended and included agenda items such as health and safety, medication management, customer folders and risk assessment.

It was clear the service was well integrated into the local health and social care system. This included key contacts with social work teams and Care Managers, with respect to Shared Lives, as well as health care professionals supporting the Reablement team.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitored key elements of the service.