Inspection Report

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

Shared Approach Limited

Unit 2 Creamery Estate, Kenlis Road, Barnacre, Garstang, PR3 1GD

Tel: 01995601701

Date of Inspection: 17 January 2014

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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
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Shared Approach Limited
Registered Manager	Mr. Paul Daly
Overview of the service	This service supports adults of all ages who have a learning disability, in their own home, providing personal care in line with a supported living model. People who use the service have their own tenancies and receive their support from people employed by Shared Approach. Support is provided in line with people's individual needs and as such, can range from support provided at specific times, to full time care throughout the day and night.
Type of service	Domiciliary care service
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 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection, we saw evidence that people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Staff members were respectful of decisions made by people using services. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. One person commented, `I like where I live, I have no problems and I am very happy.` People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

We checked records and spoke to people using services and saw that their health and welfare needs were being met by sufficient numbers of qualified and experienced staff. 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. Regular surveys were sent to people using services to get feedback on the quality of service being provided and any issues that were raised were addressed in a positive manner and with the full agreement of people using services.

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 who use the service understood the care and treatment choices available to them. The were supported to express their views and were involved in making decisions about their care and treatment.

Reasons for our judgement

We asked the provider to tell us how people using services are supported to take part in discussions about their care and treatment. We were told that when a person is referred to Shared Approach, an initial assessment is undertaken. The manager called this a `Getting to Know You` meeting where people were asked about their likes and dislikes related to social activities, for example things they liked to do and places they liked to go to. Following this assessment, a package of care and support would then be agreed based on the individual choices and preferences stated by the person. The provider would then `match` the person up with a staff member who had similar interests which ensured the person using services received the best possible support. We spoke with several staff, which included senior managers and they were all knowledgeable about the people they supported. All staff had received induction and ongoing training related to person centred care which focused on the importance of providing people with choices about their support and allowing them to be involved in any decisions related to their support framework.

We were told of several initiatives provided by Shared Approach which aimed to get people involved in how the service was run. Every Thursday, a `drop-in` session was held and every six weeks a `service user forum` which provided the opportunity for all people using services to `speak-up` and so have their voice heard. We were also told of `Partnership Board Meetings` and `Friends and Relationship` meetings which people using services were encouraged to be part of with the intention of making connections with outside agencies to share interests. We spoke to two people who had been, or were currently involved in both groups and they agreed, `they are really good - I like coming along to the meetings - we get a chance to say what we like to do, and where to go`. From these sessions, we were told there were now regular discos held every month, arts and crafts, visits to the cinema and sensory drama lessons. Cycling had also been discussed as a future social activity. Overall, staff members were respectful of choices made by people and supported them to partake in activities that were important to them.

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.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke to confirmed they were regularly involved in decisions related to their care and support.

Reasons for our judgement

All care plans were present at the time of our inspection and focused on the individual`s choice and preferences which reflected a person centred approach to care. Care plans and risk assessments were reviewed at regular intervals or as and when required, for example when a person`s circumstances changed. We observed communication passports that contained all important information for the person, for example family and professionals contact details. Additionally, we saw health action plans which were important if the person had to attend any medical appointments. All visits to GPs, hospitals and any other professional contacts were always recorded appropriately which showed a multi-disciplinary approach to providing support for the person using services. Individual diaries were kept for each person which showed records of all care and support they had received at any particular time. The provider commented that in future, they will insist all care plans, risk assessments and consent forms, for example taking photographs of people using services, were signed.

During our visit, we spoke to several network managers. They told us that every two months they visited their allocated houses and conducted various checks which included inspecting the living environment, medication, finances and fire evacuation procedures. One person using services commented, `I have been here a long time now, we have regular meetings and if I have any problems I know who to talk to.` Another said, `All the staff are fine, I like them - I know I can come in here anytime I want to - I go to all the meetings.` Several people who used services came into the provider`s offices during the day of our inspection and staff immediately acknowledged them in a friendly manner. We observed good interaction between all people. People told us that, if necessary, they knew how to contact the provider `out-of-hours,` for example in an emergency. One staff member confirmed, `we operate an `out-of-hours` on call service which some of our service users call whenever they need to.` This facility ensured the safety of all people using services.

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

We spoke to several staff members and they told us they had received training related to the safeguarding of people using services and the training records we saw confirmed this. However, the provider told us that although all `staff had received initial safeguarding training during their induction period`, the intention was to review it, `possibly using an e-learning format` every twelve months. The Lancashire Safeguarding Adults Policy guidelines suggested reviews of safeguarding for vulnerable adults should take place approximately every three years but the provider said, `I think it should be every twelve months which I am going to suggest at our next team meeting.` Staff we spoke to said they were aware of the different forms of abuse people could face and knew who to contact if they suspected any form of abuse had, or was taking place. One staff member said `all monies are checked twice a day and documented during staff handovers at all the houses.`

We were shown an up-to-date company safeguarding policy which included reference to the different types of possible abuse and the procedure for reporting any suspicions of abuse. Staff members we talked to were conversant with, and knew, the company procedures to be followed if they suspected any form of abuse was taking place. One staff member said, `I could probably do with reading the safeguarding policy again but I know exactly what I would do if I suspected anything.` The provider also had online recording procedures which provided an audit trail for any reported safeguarding issues. We asked the provider for details of their last safeguarding alert and were told this occured on the 17th November 2013. A person using services informed a member of staff that someone who used to care for her had hit her and she named them. This incident happened prior to the person using services joining Shared Approach. Nonetheless, the provider thought it best to raise a safeguarding alert and did so the following day on the 18th November 2013 and also referred it to a social worker for further investigation. Eventually, after further investigation which involved the police, an outcome was reached and the person was informed of this immediately. Throughout the process, the provider responded appropriately and in the best interests of the person using services because they suspected an act of abuse may have occured.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. The staffing levels were sufficient to meet the needs of all people using services.

Reasons for our judgement

During our inspection, the provider and people who used services told us that there were always enough staff on duty to meet the needs of people. We were also told that Shared Approach had a `good retention of staff` which meant people received a consistent level of support from staff they knew. The provider also confirmed strategies were in place for any unexpected staffing emergency - `staff are very flexible here and willing to cover absences at short notice if required.` Another staff member, a house manager, said `we never have a problem covering shifts - it`s usually just a phone call.` We were informed agency staff were used `as a last resort` because normally permanent or bank staff were available to cover all shifts. One person using services said, `the staff are always on time and we all get on very well - I have been here a long time, so I know everyone.`

We saw that there were management structures in place which ensured all staff knew what there responsibilities were. Staff told us that there were clear procedures in place for the delivery of care and they were familiar with the support required for people using services. One staff member said `we get well supported here, no problems and if there were we would just see the manager.` We asked what the procedure was if a person needed to attend a hospital or GP appointment and were told that `they would be accompanied but another member of staff would be called in to cover during that period` which ensured the correct staffing levels were maintained and the people continued to receive appropriate care and support. This showed the provider could respond to unexpected circumstances within the service, for example to cover sickness, absences or emergencies.

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.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Reasons for our judgement

The provider informed us they have several procedures in place for collecting and evaluating information about the quality of care and support delivered by Shared Approach. A `Network Checklist` entailed senior staff members carrying out quality checks at all the individual homes the provider was employed at. Checks included inspecting the general safety around the house, emergency fire procedures and ensuring care plans were up to date for all support that had been provided. We were told regular surveys and questionnaires were sent out to people using services to get their feedback on the level of support being provided and any suggestions on how it could be improved. A recent survey resulted in new social activities being included for people using services which included a monthly disco, an arts and crafts group and a sensory drama class. People we spoke to said they `really enjoyed` these new activities.

Service user forums were held which provided the opportunity for people to talk to each other and ask questions which ensured they were being `listened to` and continued to receive good quality care and support. Annual person-centred reviews were held which focused on the needs of the individual people by involving them in the process. We were also informed the local authority carried out regular quality checks at the provider and, on an annual basis, families were invited to attend service reviews and asked to complete surveys related to the quality of support being provided. Overall, the provider ensured that important decisions about the care and support the person received, involved the person, by allowing them to partake in any discussions related to their support package. If necessary, we saw the provider was also willing to change or add activities which ensured the person`s choices and preferences were being listened to and respected.

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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