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

The London Borough of Sutton Supported Living & Shared Lives Teams

314 Malden Road, Surrey, London, SM3 8EP

Date of Inspection: 16 April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Status</th>
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<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>Action needed</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>London Borough of Sutton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Alison Steinmetz</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td><strong>The London Borough of Sutton's Shared Lives Scheme provides short term and long term accommodation, support and care, provided to one to three adults placed through and supported by the shared lives scheme; and by a shared lives carer approved by the scheme.</strong></td>
</tr>
<tr>
<td><strong>Type of services</strong></td>
<td><strong>Shared Lives</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Supported living service</strong></td>
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<tr>
<td><strong>Regulated activity</strong></td>
<td><strong>Personal care</strong></td>
</tr>
</tbody>
</table>
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 | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| What we have told the provider to do | 4 |
| More information about the provider | 4 |

Our judgements for each standard inspected:

| Respecting and involving people who use services | 5 |
| Care and welfare of people who use services | 7 |
| Safeguarding people who use services from abuse | 8 |
| Requirements relating to workers | 9 |
| Supporting workers | 10 |
| Assessing and monitoring the quality of service provision | 12 |
| Records | 13 |

About CQC Inspections | 15 |
About CQC Inspections | 16 |
Glossary of terms we use in this report | 18 |
Contact us | 20 |
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 April 2013, 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 who use the service told us that they liked to be called citizens. Carers who we spoke to said, "We are very pleased with the scheme. We get a lot of support from staff, they are always there at the end of the phone if we need them". Another carer said, "I couldn't ask for more or better support from the scheme". One of the citizens we spoke to said, "They are fantastic, always there for us". Another citizen said, "I have learnt to iron, use a washing machine and to cook. I can prepare vegetables and I am confident now with self medication". Someone else told us, "I don't want anything to change in my life now, I like it just the way it is, it is the best".

You can see our judgements on the front page of this report.

What we have told the provider to do

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 expressed their views and were involved in making decisions about their care and treatment. People who use the service were given appropriate information and support regarding their care or treatment.

The registered manager of the Shared Lives Scheme told us that there were several sources of information that have helped to inform people about the service. We were given copies of these documents and a short video that explored the lives of two people that had shared lives or adult family placements in the community. The information contained in these documents was very comprehensive. It provided citizens and potential citizens and referring professionals with appropriate information that has helped them to make a choice about the care and support they could receive as a part of this scheme.

The registered manager told us that there were 30 people who live in the scheme (citizens) permanently, 16 who have received respite care and some five people who receive day care support. The carers provided the family environment in which the care and support was given to these citizens. We reviewed six of the citizen's files and we spoke with them to ascertain whether they had been assessed before they were offered a place in the Shared Lives Scheme. Comprehensive needs assessments were seen on each of the files inspected with information being provided by the referring care managers and also from care plan reviews carried out after the initial placement of someone in the scheme. Care plans were seen to be person centred and were called "My Plans". We could see that people in the scheme had been given opportunities to express their wishes and preferences and that this was important in how the delivery of their care and support was provided. Where citizens had culturally diverse needs identified, these needs were planned for in the care plans. People interviewed by us said that their carers provided flexible, consistent and reliable care and support for them.

We spoke with the provider services manager, the registered manager, two care staff, four
carers and a relative during the course of this inspection. We could see that staff and carers worked hard to provide continuity in the care and support they gave to their citizens. From these discussions we could see that people (citizens) were supported in promoting their independence and their involvement in the community and that people’s diversity, values and human rights were respected. It was equally clear that the citizens appreciated the kind and sensitive support they had received. One person said to us "they are very good indeed, I am very happy living here". Another service user said, "They are lovely to me, I have no complaints".
Care and welfare of people who use services  

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We inspected six citizens and five carer's files and we spoke with the same people to ascertain whether they had been individually assessed before they were offered a "Shared Lives" service. Needs assessments were seen on each of the files we inspected, with information that had been provided by the referring care managers and from the Shared Lives Scheme's own needs and risk assessments and care plan reviews. These had been carried out by the support workers who we had spoken with. We were told that at the point of referral, Shared Lives Scheme support staff visited the prospective citizen and carried out a needs and risk assessment. Together with the referral information, a care plan was then drawn up. Care Plans for the Shared Lives Scheme were seen by us to have been based on these assessments and the referral information.

We spoke to carers and citizens who told us that they had copies of their care plans at home. They said that their care plans covered all their assessed needs. They also said that they were able to express their wishes and preferences in the process. Where citizens had culturally diverse needs identified, these needs were planned for in the care plans. Care plans were seen on file to have been signed in agreement by the carers and the citizens.

When we asked people about the care planning process one carer told us, "All the citizens have a care plan; they are reviewed annually or sooner if needed. Citizens are central to the process and they certainly get to express their wishes and preferences". Another carer told us, "Care plans are reviewed regularly and we couldn't ask for more or better support than we get".
### Safeguarding people who use services from abuse

| 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.

We were told by the registered manager that citizens were protected from abuse by a range of methods that included the policy on protecting vulnerable adults; the principles of care that the manager enforced and by the regular training of carers and support staff. We were told that the scheme had received three allegations of abuse since the last inspection. We inspected the appropriate papers and found that these allegations had been properly referred to the local authority safeguarding team who had investigated each concern. All three cases had been satisfactorily resolved. A check on our records showed that we had been appropriately notified about these safeguarding concerns.

We were told by the manager that all staff recruitment was carried out by the London Borough of Sutton and included checking criminal records (CRB) and the safeguarding of vulnerable adults (SOVA) list. We inspected staff files and found appropriate documentation that supported this. The safety of citizens was also protected by the agency's protocols for recording on diary sheets exactly what care had been provided. Carers kept records of all key events regarding the citizen to do with the support and assistance they provided.

We asked to see the agencies procedures for the SOVA and we were provided with a copy. This policy was the L.B Sutton's SOVA Policy and included all the required actions that were necessary if and when an allegation of abuse was suspected or reported.

The manager had ensured that all staff and carers received Sutton's SOVA training. We saw certificated evidence that supported this. All this has helped to ensure citizens were protected from abuse, neglect and self harm.
Requirements relating to workers

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<tr>
<th>Met this standard</th>
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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 staff began work. There were effective recruitment and selection processes in place. The manager told us that the L.B Sutton’s policies and procedures for the recruitment of staff was followed for every post that had been recruited to. A checklist on each file was used to ensure that every step of the process had been followed appropriately. We inspected three staffing files and we saw the lists on these files. Information such as dates and signatures had been written against the stages of the process when they had been successfully completed.

The inspection of the staffing files and discussions with the manager indicated that a safe and methodical recruitment process was in place. This included equal opportunities and anti-discriminatory practice. Police checks were undertaken for all staff before their employment. References and other checks on identity and qualifications had been carried out and records were kept on staffing files. All this helped to ensure that the well being, health and security of citizens was being protected by the agencies policies and procedures on recruitment and selection of staff.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Met this standard

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 received appropriate professional development. As a part of this inspection we examined three staffing files. We were told by the manager that staff supervision was carried out on a regular basis and that there was a supervision format used during supervision.

When we looked at the staffing records we found that staff supervision had been carried out as stated. Staff received formal supervision at least four times a year on an individual one to one basis. Discussion topics included the monitoring and review of work objectives, the staff training needs and any other important issues. Both parties had signed off the records. Staff who we spoke to told us they had regular supervision and that they received copies of their supervision notes.

We were told by the manager that training for staff and carers was good and was mostly provided by L.B Sutton's training department. A carer who we spoke with said, "We get regular training and we all go to it. Training covers all the mandatory areas that we need to do our work". Another carer said, "Training is excellent and so is the support we get. I've done four training courses over the last six months".

With regards to staff training we saw certificated evidence that supported what we had been told by staff and carers. Training certificates included:
1. Safeguarding of Vulnerable Adults levels 1 & 2
2. Medication awareness
3. Health and safety
4. People handling awareness
5. Fire Awareness
6. Infection control
7. Food hygiene
8. 1st Aid awareness
9. Awareness of Learning Disability
10. Behaviour management
11. Person centred planning.
The manager showed us a training matrix that indicated the training that both staff and carers have received and the dates when this was completed. This has helped to ensure that staff received training according to their needs.
**Assessing and monitoring the quality of service provision**

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

<table>
<thead>
<tr>
<th>Our judgement</th>
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<tbody>
<tr>
<td>The provider was meeting this standard.</td>
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<tr>
<td>The provider had an effective system to regularly assess and monitor the quality of service that people receive.</td>
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</tbody>
</table>

**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. It was explained to us by the manager that the Shared Lives Scheme had a quality assurance process that had been used to help ensure that people's views underpinned the development of the service.

We were shown the policy and copies of the questionnaires that had just been used this year to gain feedback from citizens and carers. Both the policy and the feedback questionnaires were comprehensive and useful in helping the scheme to develop and improve the services provided. We saw evidence of the feedback surveys that had been carried out in 2012 and we could see that the feedback information had been analysed and used to help inform the schemes business plan and an action plan for service development.

The manager explained that as well as this there was an annual management audit that reviewed all health and safety issues, statutory and legal issues, the effective implementation of the agencies policies and procedures, staff and employment issues and training issues.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not being adequately protected from the risks of unsafe or inappropriate care and treatment in a way that they would be if accurate and appropriate records were maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The information on the six care files that we inspected had not been stored in a way that made access to the information easy or useful. Maybe as a consequence of this, quality checks on some of the records had not been carried out and we found that some of the records had not been signed or dated by support staff. Some healthcare records had not been completed and the pro-forma in place had not been consistently used. Some of the care plan records needed to be signed and dated.

Staff records and supervision records were relevant to the management of the services and were accurate and fit for purpose.
Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
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<tbody>
<tr>
<td>Personal care</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
<td>Records</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>Some of the staff and service user records that we inspected had not been completed as required and this had made it difficult to ensure that all the necessary checks had been carried out.</td>
</tr>
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<td></td>
<td>Regulation 20 (a); (b).</td>
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This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.