

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

Wiltshire Council Adult Placement Service (Bourne Hill office)

Department of Community Services, PO Box 2281
, Salisbury, SP2 2HX

Tel: 01722438196

Date of Inspection: 28 November 2013

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
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Care and welfare of people who use services	✓	Met this standard
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Requirements relating to workers	✓	Met this standard
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Staffing	✓	Met this standard
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Complaints	✓	Met this standard
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Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mr. Christopher Lyne
Overview of the service	Wiltshire County Council Adult Placement Service provides care or support to people who are unable to live in a home of their own, but who live alongside other people in a family-like setting.
Type of service	Shared Lives
Regulated activity	Personal care

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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'.

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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 28 November 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

People told us they visited their new home prior to moving in, often for several hours. They said that they made the final decision of whether to move in or not. They also told us their carer always respected their privacy and dignity. One person said 'I have my own room and lots of freedom. My carer is very supportive and has really helped me to settle in'.

The manager told us placement officers were involved in and made aware of, every aspect of the person's needs from the start of the placement process. When changes to the plan of care had to be made, a meeting was scheduled and carers and the person using the service attended. The meeting was recorded and a plan of action was created. The manager attended informal meetings at regular intervals to check the agreed changes had been implemented. People signed to say they had attended the meeting and agreed the proposals.

The five carers we spoke with said they had felt continuously supported by the manager and placement officers from the time they commenced working. One carer told us, "I have a great relationship with my placement officer, if there are any issues I can contact them and always get a quick reply". Another said, "The service is very supportive and they give us good advice and point us in the right direction for any help".

The service had a full time manager and two part time placement officers, who were in turn supported by two part time assistant placement officers. All were employed by Wiltshire Council and were either based in the north or south of the county. There were 30 households approved to provide longer term placements, with two of them set up for short term or respite placements, which could be either planned or to cover an emergency.

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the service user's handbook, which included a section about complaints and who to turn to for support or act as an advocate. The format included easy to read text and pictures. This was given to each person before they started on a placement and was signed by them and/or their relative to confirm they agreed it.

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 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 able to express their views and were involved in making decisions about their care and treatment. We looked at three care plans which showed people signed their plans of care to show they had understood and agreed with them. These included agreements between the carers and the person about how they wished to be cared for, and what support they needed assistance with. They also included detailed information about a person's ability to make decisions on the various elements of their support plan. Examples included 'support needed to go out' and 'what I like to do during the day'. People we spoke with confirmed their care plans were clear and easily understood. People also told us carers knew how to help them and knew what they liked and disliked.

People's diversity, values and human rights were respected. Any special needs such as physical or health needs were noted on care plans together with the action needed to meet those needs. An example was the 'matching' process. This ensured the people using the service and the carers were compatible, and carers could meet the person's needs including any cultural and religious ones.

People who used the service were given appropriate information and support regarding their care or treatment. We spoke with three people who used the service and they confirmed they were given a Service User's Guide which described, in detail the service the scheme could offer. It included all aspects of care including the role of the adult placement officers and the role of the carers. We saw the guide was produced in an easy read format.

People told us they visited their new home prior to moving in, often for several hours. They said they made the final decision of whether to move in or not. They also told us their carer always respected their privacy and dignity. One person said 'I have my own room and lots of freedom. My carer is very supportive and has really helped me to settle in'. People were supported in promoting their independence. People's independence levels

and how to enhance them were included in the care plans we looked at. Community involvement and daily routines such as jobs or attending day services were included.

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

People's needs were assessed and care was planned and delivered in line with their individual care plan. We were told by the manager this included information provided by the commissioning social worker who made the initial assessment of the person's care and support needs. These would include an initial recommendation the persons needs would be best served by the adult placement service. People were then visited by the adult placement team who undertook a more detailed assessment. The three care plans we looked at contained all the relevant information to enable the carers to deliver the agreed amount of care in the way people preferred. We saw care plans were outcome focused and people's needs were met in a flexible way. The carers signed the care plans together with the person and the adult placement officer to show they agreed to provide the recommended care.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. In each of the three care plans we saw each person had an individual care plan and risk assessments were in place for any aspect of care which posed a risk. These contained details of how the risks were to be minimised. All the documents showed placement staff ensured carers had as much information as possible to enable them to support each person. Care plans prepared by the placement officers were person centred and considered all aspects of their individual circumstances, as well as their day-to-day and longer-term needs. They also reflected people's needs, preferences and diversity. None of the five carers who spoke with us raised any issues in relation to the quality of care plans or information they contained. They all told us the care plans were clear, accurate and reviewed at least every three months. This would include the placement officer, the carer and the person using the service. We were told the person's social worker would also be invited but could not always attend.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care records we reviewed contained a placement agreement and service user guide. These provided details of the service to be provided for the person, aim of the placement, fees, provision of care and carers role. We saw it also contained a plan which detailed the person's preferred daily routine, what they liked to eat and drink, level of support required, activities, likes and dislikes, health and wellbeing,

family details and travelling abilities.

People who received long term care were formally reviewed at least once a year and more often if their needs changed. People told us they attended their reviews if they wanted to. For people on longer term placements, any relevant health care records were kept in their homes. We saw health checks and health referrals were checked by the adult placement officers quarterly.

The manager told us placement officers were involved in and made aware of, every aspect of the person's needs from the start of the placement process. When changes to the plan of care had to be made, a meeting was scheduled and carers and the person using the service attended. The meeting was recorded and a plan of action was created. The manager attended informal meetings at regular intervals to check the agreed changes had been implemented. People signed to say they had attended the meeting and agreed with the proposals.

As part of our inspection we spoke with three people who used the service over the telephone. People told us they were happy with the quality of care offered by their. One person told us "this really works for me and I have been very happy here". Another told us "I met my carer and stayed for a short time before so I could see what it was like".

We spoke with three carers who were able to tell us about the specific needs of the people they supported. They told us how they reported to their placement officer any changes or issues relevant to the person they supported which enabled a consistent approach to be maintained.

We saw the service had arrangements in case of emergencies which included identified back-up carers in case a carer were not able to provide the required support because of any reason, which meant the continuity of people's support was maintained.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job**Our judgement**

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Before the carers were 'approved' they had to undertake a six month induction course which is based on the nationally recognised common induction standards. This entailed covering both online and face to face training from a variety of subject areas including, safeguarding procedures, health and safety, maintaining privacy and dignity. During this period they would also have four interviews where they were assessed for their suitability for the role by the service manager. Once this was completed the manager wrote a report for the approval panel. The panel would be made up of three people who are not involved in the day to day running of the service, one of whom will be a person who uses the service. Carers are interviewed by the panel and a decision will be made about their suitability.

We spoke with three carers who had been through the process in the last year, and they all confirmed it had been a very thorough process. One said "I had been through this process with another local authority a few years ago and this one was far more searching". Another told us "the level of training in the induction was great and it's really helped me to support X (the person using the service).

The service had a central recruitment system in place to monitor when carers had undergone the Disclosure and Barring Service (DBS) checks, submitted an application form and provided one professional and two personal references. This information was stored centrally on a secure computer system maintained by the Wiltshire Council human resource department. The manager of the adult placement service showed us a recently completed file which contained an application form, an assessment report, checks and references and DBS record.

The five carers we spoke with said they had felt continuously supported by the manager and placement officers from the time they commenced working. One carer told us, "I have a great relationship with my placement officer, if there are any issues I can contact them and always get a quick reply". Another said, "The service is very supportive and they give us good advice and point us in the right direction for any help".

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.

Reasons for our judgement

The service had a full time manager and two part time placement officers, who were in turn supported by two part time assistant placement officers. All were employed by Wiltshire Council and were either based in the north or south of the county. There were 30 households approved to provide longer term placements, with two of them set up for short term or respite placements, which could be either planned or to cover an emergency.

We spoke to five carers who all told us their allocated placement officers could be contacted during the day and relied on to reply if they needed advice. They confirmed there was also an out of hour's emergency duty team they could contact in the event of an emergency for support or advice. This service would also arrange short term cover should a carer need to respond to an emergency. Planned holiday cover for carers was also arranged by the placement officers.

Carers had some access to council run training which was identified as 'mandatory' (compulsory) for them such as first aid or health and safety. There were other courses carers could complete if they had an interest in or if the training would benefit them and the people in their care, for example dealing with medication. Carers we spoke with told us they would talk to their placement officer if any training needs arose during the three monthly review meetings.

The provider also ensured the placement officers were adequately supported and their workload was manageable. We heard from the manager how he would supervise staff and monitor their caseloads to ensure an equal distribution. He would also provide short term cover for a placement officer if they were absent.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly**Our judgement**

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the service user's handbook, which included a section about complaints and who to turn to for support or act as an advocate. The format included easy to read text and pictures. This was given to each person before they started on a placement and was signed by them and/or their relative to confirm they were aware of it. Each carer was also given this information which explained how they, and the people they supported, could complain.

People were given support by the provider to make a comment or complaint when they needed assistance. The placement officers would check people were happy with the service during the three monthly review meetings. The two people who spoke with us told us they would know who to complain to if they were not happy with an aspect of their care. One person told us, "I would normally speak to my carer first but if it was about them I would go straight to the manager". The other person told us they would speak with their placement officer.

The manager of the service was responsible for ensuring any complaints were dealt with in line with the current policy and procedure. He explained to us the time table they worked to and how a complaint would be investigated and responded to by the relevant care management team. He told us they had received none this year, but he was able to show us how he dealt with a concern one person who used the service had raised. This concerned clarifying the arrangements which were being made over the allocation of some money for a holiday. We saw this had been dealt with appropriately and had been resolved.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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