Hands Off It's My Home!

Guidance for providing support to people who share their home
(To be used together with the Hands Off It's My Home! quality checklist)

If you are providing support to people with learning disabilities who share their home then you must ensure the ways you provide support are individualised, reflect current best practice and cannot be viewed by regulators, such as The Commission for Social Care Inspection (CSCI) as constituting a care home.

Most people with a learning disability would not choose to live in a care home, and poor support could put the freedoms that a person enjoys, through living in their own home, at risk. In our Society having your own home, with all the community presence, social standing, rights and responsibilities that the position encompasses, is a major contributor to citizenship.

A key principle for providing support to people sharing their home is that you should be able to demonstrate that you are providing a *separate and individualised* service to several people who just happen to share accommodation. If all that you do can evidence this then all is OK!

However, this can be more of a challenge if the people you support lack the capacity to make some major decisions about their lives or have non-verbal communication, as it may be harder to demonstrate inclusion and choice. It is not impossible though, and these people have the same rights as every other citizen to live in their own home in the community. Their choices and decisions must be fully understood, put into action and records kept as evidence.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

The keys to ensuring a personalised service are person centred planning and a comprehensive understanding of a person's methods of communicating choices and decisions.

There are certain indicators that CSCI will consider when assessing whether a setting is a care home or someone's own home and CSCI have developed a Care settings assessment tool, which will be used if the Commission believes there is evidence that a service is operating, or seeking to operate outside the care homes regulations 2001.

CSCI have said that they will collect evidence through looking at a service's Statement of Purpose, Service User Guide, job descriptions, contracts with the people using the service, commissioning contracts, assessments of need, support plans, any other service information, service advertisements, speaking with people who use the service and their representatives, speaking with the provider themselves, speaking with health/social care professionals, and a site visit may take place to observe practice and speak with the people using the service, staff, relatives,

This guidance is not exhaustive, and there may be even better ways to prove that you are providing individualised support, but hopefully the guidance will help your Organisation ensure that the people you support get the best life – which is a life living in their own home.

The guidance looks at a number of aspects that may be considered in any assessment about whether somewhere is a person's home or a care home:

- Tenure of accommodation:

House Ownership and renting.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

- The ways support is provided:

The type of support, how a person is supported, support with medication, household tasks and the choice of provider.

- Support plans and records
- Support with financial management
- The environment
- Person Centred planning and Communication
- Decision making with regard to people who lack capacity.

Tenure of accommodation

House Ownership

An excellent indicator that a house belongs to a person is outright ownership or a mortgage, as in our Society this is what people aspire to. If it has been assessed that a person does not have the capacity to make a decision about moving into their own home, buying their own home or taking on a mortgage, then under the Mental Capacity Act 2005 the person will probably need an Independent Mental Capacity Advocate (IMCA) or someone acting as a Deputy of the Court of Protection to make this decision in their best interests.

Renting

Many valued citizens also rent their own homes. There are several indicators that contribute to evidence that a rented property is someone's home and not a care home.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

A primary indicator, of the above, is that people have a legal tenancy agreement in place. This should set out their legal rights and responsibilities and those of the Landlord, in an accessible way and every effort should be made to help the person understand their rights and responsibilities.

If the person does not have the capacity to understand their rights and responsibilities as a tenant then they may need legal representation under the Mental Capacity Act 2005. Every effort should be made to present tenancy information in the way a person best understands and communicates to give every possible opportunity to agree it without legal advocacy.

It is important that support providers are clear about the most up to date legal and practical advice about tenancies for people with decision-making capacity issues as this area of practice is still not absolutely clear and is somewhat open to interpretation.

It is also important that the person understands, at the very least, the basics of their rights and responsibilities, and if they are not able to challenge anything in the tenancy that is not in their best interests, that someone is able to do this for them. This may be family, friends or an advocate.

A history of the person living in the accommodation before the support was provided and feedback or evidence that the person thinks that it is their own home also contributes to the overall feeling that the property is their own home.

Where more than one tenant shares a house, there are some other good practice indicators that will help evidence that the property is their home.

There should be clear, understandable and inclusive procedures for how vacancies are managed, which do not include the support provider in the decision-making. It should also be made clear to tenants how the costs of a vacant bedroom will be funded.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

The tenants must have absolute rights to all communal parts of the house and their own bedroom. Indicators of a tenant's rights would include an agreed key holding procedure (if people do not hold their own keys), tenants holding a front door key, and a lockable bedroom for privacy. The communal parts of the house include any rooms used for the purposes of night support (sleep-In by support workers). These rooms should look, and be used, as you would use a guest bedroom in your own home and there should have been agreement by tenants and/or their representatives to the use of the room for this purpose.
Tenants should be able to deny access to the house to anyone and this includes support workers. It is good practice in a shared house to have an agreement about who can enter the house (family, friends, professionals and including if necessary support worker families).
This means tenants and/or their representatives must be supported to understand and exercise these rights. This also means that key holding or entry practices must be agreed by tenants and/or their representatives and be recorded.
Finally, a practice indicator that help define that a property is some one's home and not a care home is the way support workers enter and work within the property. Support workers should always wait to be invited into a person's home (unless there is an key holding and entry procedure agreed with the tenant) and should always respect the personal space, possessions and privacy of the people living there.

The way support is provided

CSCI are clear that the type of support, how a person is supported, and the way that the support provider is chosen is a strong indicator of whether the overall package of accommodation and support constitutes a care home.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

The type of support

Depending on whether personal care is provided and on the level of personal care, as defined in the Department of Health Guidance (DH, 2000)*, being provided, then the support provider may have to be registered with CSCI as a domiciliary care agency.

How a person is supported

The ways that a person is supported are key indicators about whether somewhere is a person's own home or a care home. Support should be provided in *individualised* ways at all times. Equally important is that support is provided at all times, in ways that demonstrate tasks are done *with* and not *for* the person.

The Commissioning contract, assessment and care plan should indicate the type of service being commissioned i.e. domiciliary care, and should clearly demonstrate that the service is individual to the person. If there are any shared support hours i.e. night time support the reasons for the shared nature should be agreed by the people involved and/or their representatives and recorded in contracts and support plans. The person should have a copy of their contract and support plan and be able to evidence for themselves the hours, cost and tasks to be provided.

An Organisation's paperwork, including job descriptions, the Statement of Purpose, Service User Guide and policies and procedures should all reflect the aims, objectives and values that are reflected in this guidance. The key principle being that support provided is to promote individuality, independence, choice and citizenship.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

The way support hours are recorded should reflect that support is being delivered to individuals. Where support is being provided over a 24-hour period, keeping a support worker rota at a person's home is not acceptable as this is an indicator of a care home. However, the person whose home it is requires information in an accessible format to enable them to know who is supported them and what tasks they will be supporting them with. Support workers should be able to demonstrate that they are supporting individual people not a group of people and any records of support worker hours should record this.

Support with managing medication

A person should manage their own medication, or if they cannot manage all the different tasks involved (getting a prescription, picking up the medication from the Pharmacy, understanding what it is for, storing it safely, administering it, and disposing of unused medication) then they should manage or be involved in those tasks they have the capacity to and the support plan should detail this information.
If medication is administered to someone because they do not have the capacity to do this themselves then evidence is needed in their records as to who has made this decision and why (In most cases it would be the prescribing Doctor).

If support is provided then a person's medication should be individually collected, stored and administered. If this is not happening think why? If it is for any reason other than for the needs of the person then the practice should be reviewed.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

If medication is collected or administered at the same time as for other people living at the house, or stored centrally then the reasons for this must only be due to the needs of the people concerned, and must be documented and agreed by the person and/or their representative in their support plan. In practice it is very rarely due to a person's needs that medication is stored or administered together with the other people in the house. If joint administration and storage is not for the needs of people then the practice should be reviewed. To maintain a person's privacy it would be good practice to administer medication in a private place away from the other people in the house.

Also, where you store medication, and why, needs documenting, especially if it is stored together with other peoples i.e. is it in the kitchen, bedroom or bathroom? Is it because this is more convenient for the person? Helps to remind them to take it? More accessible? Safer? If it is not for any of these reasons then the practice should be reviewed.

Support with household tasks

People should do as many of the household tasks as they are able. Support with shopping, laundry, cleaning, meal preparation and eating meals should be done individually with people. However, sometimes people decide to do some of these tasks together or enjoy doing some tasks more than others so agree to share the tasks i.e. People may want to eat dinner together, or take it is turns to prepare the meal, or go shopping together. If this is the case then the reasons for this must only be due to the needs of the people concerned, and must be documented and agreed by the person and/or their representative in their support plan.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

The choice of support provider and support workers

The decision-making process for selecting a support provider should be accessible and every effort should be made to ensure that if possible the person themselves is given the support and tools to enable them to make the decision. If someone does not have the capacity to make this decision then they must have a representative to make it for them. This must be an independent person (someone independent of the decision being made) for example an advocate or family member. It cannot be the Landlord or support workers if the decision affects their employment or the Commissioning Agency as these people may have vested interests in the decision-making.
It is important to keep records of what tools were used to involve the person in the decision-making and of who was involved and the outcome.
People and/or their representatives should be able to choose different support providers and still share the accommodation. However, if people want to choose the same provider this is equally valid as long as the correct decision-making process was followed and recorded.
Another indicator that the overall package is not a care home is whether the 'accommodation' and 'support' are separate. This would mean that a person could move into a property and bring an existing support provider with them, or could leave the property and take their support provider with them. Equally should the person stop requiring support, or refuse support then that should not affect their tenancy rights.
Equally people should be central to the process of choosing the support worker(s). Organisations should be able to demonstrate how people were involved in recruiting their support team.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

Support plans and records

Records (Support plans, risk assessments, daily records) are key documents that demonstrate that support is being provided individually and in ways that are agreed by the person and/or their representative. Support plans should demonstrate the outcomes that are to be achieved by the service being provided, including short and longer-term life goals. The aim of risk assessments should be to enable a person to maximise their independence, and recording should demonstrate that the support plan is being followed and note any information that might be needed to inform changes to the support plan.
Throughout this guidance it has been indicated what and how information should be included in the person's support plan. It is very important to remember though that support workers should never make decisions or agree a person's support plan without input and agreement from either the person themselves, or their independent representative. Support plans and risk assessments must always be signed by those people involved and should be kept under constant review. For support plans to be meaningful and accessible to the person they may not necessarily be paper-based. Multi-media approaches (video, photos, audio, computer generated etc.) are more meaningful for some people and this will not necessarily be 'signed'. However, what ever media used should be able to demonstrate the agreement of the person for it to be used.

Support with financial management

A person should manage their own finances, or if they cannot manage all the different tasks (banking, bills, benefits, cash, accounts, budgets, etc.) then they should manage or be involved in those tasks they are capable of.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

If money is held jointly i.e. a household bills account in a shared house this must only be for the needs of the individual people and must therefore be documented and agreed by the people and or their representatives. How individual's contributions to a joint housekeeping account are worked out should also be documented.
Also, where a person's financial paperwork and money is stored and why needs documenting, especially if it is stored together with other peoples i.e. is it in the kitchen, bedroom because this is more convenient for the person? More accessible? Safer? If storing finances and financial information together is not for the needs of people then the practice should be reviewed and separate storage solutions found.
If the person does not have the capacity to manage their finances then, after a capacity assessment is carried out, they may need legal representation in the form of a Department of Work & Pensions appointee for benefits and/or a Court of Protection Deputy for other financial matters. If the person has a Court of Protection Deputy then they will also take on any appointee duties.

If support is provided with any part of a person's finances then this must be documented and agreed by the person and/or their representative in their support plan.

There are many good practice guides on handling the money of people with learning disabilities** which will give you access to best practice guidance required for those people who require support with managing their finances.
Some of the key areas that will need particular attention if you are supporting people who share their home are listed below. Covering these areas will ensure people's finances are being managed in ways that demonstrate that the person is living in their own home. The areas are:

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

- Financial passports, profiles, money management action plans
- Inventories and insurance
- Individual budgets
- Shared housekeeping budgets,
- Bank accounts, cash and paying bills,
- Assisting with claiming and managing welfare benefits and appointee ships
- Staff meals and expenses
- Transport

And in all of the above preference must be given to methods, which maximise flexibility and promote tenants independence.

The environment

A key indicator of whether somewhere is a person's home is the environment. The best way to assess the environment is to ask yourself whether it resembles and functions like your own home.

There should be minimal records kept in a person's home, and any records kept must be accessible to them in the way they are written and in where they are stored. The exact records permitted if you are providing support as a domiciliary care agency are set out in national minimum standards 16 of the Domiciliary Care National Minimum Standards.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

A person's records should be stored safely, confidentially and where the person wants them stored, especially in a shared home. Where a person's records are stored, and the reasons need agreeing with the person and/or their representative.

There should be no records kept in a person's home that do not concern the people living there i.e. Organisational policies and procedures, support worker documentation.

Support workers must at all times respect that they are working in someone's home with their personal possessions and equipment. Observing privacy and dignity at all times is imperative, and this includes entering the house only on invitation, leaving the house as you found it, asking before using equipment or touching personal possessions, not leaving their own possessions in the house or taking over parts of the person's house i.e. as a 'staff room' or 'office,' not using food and drink belonging to the people who live there without permission and not inviting anyone into the house that is not a guest of the person whose home it is.

A person's home must not be used for meetings to do with the Organisation i.e. supervision or support worker meetings and if a sleep in room is used it should continually be checked to ensure it resembles a guest bedroom and not an office or 'staff room'.

The people living in their home and/or their representatives should have absolute choice on decisions about the décor, furniture and fittings within the house and records to support this decision-making should be kept.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

Support workers must not introduce restraints or restrictions on a person's freedom or privacy within their own home (Examples of restrictions are locked doors, gates being used, difficult locks, entering the house and private areas without consent, restricting access to food).

If the environment contains fire doors, wedges must never be used to hold these doors open.

Person Centred planning and Communication

Key to personalised services is person centred planning and this planning cannot start until a person's communication needs are understood and any aides are in place to maximise inclusion, decision-making and choice.

Person centred plans should include positive (capacity) descriptions of the person, and should describe what and who are important to them and what support they require. There should also be an action plan that reflects what is important to them and how they want their life to change. The plan should include, where people do not use words to speak, written or information in a different media, about how the person communicates.

A communication plan is vital and should demonstrate that total communication approaches will be used where necessary. It would be hard to demonstrate that decision-making was within the framework of the Mental Capacity Act 2005 if a comprehensive communication assessment had not been carried out, and all efforts made to provide information to the person in the ways that the person understood. It would be equally difficult to demonstrate that some one lacked capacity if a thorough communication assessment was not in place.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

CSCI will be assessing the use of person centred planning and thinking as part of the inspection process.

Further advice for decision-making with regard to people who lack capacity

The new Mental Capacity Act 2005 has far reaching implications on how people with a learning disability are supported around decision-making. The Act confirms in legislation that it should be assumed that an adult (aged 16 or over) has full capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision at a time the decision in required. The Act also puts the onus on those supporting people to take all practicable steps to inform and support a person to make a decision before concluding that a person lacks capacity and undertaking a capacity assessment.
This is an exciting challenge for support providers who will have to:

- Become excellent at providing decision-making information in ways that people understand
- Increase decision making opportunities,
- Assess and put into place plans to build on a person's decision-making skills,
- Be person-centred in all decision-making processes, and;
- Record processes and outcomes.

Organisations will have to build a sound knowledge of the verbal and non-verbal communication that the people they support use and use appropriate tool to maximise decision-making.
Support workers will have to learn when informal judgements of capacity can be taken, and when more formal judgements are required and legal or social advocates need to be involved.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk

Sam Sly (Change Team)

This guidance has taken account of:
Domiciliary Care National Minimum Standards and Regulations (DH, 2001)
Reach Standards in Supported Living (Paradigm)
A life like no other (Healthcare Commission, 2007)
Assessing whether a care service needs to be registered (CSCI, 2007)

*Department of Health Guidance: 'Supported Housing and Care Homes – Guidance on Regulation' August 2000. http://www.dh.gov.uk/assetRoot/04/06/02/47/04060247.pdf

**Suto, I. Clare, I. and Holland, A. (2007) Financial Decision-making – Guidance for supporting financial decision-making by people with learning disabilities. Bild.
Pannell, J. Harker, M (2007) My home and money – managing money and living independently a guide for people supporting adults with a learning difficulty to manage their money. Housing Options.
Livingstone, J. (2006) My money matters – guidance on best practice in handling the money of people with a learning disability. ARC.

For further information or advice contact 077898 76557 or sam.sly@CIOSPCT.cornwall.nhs.uk