

# London Borough of Waltham Forest

## Shared Lives Scheme

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 11, 17 and 19 May 2016 and was announced. We told the provider two days before our visit that we would be inspecting their service. The service was last inspected in November 2013 when it was found to be compliant with the outcomes inspected.

Shared Lives Scheme is a shared lives placement service, which recruits and supports paid carers to provide family based placements for people. The service currently provides support to adults with learning disabilities but has plans to expand to other groups. Placements can be long-term with the adult living with the carer as part of their family, or as respite care to provide regular carers with a short break.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection 32 people were living in long term shared lives arrangements, some of these people also accessed respite shared lives placements. The service had 28 approved shared lives carers.

People using the service told us they felt safe and the shared lives carers treated them well. Support plans and risk assessments were regularly reviewed by staff with the person using the service. Where people were supported with their medicines this was managed in a safe way. Shared lives carers had received training in safeguarding adults and there were robust procedures in place to ensure people were protected from avoidable harm and abuse.

Recruitment processes for shared lives carers were robust and included measures that ensured they were suitable to provide care to people in their homes. The assessment process included a thorough training programme which equipped the shared lives carers with the skills they needed to perform their roles. Shared lives carers told us they thought they received training and support required to perform their roles.

Care files contained records of consent for people receiving a service. This included assessments of capacity and best interests decisions where appropriate. Care plans were highly personalised and contained details of people's preferences, including for food and drink. Care files included health action plans and hospital passports which ensured that people were supported to have their health needs met. People told us they received support to do the things they wanted within their shared lives placements.

People and shared lives carers told us they felt they had positive, caring relationships with each other. People were supported to maintain their relationships with friends and families.

People and their shared lives carers were supported to ensure people had the support they wanted at the end of their lives.

The service had a complaints policy and people told us they knew how to make complaints if they needed to.

People and shared lives carers spoke highly of the registered manager and shared lives worker. They told us they felt supported and listened to by the service.

The registered manager knew people and shared lives carers well and used this knowledge to monitor the quality of the service.

The service did not have capacity to maintain the record keeping systems that were required by the commissioning bodies. We have made a recommendation about the resources for the service.

The service did not consistently record checks that were completed on records of care that were held in people's homes. We have made a recommendation about record keeping.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm and abuse because risk assessments were robust and mitigated against risk.

Shared lives carers received training in safeguarding adults from harm. The service had a robust policy that ensured people were protected from abuse.

The service had sufficient shared lives carers who were safely recruited to ensure that people could choose to live in shared lives arrangements.

Where people were supported with medicines, this was managed so they received them in a safe way.

### Is the service effective?

Good ●

The service was effective.

Shared lives carers and staff received training and support to ensure they had the skills required to perform their roles.

People had consented to their care. Where people lacked the capacity to consent to specific decisions the service worked in line with legislation and guidance.

People were supported to eat and drink enough and maintain a balanced, varied diet.

People were supported to maintain good health and access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People and their shared lives carers had developed strong, caring relationships with each other.

People's choices about their care were clearly recorded and people were involved in all decisions about their care.

People's culture, background and past relationships were supported and respected.

People were supported at the end of their life to have a comfortable, dignified death in the place of their choosing.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care through their shared lives arrangements. Care plans contained details of people's preferences and choices.

People and shared lives carers knew how to complain about the service.

The shared lives scheme regularly sought feedback from people about their experience of the service.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The service did not record the checks completed on records of care and medicines held in people's homes.

The service did not consistently have enough capacity to maintain high quality records of care.

The culture of the service was positive and person-centred. People and shared lives carers told us the registered manager was approachable and supportive.

The registered manager was able to demonstrate good leadership and management.

# Shared Lives Scheme

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 11, 17 and 19 May 2016 and was announced. We gave the provider 48 hours' notice of the inspection because the person who manages the service was sometimes out of the office supporting shared lives carers or visiting people who use the service. We needed to be sure that the person who managed the service would be available.

The inspection was conducted by one inspector. Prior to our inspection, we looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local Healthwatch and reviewed information we held about the service in the form of notifications and feedback we had received.

During the inspection we spoke with the registered manager and the shared lives worker who provided support to the service's approved carers and people who used the service. We also spoke with five shared lives carers and three people who used the service. We carried out visits to two people in their shared lives arrangements with their permission. We looked at the recruitment and monitoring records for eight shared lives carers. We also looked at the care records of six people who used the service. We reviewed policies and procedures and other documents relevant to the management and oversight of the service.

# Is the service safe?

## Our findings

People told us they felt safe in their shared lives arrangements. One person said, "I feel safe here, I lived on my own before and I think this is much better and safer." Another person said, "I was worried before [I moved in], but now I feel safe." People said that they saw the shared lives staff regularly and would be able to tell them if anything was making them feel unsafe. One person said, "[Shared lives worker] would sort it out if there were problems." The shared lives carers told us they thought the service kept people safe. One shared lives carer told us, "People are safe, we get written risk assessments and if anything changes or we get worried we call them [shared lives staff] and they come and help us."

Records showed that shared lives carers received regular training on safeguarding adults from harm and that people who applied to be shared lives carers received safeguarding training as part of their pre-approval training. This ensured that safeguarding adults from harm was embedded within the service. Records showed that where there were concerns about people's safety the service responded appropriately, raising issues with the local authority and supporting people through the safeguarding adults' process. The shared lives carers we spoke with told us they thought they received good training on safeguarding adults, but two shared lives carers who had been involved in a safeguarding investigation felt they could have been better prepared for the process. This was discussed with the registered manager who recognised that lessons have been learnt and they now work to ensure that both people and their shared lives carers receive support through the safeguarding process as appropriate.

The registered provider completed both individual and service level risk assessments for the service. Care files contained a range of risk assessments relating to different areas of support, such as accessing the community, medication and challenging behaviour. These contained details of strategies to minimise risk and avoid overly restrictive practice, it was clear that people were involved in developing plans to minimise the risks they faced. For example, following an incident where a person had left their shared lives carer's home unlocked there were records of the conversations that had been had and an agreed strategy to ensure that the home was secure. Where people required support to manage risks associated with their health and mobility care plans contained detailed instructions for shared lives carers to ensure risks were mitigated. These included detailed guidelines for responding to seizures where appropriate.

Records showed that risk assessments were reviewed at least annually and were discussed at quarterly support and monitoring visits conducted by shared lives staff. There were records of conversations between shared lives carers and staff regarding risks which showed that risk assessments were updated when needed. A shared lives carer told us, "If something comes up we'll ask [registered manager]. If the risks change they come and re-do the assessment."

The shared lives scheme had a robust recruitment and selection process for shared lives carers. The scheme had recently held an event for potential shared lives carers and had advertised in the local press to recruit new shared lives carers. The recruitment process involved in-depth interviews and pre-approval assessment and training. The registered manager conducted assessments of potential shared lives carers which included collecting personal, employment and medical references, ensuring potential shared lives carers

understood the role and commitment they were making. The service completed criminal records checks on potential shared lives carers using the Disclosure and Barring Service (DBS) to ensure they were suitable to provide care. DBS checks were repeated every three years to ensure that shared lives carers remained suitable for the role.

Throughout the assessment process the qualities and attitude of carers was assessed by the registered manager. The registered manager ensured the shared lives carer's property was suitable and that they had appropriate insurance and facilities to support people in their homes. The assessment process included a comprehensive training programme which ensured that shared lives carers were suitable for placements. Following the completion of the assessment and pre-approval training, the registered manager completed a report for the shared lives panel to consider. The shared lives panel considered the report and made the decision as to whether or not people were suitable to provide a shared lives service. Records confirmed that the process was robust and ensured that suitable people were recruited as shared lives carers.

Where shared lives carers were responsible for supporting people to take their medicines, they were provided with additional training to ensure they understood their responsibilities. Where people were able, self-administering of medicines was encouraged and facilitated. Shared lives carers were required to record administration of medicines using medicines administration records (MAR). The shared lives worker and registered manager checked these records during the quarterly support and monitoring visits. Records showed that where shared lives carers were not appropriately recording medicines administration this had been addressed during the visit and additional support and training provided.



## Is the service effective?

### Our findings

The shared lives scheme was a member of a shared lives support organisation. This meant that the registered manager received support regarding training, processes and policies. The registered manager delivered shared lives specific training to the shared lives carers, and shared lives carers told us they found the training they received through the scheme useful and relevant. The registered manager was seeking advice from the support organisation regarding adapting the care certificate to ensure it was suitable for shared lives carers. The care certificate is a nationally recognised qualification that provides staff in care settings with the fundamental knowledge they require to work in care. Shared lives carers were provided with training in moving and handling, infection control, first aid and managing challenging behaviour. Where additional training was identified, for example, if someone had a particular health condition that shared lives carers needed to understand, this was provided. For example, records showed shared lives carers had receiving training in heart disease, diabetes, respiratory disease and autism.

Training was advertised to carers by email and places were allocated on a first come first served basis. Training sessions usually took place during the working day. Two shared lives carers told us that they felt that this meant they missed out on training, as they had other commitments that meant they were unable to attend the training events that took place during the day. This was discussed with the registered manager who informed us that if demand was sufficient they would arrange training to be at an alternative time. The other shared lives carers we spoke to told us they thought the training was accessible for them. This meant the service was ensuring that people were receiving support from shared lives carers who had the knowledge and skills they needed to carry out their roles.

Records showed the shared lives carers received quarterly visits from shared lives staff where any training or support needs were discussed. These were also used to ensure that shared lives carers were still happy with the arrangements and to provide any support required to ensure the placements were able to continue. In addition, records showed annual reviews of shared lives carers where their role and opportunities for development were discussed. Shared lives carers we spoke with told us they felt supported in their roles. Records showed the registered manager and shared lives worker received regular training and supervision to ensure they had the skills and knowledge they needed for their roles.

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

Records showed both staff and shared lives carers received training in the MCA. Care files contained details about how to support people to make choices and decisions, including measures to facilitate capacity such as the use of easy read materials and alternative formats. Where people lacked capacity to make specific decisions, records showed the best interests process had been followed and reasonable adjustments had been made to facilitate people's ability to be involved in decision making. For example, one person required

dental treatment and records showed appropriate assessments of capacity and best interests decision making had been followed. In addition, adjustments had been made to the dental treatment plan to ensure the person was able to tolerate the treatment.

Records showed that people had consented to their shared lives arrangements as there were signed agreements in the files. When the placements were arranged, all people had had capacity to make these decisions. Information about the shared lives scheme was available in an accessible format, to ensure that people were making informed decisions about their placements.

People told us they were supported to eat food of their liking. One person told us, "[Shared lives carer] feeds me good." People's dietary preferences were included in their care plans. The registered manager described how one person had been supported to expand their tastes through their shared lives placement. Prior to living in shared lives this person had had a very restricted diet, but through trying different things with the support of their shared lives carers they now enjoyed a range of different foods. Where people followed special diets for religious or cultural reasons this was recorded and supported. Where people required their food to be prepared in a specific way for health reasons, such as a swallowing difficulty, appropriate referrals to health professionals were made and shared lives carers received training and support to ensure people's eating and drinking needs were met.

Care files contained details of the support required to ensure people had their health needs met. People had Health Action Plans, which were used to record details of their health conditions and plans of care, including indicators of deterioration and regular health appointments. In addition, people had hospital passports which contained the important information that health professionals would require to support people during a hospital admission. Shared lives carers were required to record the details of people's health appointments and this was monitored by the shared lives staff during their monitoring visits. Where people were in good health, they were encouraged to attend annual health checks in line with good practice guidance in supporting people with learning disabilities to maintain good health. People told us they felt supported with their health. One person said, "[My shared lives carer] comes with me to the doctor." Another person said, "I get the help [with health appointments]. If I don't understand [shared lives carer] understands and explains to me."

## Is the service caring?

### Our findings

People told us they were able to get to know their shared lives carers before they agreed to the shared lives arrangement. The registered manager considered people's needs and preferences when matching them with shared lived carers. The assessment process meant that the registered manager had relevant information regarding the skills and background of the carers to consider when matching them with people. One person described the introduction process to us. They said, "You get to visit and meet the family. [Registered manager] took me to the family and they make you feel welcome. Then I came to have lunch and I liked it." The matching process considered people's background, culture, language and communication needs. For example, where possible and people's preference people were placed with shared lives carers who shared their cultural background and language.

Both people and shared lives carers told us they felt they could have said they didn't think it would be a good match. Two shared lives carers told us they had said no to placements. One of the shared lives carers told us, "We have said no before and it was ok. They [shared lives workers] didn't push us. This is a family home and it wouldn't have worked out." People told us they felt they had had a choice about where they lived. One person said, "I had a choice." One person said that they had not had a choice at first, as it was an emergency that resulted in them moving to a shared lives arrangement. They continued to say that they were happy with the arrangement which is supported by the fact that they have been successfully living in a shared lives arrangement for a number of years. Records showed that another person had refused several placements after introductory visits and the service was continuing to seek appropriate shared lives carers for them. People told us they had strong relationships with their shared lives carers. One person said, "It feels like [shared lives carer] is my Auntie." Another person said, "I recommend this to anyone who needs a family."

People's preferences and choices were clearly recorded in their care plans. Records of support and monitoring visits, and annual reviews showed that people were actively involved in making decisions about their care. The service had access to two tablet computers that were lent to people. One person had used the tablet to record a video with their relative where they talked about their experience of shared lives. The person clearly recorded how they made choices about their life with their shared lives carers. Another person had used a tablet for a trial before buying their own which they now used to video call relatives and friends.

People were supported to maintain relationships with their friends and families and this was recorded in care files. For example, one person told us they were planning on spending their birthday with their family. Another person maintained contact with friends they had made while on holiday with their shared lives carers. Shared lives carers told us how they encouraged and supported people to feel that they were members of the family they lived with. A shared lives carer told us how they celebrated birthdays and went out for meals together. Where people practiced a religious faith, this was considered in the matching process for placements and shared lives carers supported people to practice their faith.

Shared lives arrangements were dependent on people being able to have their own bedrooms where they

could spend time on their own when they wished. People told us they felt their wish for privacy was respected. Care files showed that people were encouraged to develop their independence skills while living in shared lives arrangements, for example by assisting with household tasks. One person told us, "I'm used to being by myself, and I can do my own thing. [Shared lives carer] isn't on top of me all the time."

In the last year, the shared lives service had supported one person to remain in their shared lives placement at the end of their life. This had been achieved through close working with the shared lives carers who had clearly expressed that they supported the person's choice to stay in their home at this time. Records showed the service had supported the person and their shared lives carers to work with community health services to ensure the person had had a dignified death in their home. One of the shared lives carers said, "Of course they stayed here, it was their home. We had all the support we needed, emotional and professional. People were supportive and we didn't feel like we'd been left on our own."

## Is the service responsive?

### Our findings

People we spoke with told us they thought their shared lives carers knew them and provided them with support in line with their wishes. One person said, "I don't have any problems, they [shared lives carers] know what I like."

Before shared lives agreements were finalised, people and shared lives carers were provided with information packs which contained details about the service including how to make complaints. The service had not received any formal complaints since our last inspection in 2013. People told us they knew how to complain and would raise any issues or concerns with the shared lives staff. One person said, "If there was a problem I'd tell [registered manager]. She always asks every time she sees me."

People were referred to the shared lives scheme through local authority social work teams. The shared lives staff met with people who had been referred to them, explained the service and completed a comprehensive assessment of their support needs to ensure the service was suitable to meet their needs. This assessment was used to form the initial care plan, records showed these were detailed and personalised, containing specific details of people's preferences, communication and support needs. Records showed that people and carers were able to provide feedback about their experience of shared lives, both long term and respite arrangements. This was through easy to read surveys that people were supported to complete.

In addition to annual surveys, people and carers received quarterly support and monitoring visits from shared lives staff where their care plans were discussed and revised if needed. Records showed both people and shared lives carers received annual reviews to ensure that care plans were up to date and reflected people's needs and preferences. Records showed that people were supported with activities of their choice, including accessing education, employment and other leisure activities. People were receiving personalised care that was responsive to their needs.

Shared lives carers told us shared lives staff would take action to ensure that any changes to people's needs were addressed and care plans updated. However, they also expressed frustration that additional support sometimes took a long time to put in place. The staff from the shared lives scheme liaised with social workers on behalf of people and their shared lives carers. As the shared lives scheme is provided by the local authority, it was not always clear to people and their shared lives carers that delays in putting in place additional support were due to funding application processes in the local authority, rather than due to a lack of action by the shared lives staff. Records showed that the service escalated concerns and made appropriate onwards referrals in a timely manner.

The service aimed to hold annual meetings for people to provide feedback on the service and to plan for the future of the service. The most recent of these meetings had been held in 2014. Although a meeting had been scheduled for 2015, no one attended. The registered manager told us this was because it was held near the time to a larger shared lives event and it was possible people had not understood the purpose of the meeting. The registered manager was in the process of seeking independent facilitation of this meeting

through local advocacy services to ensure that people were able to provide open and honest feedback about the scheme. Likewise, meetings for shared lives carers had lapsed in 2015. Although some of the shared lives carers we spoke with told us they felt the celebration and promotion events had met their needs for contact with other shared lives carers, others missed these meetings and believed they should be a priority for the service. The registered manager showed us their plans for re-starting these meetings.

## Is the service well-led?

### Our findings

People spoke highly of the registered manager and the shared lives worker. One person said, "[Registered manager] is a good manager, she's helpful and she's been there for me since I started with the scheme." Another person said, "I like them [shared lives staff]. They are helpful and I like how they speak to me, they are friendly and have a gentle manner. I believe they're doing their jobs well." Shared lives carers also spoke positively of the shared lives staff. One shared lives carer said, "They're very supportive, I can text, call or email and it gets picked up quickly." Another shared lives carer said, "[Shared lives staff] are very responsive, they're on the phone and they visit. We can talk to them any time we need."

The registered manager used the information collected from support and monitoring visits, annual reviews, completed surveys and events to monitor the quality of the service. Throughout the inspection it was clear in discussions with the registered manager that they knew people and shared lives carers very well and were aware of any potential issues and had plans in place to manage them. The service was commissioned by two local authorities, the provider authority and a neighbouring borough. The provider did not require the service to complete formal monitoring information, however, the neighbouring borough did. This information was used to ensure that the service provided maintained quality standards and had plans for future development and improvements.

The registered manager attended national events and conferences arranged through a national shared lives organisation which ensured they were up to date on best practice in shared lives services. The registered manager also accessed their training and policies support to make sure that the management of the service was in line with best practice for shared lives services.

The service was operating across two local authority areas. Each of them had different requirements for the use and storage of records relating to the delivering of the shared lives scheme. At the time of our inspection, the service was in a transition between paper based and electronic record keeping. This meant that some records were not easily accessible as they had not yet been uploaded to the electronic systems. The registered manager explained that the shared lives staff were working at capacity and did not have the resources to maintain the electronic and paper based systems currently in place. The registered manager had completed a workload capacity tool and had presented this to the provider to demonstrate the need for the additional resources required to maintain service quality.

We recommend the provider seeks and follows best practice guidance to ensure the shared lives scheme has sufficient resources to deliver a high quality service.

Shared lives carers were required to keep a record of certain events, such as when people tried a new activity, went on holiday or other significant events in their life. This was in addition to the record keeping required of them when they supported people with medicines. The shared lives staff told us they checked these records during the support and monitoring visits and records showed that on one occasion where shared lives carers were not keeping appropriate records this had been discussed. However, there was no record that these checks had been completed and therefore it was not possible to tell if the records had

been appropriately completed and audited.

We recommend the service seeks and follows best practice guidance about auditing records in shared lives services.