

Worcestershire County Council

Shared Lives

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

About the service

Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. At the time of the inspection there were one hundred and ten people living with shared lives carers and receiving a registered service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The provider had not ensured they had displayed their previous rating on their website as they are required to do by law.

People and shared lives carers were positive about the way the service was managed and told us this helped provide the support they wanted. The registered manager and staff checked the quality of support provided, so they could be sure people received the care they wanted, and care was provided in ways which promoted people's independence. Staff reflected on their practice and were supported to work with people and other health and social care professionals to improve people's support further. The registered manager planned future developments of the scheme in line with nationally recognised best practice standards.

People's care plan and assessments reflected their needs and choices and were regularly reviewed. Shared lives carers and staff supported people to enjoy a wide range of activities, and to keep in touch with people who were important to them. Procedures were in place to take learning from any complaints or concerns and people were confident their shared lives carers and staff would take action to support them. Staff gave us examples of actions they had taken, including working with other health and social care professionals, so people's decisions at the end of their lives would be met. The registered manager planned to further develop people's care plans, so people's wishes would be respected in the event of their sudden death.

Staff recognised people's right to independence when considering their safety needs and developed care plans and risk assessments which supported people to do things they enjoyed safely. Shared lives carers and staff knew what action to take if they had any concerns for people's well-being and safety and were confident senior staff would support people to be as safe as possible. People told us they had prompt assistance from their shared lives carers and staff when they wanted support. Some people enjoyed the independence of managing their own medicines. Where people needed assistance from shared lives carers to have the medicines they needed to remain well, people could rely on staff support shared lives carers who had been trained to do this safely.

People had developed close bonds with their shared lives carers. People and shared lives staff told us staff were kind and empathetic when supporting people. Shared lives carers and staff knew people well and spoke respectfully about them. People were assisted and supported to make their own decisions about their care. Shared lives carers and staff understood people's rights to dignity, privacy and supported people to develop their independence.

People's needs were carefully considered and assessed before they started to be supported by shared lives carers and staff, and care was planned which reflected people's preferences and needs. Shared lives carers and staff had been provided with training and developed skills which were linked to the needs of the people they supported. Some people liked the independence of preparing their own drinks and food. Where people required specific support from shared lives carers to have enough to eat and drink assistance was provided, which reflected people's preferences and so they would remain well. Staff and shared lives carers assisted people to see other health and social care professionals promptly, so they would enjoy the best health possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection

The last rating for this service was Good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the requirement to display previous inspection ratings at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Shared Lives

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors and an assistant inspector

Service and service type

Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2019 and ended on 22 November 2019. We visited the office location on 18 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with 11 self-employed shared lives carers. We also spoke with the registered manager, three shared lives staff, and the training manager.

We reviewed a range of records. This included six people's care records, and reviewed accidents and incidents reports, surveys and questionnaires, safeguarding records, complaints and compliments, quality audits and action plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they knew how to raise any concerns they had about their safety and were confident shared lives carers and shared lives staff would support them.
- Shared lives carers and staff understood how to recognise any concerns about people's welfare, such as people becoming withdrawn, or experiencing unexplained bruising.
- Shared lives carers and staff knew what action to take to support people in the event of any safeguarding concerns and were confident the registered manager and senior staff would take action to promote people's safety.

Assessing risk, safety monitoring and management

- People told us shared lives carers talked to them about their safety needs. One person told us their provider had talked to them about "Stranger Danger" and given them advice on reduce risks and to remain safe. Another person told us their shared lives carers always reminded them to take their telephone with them, when they were out in the community, so they could quickly contact their shared lives carers for assistance, should this be needed.
- Shared lives carers and staff understood people's individual risks and they action they needed to take to help people to remain safe. For example, shared lives carers explained some people they supported for were at increased risk of falls and when spending time in the community. In these circumstances shared lives carers ensured people had the equipment and assistance they needed, to ensure people's risks were reduced.
- People's risk assessments provided shared lives carers and staff with the information they needed to help people to reduce the risks they experienced. Peoples risks were regularly monitored to ensure people remained safe.

Staffing and recruitment

- People told us there were sufficient staff and shared lives carers to provide the support they wanted, when they wanted assistance.
- Recruitment of new shared lives carers was undertaken through a panel, in consultation with existing shared lives carers, and their views on the suitability of candidates was listened to.
- There were systems to match people with shared lives carers and people told us this process worked well.
- Shared lives carers gave us examples of occasions when additional staffing support had been provided, so both people and shared lives carers would have additional support when required.
- Staff told us there were enough staff to support people and shared lives carers.
- The registered manager checked the suitability of shared lives carers and staff before they started to care

for people.

Using medicines safely

- Some people liked the independence of managing their own medicines. Where people needed some support, they said they could rely on shared lives carers to support them to have their medicines as prescribed.
- Shared lives carers had been trained to administer people's medicines, and staff checked people's medicines were safely administered.

Preventing and controlling infection

- People told us shared lives carers knew how to support them so the risks of them experiencing infections was reduced.
- Staff routinely checked people were supported by good hygiene practices, during regular visits to support shared lives carers and monitor the safety and quality of care provided.

Learning lessons when things go wrong

- People were supported by shared lives carers and staff who reflected on any incidents and accidents, to reduce the likelihood of further occurrences.
- People, shared lives carers and staff regularly communicated about people's safety needs and checked people received the support they wanted to remain as safe as possible.
- The registered manager reviewed any accidents and incidents to look at trends and any learning from the incident. For example, if people became anxious, so plans could be put in place to support them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us their shared lives carers knew what support they wanted, and staff regularly checked they were happy with the range of support they were provided with.
- People's care needs and support preferences were identified with them and considered through the matching processes used before they started to receive support.
- People had opportunities to meet with shared lives carers and to stay with them before they made the decision to move into the shared lives carers' homes. This helped to ensure people would be provided with the assistance they wanted from shared lives carers they had chosen. One shared lives carer said this meant, "The transition [move to the shared lives carer] went well."
- Shared lives carers and staff said their views were listened to when people's needs were assessed, including when people's needs changed.
- Staff were supported to assess people's needs and to plan their care in line with national Shared Lives Plus, the network for shared living, best practice standards.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them. One person said, "They [shared lives carers] help you if you've got a difficult situation. They are easy to talk to, they sort it for you, giving advice, guiding you through things."
- Shared lives carers and staff were positive about the opportunities they had to develop their knowledge and skills further. One shared lives carer told us, "We have mandatory training every three years, and in carers [shared lives carers] meetings every three months. They will ask if anybody wants more training for extra things." One staff member said, "We are lucky with training. We get to do training alongside the shared lives providers [carers]." The staff member explained how this had increased their skills when supporting people with dyslexia.
- New shared lives carers told us they were supported to understand their roles through an induction programme, which included training and opportunities to meet with other shared lives carers and staff.
- Staff gave us examples showing how the training provided to shared lives carers was adapted to meet their specific needs. This included ensuring fire management training was relevant to domestic settings, and to ensure shared lives carers were supported to understand people's underlying health conditions, such as diabetes and dementia.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People said they enjoyed their meals which reflected their preferences.
- Shared lives carers had a good understanding of people's dietary and fluid needs and how this linked to their health.
- People were supported to see a wide range of health professionals, such as dentists, GPs and chiropodists. People were supported to have annual health checks with their GPs and told us they either chose to do this independently, or with support from their shared lives carers, as they wished.
- Shared lives carers gave us examples of how they worked with people to achieve any specific dietary, health and well-being goals. This included acting on advice from other health and social care professionals such as diabetes specialist and social workers, so people would remain well.
- Staff gave us examples of support they received so they could ensure people were supported to maintain their health. This included recent training to assist people to enjoy good oral health.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection or the community DoLS team for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were encouraged to let shared lives carers and staff know what care they wanted and told us their consent was gained before care was provided, and their decisions were respected.
- Shared lives carers and staff had received training in the MCA and gave us examples showing how they applied the principles of The Mental Capacity Act when caring for people.
- Staff understood how Court of Protection decisions effected how they were required to care for people, and who to consult if a decision needed to be taken in a person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their shared lives carers and staff were considerate, kind and supportive. One person said their shared lives carer always took time to support them with what was important to them. The person told us, "[Shared lives carer's name] supports me with my health and appointments and the dentist, [they help me manage my money}, and are my friend."
- People consistently told us they valued the bonds they had developed with shared lives carers and staff, and said they were supported in ways which made them feel valued. This included shared lives carers chatting with them and spending extended time socialising with them and supporting them to get the maximum enjoyment from life.
- Shared lives carers and staff spoke warmly about the people they supported. Shared lives carers highlighted how fully integrated people were into their families and how significant their relationships with the people they supported were.
- Some of these relationships between people and shared lives carers had developed over many years, and there was a clear commitment from shared lives carers and staff for these to continue.
- Shared lives carers and staff demonstrated sensitivity and empathy when considering people's equality, diversity and human rights. Shared lives carers and staff gave us examples showing how they had supported people's rights to enjoy relationships which were significant to them, and to be a part of their local communities. This improved people's well-being and health.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to decide what care they wanted and told us their decisions were acted on. This included being involved in planning what interesting things they might like to do, such as holiday venues, and how they would like their rooms decorated. People also decided if there was a particular gender of shared lives carer they would prefer to receive support from.
- People said shared lives carers and staff regularly consulted them about their support and planned their care to reflect their decisions. People told us this approach meant the care received was good. One person said, "I'm happy here with [shared lives carer's name], and I go to the cinema with [shared lives carer's daughter]." Another person told us because they were involved in decisions about their care, "I'm very happy living with [shared lives carer's name], as we have nice meals and a nice home."

Respecting and promoting people's privacy, dignity and independence

- People chose what they would like to do independently, for example, some people enjoyed the independence of spending time meeting with friends on their own. One shared lives carer told us how much

this had increased one person's confidence when spending time in community and enhanced their well-being.

- People participated in household chores, meal planning, cooking and shopping, to further develop their independence.
- Shared lives carer and staff promoted people's right to independence. One shared lives carer said, "[Person name] has their own key and they come and go as they please." Staff and shared lives carers also promoted people's right to manage their own personal care, where people were able to do this, and to manage their own medicines, with support to do this safely.
- People told us shared lives carers and staff treated them with respect when talking with them, and sensitively met their dignity and privacy needs. Staff included people in decisions about where they would like to meet to review their care. This ensured people could speak privately to staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their personal histories, risks and care preferences and were regularly reviewed and updated, to ensure they fully reflected people's care needs.
- People told us they were fully involved in planning their care and told us this had led to improvements in their lives. One person explained how they had been supported and said how much this had increased their independence and sense of well-being. They were now able to manage their own healthcare appointments and access the community independently.
- Shared lives carers told us people's care plans provided them with the information they needed to provide good care to people in the way people preferred.
- People and shared lives carers told us their views were listened to when people's needs changed. One shared lives carer said staff had supported them and the person they cared for to have the equipment they needed as their mobility changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and plans put in place to support people to communicate as they wished. For example, some people were supported to communicate using written notes or sign languages such as Makaton.
- Shared lives carers gave us examples of the assistance they provided to people, so their individual sensory needs would be met. This included supporting people to have vision checks, to see speech and language therapists and audiologists, which promoted people's communication.
- The registered manager had ensured key documents were available in alternate formats, such as the complaints process. The key documents were available in large font and pictorially based formats, so people's communication needs would be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were actively involved in planning social events. One person had planned and hosted a disco for people, shared lives workers and staff, which had improved their confidence.
- People said they had opportunities to do things which interested them. For example, a BBQ had been held in the summer which had provided opportunities for fundraising. Other people enjoyed spending time going

to the cinema, theatre, and attending concerts by their favourite performers.

- Shared lives carers also supported people to plan holiday abroad together, and to assist people to keep in touch with their family members and to meet their spiritual needs, as they wished.
- People told us they valued the support they received to attend work, college and day centre and to spend time independently in the community.

Improving care quality in response to complaints or concerns

- People had been supported to understand how to raise any complaints or concerns, should these occur and were confident any complaints or concerns they may have would be addressed.
- Systems were in place to manage to any complaints or concerns and to take learning from these, to prevent them from reoccurring.

End of life care and support

- Staff told us they had been supported to provide good care to people at the end of people's lives. One staff member explained how they had worked with effectively with other health and social care professionals previously and developed a plan which enabled a person to remain with their shared lives carers, as they wished, at this important stage of their care.
- The registered manager planned to further develop people's care plans, to people would be supported as they wished in the event of their sudden death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership did not consistently ensure they were meeting their legal requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services which provide health and social care to people are required to display their most Care Quality Commission, (CQC), rating on their websites.
- We identified during our planning for this inspection the provider had not done this clearly. We spoke with the registered manager about this, and they gave us their assurance action would be taken to address this. We rechecked to see if the last rating was clearly displayed on 09 December 2019, and found it continued not to be displayed as legally required.
- The provider's systems and checks had not identified their previous rating had not been displayed as required, to inform members of the public of their rating.

This is a breach of Regulation 20A Requirement as to display of performance assessments, of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will publish our actions, if actions are taken.

- The registered manager understood what information needed to be notified to CQC and their responsibilities to be open, should anything go wrong with people's care.
- Staff knew how to meet their role through regular discussions about people's care and one to one meetings with senior staff. Staff told they were able to obtain guidance from the registered manager and their peers without delay.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were very positive about the way the service was managed and said this focused on the support they wanted. One person told us they thought the best thing about being assisted through shared lives was the chance to, "Do different things and being part of a family."
- Shared lives carers gave us examples of the actions taken by staff which demonstrated a commitment to meeting the needs of the individual people who benefited from the scheme. One shared lives carer told us because of this approach, "[Staff] genuinely provide person centred care."
- Staff were positive about the ethos of the service and the way they were led. One staff member said, "[Registered manager's name] wants the best for people, without a doubt." Another staff member told us the registered manager took a partnership approach to involve shared lives carers and staff, so people

assisted by the scheme would fully benefit from the assistance offered.

- The registered manager told us they were proud of the work they had done with the provider to increase people's access to training and the improvements in the shared lives carers conditions of service, which helped to retain experienced shared lives carers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they were asked for their views on the support provided during their individual reviews and other meetings and their views were listened to. This included people being fully involved in developing information promoting the scheme. Shared lives carers said they were involved in decisions about the way the service was run.
- Staff gave us examples of suggestion which had been introduced as a result of reflective discussions across staff teams and people using the service. This included plans for people to access safety training alongside their shared lives carers.
- The registered manager sought people's views of the scheme during one-to-one discussions with people, and surveys completed by people and shared lives carers. Shared lives carers also attended regular meetings with staff and were encouraged to make any suggestions for improving the scheme further.
- Development of the scheme was informed through best practice guidance from Shared Lives Plus, the network for shared living. The registered manager gave us an example of how this guidance had been used to promote developments in care planning approaches, so people's needs and preferences would be fully met.
- The registered manager and provider checked the quality of the care provided. This included checks to ensure people's medicines were administered as prescribed, and any accidents and incidents were monitored, so possible trends could be identified. Checks were also undertaken people's and shared lives carer's experience of the scheme. Where any actions were identified plan were put in place to develop the scheme further.

Working in partnership with others

- Shared lives carers and staff were complimentary about the improvements driven through to the service as a result of joint work with other agencies. One shared lives carer highlighted how senior staff had advocated for one person they cared for, so they would be able to continue to enjoy receiving support through the scheme as their needs changed.
- Staff gave us examples of work they had done with other professionals to promote people's safety and to ensure people received the care they needed from other health and social care professionals.
- Other health and social care professionals had sent compliments to staff regarding the quality of care provided to people.