

# Gateshead Council

# Shared Lives

## Inspection report

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14 January 2016

18 January 2016

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This was an announced inspection. We visited the provider's offices on the 14 January 2016 and made calls to people using the service and their relatives on the 18 January 2016.

The last inspection was in February 2014 and the service was compliant with the regulations in force at the time.

Shared Lives is a domiciliary care agency which is registered for the regulated activity of personal care. The service recruits, assesses and supports paid carers to support people with disabilities who are unable to live independently. Placements are made on a short or longer term basis and the person lives with their carer in their home as part of the family. The service also provides care and support to people in their own homes and in the community. At the time of inspection there were 79 people using the service and 49 carers.

There was a registered manager who had been in post since 2010. 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.

Robust processes were followed to recruit and assess people who applied to become shared lives carers, and to review the suitability of the existing carers. There were enough carers to deliver the service safely and people were provided with continuity of care. All carers were given training and support to meet the needs of the people they cared for, including regular opportunities to meet their shared lives link worker.

The shared lives link workers were skilled and experienced in co-ordinating the scheme and were appropriately supported in carrying out their roles. They monitored the placements closely and had a good awareness of how to safeguard people from harm and abuse. The workers promoted personal safety whilst respecting people's freedom to exercise their independence and take risks. There was effective liaison between link workers and other external professionals to help maintain placements.

Each person was encouraged and supported to make choices and decisions about their care and living arrangements. Where people did not have the mental capacity to make important decisions, the scheme worked with other professionals to check that decisions made were in their best interests. We found that care and support was safely planned to minimise risks to people's wellbeing.

People were supported to stay healthy, have a balanced diet, and wherever possible, to manage their own medicines. Detailed support and care plans were drawn up which reflected the persons choices and aspirations. People were supported to develop or regain skills and abilities they had lost. People were supported to take part in activities they enjoyed.

People who used the service, their relatives and professionals involved in their care, were happy with the

care and support provided. They told us the shared lives carers were kind and caring and treated people with dignity and respect. People were matched with supportive carers who enabled them to lead active lives, take part in enjoyable activities and develop their life skills.

There was a positive culture and the team worked inclusively with people using the service, the shared lives carers, and other professionals. Systems were in place to obtain and act on feedback and make improvements to the quality of the service and learn from incidents. An independent panel had oversight of how the scheme was working to make sure that standards were maintained.

## 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 and their relatives told us they were happy and safe living with their carers and the provider took action to keep people safe when concerns arose.

There were sufficient numbers of carers who were properly vetted before being approved to provide care to people.

Appropriate steps were taken to reduce risks to personal safety and safeguard people from being harmed.

People received appropriate support to take their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

The shared lives workers and carers were properly trained and had the necessary skills, experience and on-going support to carry out their roles.

The rights of people who were unable to give consent to their care were understood and protected.

People were given the assistance they required to access health care services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us they had good relationships with the carers and told us they were kind and caring.

People were able to express their views and were involved in making decisions about their care and support.

The shared lives workers ensured that each person was being supported within a caring family environment and enabled to

develop or regain skills.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes from the service were assessed and support was planned in line with their needs.

Personalised support was provided that helped people lead more independent and fulfilling lives.

Any concerns or complaints that were made were taken seriously and acted upon.

### Is the service well-led?

Good ●

The service was well led.

There were established processes in place for managing and co-ordinating the service.

The registered manager and the shared lives workers understood their responsibilities and worked in line with national best practice guidance.

The shared lives panel acted as a support and critical friend to the service. The quality of the service was monitored and improvements made to further develop the training and support for the shared lives carers.

# Shared Lives

## **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 was planned to check 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 for the service under the Care Act 2014.

This inspection took place on 14 January 2016 and was announced. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The visit was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people using the service and their families on the 18 January 2016.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with five staff including the registered manager, one person who used the service and six relatives of other people who used the service. We spoke with five shared lives carers. We also spoke with three external professionals who had contact with the service. We also observed the shared lives panel meeting which meets to approve potential carers and spoke with members of the panel.

Two care records were reviewed as were four 'one-page profiles' of people using the service. Other records reviewed included, safeguarding adult's policies and procedures, and accidents and incident reports. We also reviewed the records of three shared lives carers' recruitment, induction, supervision and training files, and home visit records. The registered manager's action planning process was discussed with them as were their internal quality assurance process.

# Is the service safe?

## Our findings

People, and the relatives of people using the service, told us they felt safe from harm and abuse when being supported by their carers. Community professionals also said they felt people were kept safe from being harmed and abused by their carers and shared lives workers. The shared lives link workers told us they felt people were safely supported by their carers. The shared lives link workers knew what to do if they suspected abuse and were confident in reporting any concerns about people's safety.

The registered manager told us the service worked to the local authority's multi-agency safeguarding policy and procedure. They were aware of their responsibilities to act on and notify the relevant authorities of any allegations of abuse. There had been seven safeguarding referrals made by the service in the previous year and these had been reported externally and in some cases led to police involvement. The service reviewed these incidents and took action to change processes to prevent re-occurrence. We discussed with the registered manager a recent allegation involving a shared lives carer. They told us about what steps had been taken to keep people safe, as well as changes to financial audits to prevent a repeat incident.

People told us they felt safe with their carers. One person told us, "Yes, yes, yes, I really like them. I have nothing to complain about." Relatives also agreed; we talked to one about their relative's financial vulnerability. They told us how they worked with carers to keep them safe, "Yes, I'm their appointee. I usually go with them to the bank. If it's not me, there is always someone with (name) now." Relatives told us that due to their family members' disability they needed someone with them all the time, and they felt the carers kept them safe.

As part of the application and placement process a series of risk assessments were completed, both for the carer's home and for any activities that may take place in the community. We saw that these were detailed to cover general risks, and also to inform the matching of any placement between carers and people. For example, if there were steps, or people had a dog. One carer we spoke with told us how they had been supported to develop detailed risk assessments and behaviour management guidelines for a relief carer who was supporting people while the main carer was on leave. These were personalised and comprehensive.

The shared lives carers were able to contact the scheme during office hours for advice and support, or in the event of an emergency. They also had contact details for support out of office hours. One carer was able to tell us how they used the out of hours support when the person they supported had a crisis. They told us the service responded positively and sought external support for them. One carer told us, "There is always someone at the end of the phone, if it's urgent they respond, if not they will usually come the next day. My link worker knows me and (name) well and is there when either of us need their support." We spoke with the registered manager about an occasion when they had to find alternative care for two people after a carer was unable to offer a service. They showed us their contingency plans and we saw these had been followed and the people supported appropriately. The shared lives link workers we talked with were clear about their roles in keeping checks on people's personal safety. They told us they carried out visits monthly in most cases to monitor each person's placement, and visited more often if the placement was subject to any

pressures or concerns. Carers told us they often had weekly telephone contact. External professionals we spoke with told us they could gain effective feedback from the link workers.

We saw that all shared lives carers were taken through a rigorous assessment process before being recommended for approval. This included taking up references, including a medical reference, Disclosure and Barring Service security checks, and a series of home visits to assess the applicant's suitability, caring experience, skills and attitude. A recommendation report was taken to the scheme's independent panel for scrutiny. We observed a panel meeting and saw that the members had reviewed the reports and checked details before discussing each application. Where carers had previously been foster carers for children they were taken through the same assessment and approval process. The carers we spoke with confirmed they had been through this application process and felt supported by the registered manager as they progressed.

The registered manager said there had been times when decisions had been taken not to recommend applicants to the panel; and occasions when the panel had decided not to approve applicants. There had also been an instance in the past year when a shared lives carer had their approval removed following misconduct. This was reviewed and discussed at the panel.

The scheme used the local authority's system for reporting accidents and safety related incidents. There was evidence in people's care records of incidents being thoroughly documented and subject to review.

Some people using the service took prescribed medicines. Each person's medicines routine and the level of support they needed were recorded within their support plan. For example, one person's records showed they were supported to self-manage their medicines: their carer gave them verbal reminders. The shared lives carers we spoke with confirmed they kept records to confirm medicines had been taken. They told us the records were checked at monitoring visits to verify that people had received their medicines safely. Carers told us they had attended the necessary training to handle medicines and this was confirmed by the service's training records.



# Is the service effective?

## Our findings

People, their relatives and external professionals all told us the service was effective. They told us the service had changed people's lives for the better and the skills and attitudes of the carers had ensured positive outcomes for people.

People using the service told us their carers knew how to give them the care and support they needed. They said the care and support they received helped them to be as independent as they could be. One person told us, "I've had (Name) for two years now and they are flipping great. (Name) helps me with the cooking. They're the best staff I ever had." Relatives also told us the service was effective. One relative told us their relative was now accessing the community in a way they could not have imagined a few months ago. They told us, "They have been able to support (name) to get their old life back, they are out and about and getting their confidence back. I didn't think it was possible."

We looked at the training and support provided to carers and we discussed this with the registered manager and link workers. As part of the application process carers were supported to identify training needs. This continued once approved and they started to support people and on-going training and support was delivered in a flexible way. One carer told us, "I had already done training as a foster carer, but had to attend some additional or refresher training. Given the time constraints I was under, the link worker arranged for training to fit around my workload and arranged for some follow-up at my home." Another told us that specialist training in epilepsy and attention deficit hyperactive disorder training had been sourced for them to attend. The registered manager also told us how they were now accessing dementia training as more older people began to use the service.

External professionals told us they felt the shared lives carers were competent to provide the care and support required by people who used the scheme. One told us, "The carer has done their homework on my client's needs and attended some training. They now know more about them than I do." All the external professionals we spoke with felt the carers and link workers were knowledgeable about how best to meet people's needs.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Carers and workers had been trained and understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments were carried out to determine whether people were able to consent to their placement with the service and the care and support they received within their placement. The registered manager told us the service had identified those people who needed continuous supervision and who potentially lacked the mental capacity to agree to their living and care arrangements. They had already liaised with the placing authority's commissioners to enable them to make applications to the Court of Protection for formal arrangements to be put in place where necessary.

We saw records of home visits and spoke with the link workers who carried out these visits to people and

carers. We saw that there was a comprehensive record kept of each visit and this involved a number of checks on the placement as well as supervising and supporting the carers. These reports were then used as part of an annual review or appraisal of each carer to gather feedback and set objectives or goals for the next year. One carer told us, "The monthly link worker visit is a great help, they can pick up any issues, offer support and make sure I'm still happy. This kind of work wouldn't suit most people as my home is my workplace, but the support I get means this is a great job."

Records we saw showed that people's nutritional needs, including any special dietary requirements, had been assessed and built into their support plans. People were supported by their carers to have a well-balanced diet, with weight management where necessary, and to develop their independent skills in food preparation and cooking. One carer told us they had helped a person to increase their kitchen skills and improve their diet. They told us, "With their failing eyesight they had stopped doing things for themselves. It was all about getting their confidence back again."

We saw that people using the service accessed a range of health care services to maintain their physical and mental well-being. Contact details for all involved professionals were recorded within care records and carers supported people to attend appointments. One person who had spent some time in hospital had continued to receive support from the care and link worker as part of discharge planning to support the transition back into the carer's home.

The shared lives workers assessed the carers' homes as part of the approval and monitoring processes. They checked for potential hazards, looked at the quality of the setting, and, where necessary, arranged adaptations and equipment to help meet people's needs.

## Is the service caring?

### Our findings

People and their relatives told us they felt the shared lives carers offered affection and support to them. They told us they had the right approach to their work to bring the best out of people. People who just had a few hours support as well as those who lived with their carers all expressed similar views about the caring nature of the service.

One person told us, "I've known (carer) a long time, they used to look after me before and now I see them twice every week. I know they are there when I need them." A relative told us, "(Name) is very happy with the service; they see them every week and look forward to them coming. They feel it's not just about the trip out, but spending time with a friend." Carers we spoke with all talked about the people they supported using terms of affection or empathy. One carer who worked with a person who had enduring mental health issues was able to tell us the positives they brought to the person's life, as well the positives caring for them brought to their family home. One relative of a person receiving two support sessions a week told us, "The carers have really brought (name) out of their shell. I was a bit unsure at first but they have shown they care for my relative well."

External professionals said the carers they had met were kind and caring towards people who used the scheme. They felt the scheme made sure the carers knew about the needs, choices and preferences of the people they worked with.

A shared lives link worker told us care was taken to ensure people were placed with carers who were compatible, understood their needs and had the skills to meet those needs. They said this often entailed a series of planning meetings and visits during a phased introduction to the placement. Carers had been required to undertake further training before a person was placed with them to make sure they could meet their needs safely. Initially the link workers had more frequent contact with people and their carers and carried out additional visits to the family home to provide support at the start of any new placement. One carer we spoke with told us how the link worker had supported them and the other person who lived with them to adjust to a new person coming into the home. Another short break carer told us how the matching process had ensured the person was compatible. The link workers told us the application and assessment process for carers meant they got to know them well to help ensure the matching process was effective.

The shared lives carers we spoke with told us they cared for people as part of their family. One told us, "(Name) has been with me since they were a child, I couldn't imagine them living anywhere except here at home." Another carer told us how they had thought the job would be harder than it was, they told us it was just like a normal household and the people they supported were extended family. A carer who supported people for a few hours each week told us the core values of the service were to care for people as if they were family.

The shared lives link workers monitored people's care and support and their relationships with their carers. They told us they always sought to spend time in private with each person during their visits to talk in confidence about their support, how they felt they were being treated, and any concerns they might have.

People also had opportunities to confide in other professionals involved in their care, including their placing social workers. The link workers were able to tell us how they accessed and used advocacy services for people where issues arose and they were unable to support due to a conflict of interest. Carers told us how people had used advocacy support to ensure that they were supported with complex issues. The service had also commissioned a local advocacy service to undertake a review, consulting people who used the service on their satisfaction. Feedback from the advocates was that the service was performing well

Carers told us how they protected peoples confidentiality and privacy. This could be through simple things like knocking on their bedrooms door before entering, to ensuring they did not discuss their private matters with others. One carer told us that whilst this was like family living, they had to respect the person's right to confidentiality and not share personal details with other family members.

Carers told us how they encouraged people to have as much independence as possible. They supported people to make their own social networks and maintain and build friendship networks. One care told us how they supported a person to develop links in their local community, this had meant they felt safer and gained confidence over time.

## Is the service responsive?

### Our findings

People and their relatives told us they had been involved in the development of their care plans and were involved in reviews. We saw from records that care plans had been created with the involvement of external professionals and people. Care plans were personalised and detailed what people's routines and habits were and how best to support them. External professionals told us the scheme co-operated with other services and shared information when needed, for example when people's needs had changed. They said the scheme was quick to respond to any instructions and advice they gave. One external professional told us, "The workers keep me updated on how the service is going and if I am needed to support. I rely on them to keep me updated now."

Records showed that people made choices and decisions at all stages of their service about how they wished to be supported. There was evidence in the records that people were involved in the initial assessments of their care and support needs, in agreeing to the content of their support plans, and in reviews of their service. Relatives told us they were encouraged to be part of reviews as well and felt that ideas and suggestions made were taken on board by carers and link workers.

We found that people's care and support was planned and personalised to the individual. Care plans were detailed, addressing the person's needs and wishes and the support they required in a range of areas. This included personal care and independent skills, communication, relationships, physical and mental health, and any religious and cultural needs. The support plans placed emphasis on people having a supportive lifestyle where they could develop their daily living skills and enjoy social and leisure time. The plans were evaluated to check progress and were updated, or rewritten when necessary, to ensure they continued to reflect the person's current support needs. Each person's care and support was routinely monitored and reviews of placements were conducted, usually on an annual basis, often involving family members and external professionals at the request of people.

We saw that people took part in a variety of community-based activities according to their interests. One person liked attending football matches, another liked swimming. The carers we spoke to told us how they encouraged people to develop activities and interests, as well as maintain existing hobbies and pastimes. Carers were able to tell us about holidays that had taken place with people, including trips abroad. The link workers told us how they worked with other agencies and bodies to source and advertise activities that may be of use to people using their service. With the provider being the local authority, the service had close links with education, leisure and health agencies within the council. The link workers sourced information and advice from them when looking at ways to reduce social isolation and source new opportunities. The service organised a number of social and other events, the most recent one being a social evening and fundraiser for the Special Olympics World Games.

We saw there had been four complaints made about the service in the last year. These had all been investigated and formally responded to by the registered manager. From records we saw that learning had been taken from these complaints. The registered manager and link workers were able to tell us how complaints were another way of seeking feedback or ways to improve the service. We saw the service had

guidance issued to people regarding how to make a complaint, as well as an 'easy-read' complaints form for people to use. We saw that an activity had been created where carers spent time discussing with people how to make a complaint, and how they could support them. The registered manager kept a record of compliments made about the service and that positive feedback had been passed onto carers.

The registered manager told us the scheme had continued to work with foster carers who wished to become shared lives carers, as the young people they cared for reached adulthood. They said this was done only when it was the choice, and in the best interests, of the young person to stay with the family and in consultation with external professionals advice.

## Is the service well-led?

### Our findings

People, relatives and external professionals all told us they felt the service was well-led. They felt the staff and registered manager were approachable and knowledgeable about the service and how to support people with complex needs. An external professional who had only just started referring into the service told us, "I hadn't come across this kind of service before and have been happy how responsive and personalised it has been. The carer matched up well with my client and progress has been made in the goals of the placement."

Shared lives carers we spoke with also agreed the service seemed well-led. They told us they were trained well, supported to do their jobs and could seek advice and support from the service staff and registered manager. There were clear lines of accountability and a well-established system for an independent panel to have oversight of the scheme and the approval of shared lives carers. We observed the panel meeting and spoke with panel members. They had ownership of the service and took the approval and renewal process of carers seriously. The panel also discussed examples of good practice and feedback the service had received.

The shared lives link workers described an open, positive culture within the service. They told us they usually had monthly supervisions with the registered manager and regular team meetings. The link workers said the registered manager asked them what they thought about the scheme and took their views into account. They each felt confident about reporting any concerns or poor practice to the registered manager.

The registered manager told us they had entered national care awards, and whilst not winning they had been shortlisted. One they were particularly proud of was being shortlisted for the national learning disability awards in 2015 for supporting older people with a learning disability. We discussed with the registered manager the work they were doing to equip staff and carers with skills to work with older people with a dementia related condition and expand the service to this group. The service was undergoing a review and looking to expand to support more people to remain in their own homes, or avoid placements in care homes.

We saw that the registered manager had undertaken a survey and evaluation of feedback from people. We saw that 32 out of 76 forms had been returned and actions had been highlighted. Work was already being done on improving people's knowledge of how to raise a complaint and carers were being reminded to knock on people's doors before entering.

The registered manager undertook reviews of all incidents and we saw from records that action had been taken in response to near misses. The registered manager followed the local authority quality assurance process and carried out reviews of policies and procedures to ensure they were in line with best practice. The registered manager was clear about their responsibility as a registered person to notify the Care Quality Commission of significant events. They maintained a file of information and evidence which could be used to demonstrate their continual improvement in line with registration requirements.

