

Telford & Wrekin Council

# Telford and Wrekin Shared Lives Scheme

## Inspection report

My Options - Activity Wellbeing and Care Service  
Suite, 1 Bishton Court, Town Centre  
Telford  
Shropshire  
TF3 4JE

Tel: 01952381317

Date of inspection visit:

24 April 2017

02 May 2017

03 May 2017

Date of publication:

06 June 2017

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 26 April, and 2 and 3 May 2017 and was announced.

Telford and Wrekin Shared Lives Scheme provides personal care for people as part of a shared lives and domiciliary care scheme. A shared lives scheme supports a variety of different arrangements where families and individuals in local communities can offer accommodation and/or support for people.

At this inspection, they were providing care and support for 104 people.

A registered manager was in post and present during our inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff had access to care plans and risk assessments and were aware of how to protect people from the risk of harm.

People were supported by enough staff members to meet their individual needs and preferences. The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people.

People were supported with their medicines by staff who were trained to safely support them and who made sure they had their medicine when they needed it. The provider completed checks to ensure staff followed safe practice when assisting people with their medicines.

People received care from staff who had the skills and knowledge to assist them. Staff attended training that was relevant to the people they supported and adapted to meet their specific needs.

Staff provided care and support which was personalised and respected people's likes and dislikes. People took part in activities they liked and found stimulating. People felt involved in the development of the shared lives scheme and were kept up to date with changes and developments. People's independence was encouraged and staff respected their privacy and dignity.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People were involved in decisions about their day-to-day care. When people could not make decisions for themselves, staff understood the steps they needed to follow to ensure people's rights were upheld.

People were involved in the preparation of meals and had a choice of food to eat which included healthy

eating options. People had access to healthcare when needed and staff responded to any changes in their needs promptly.

Staff were supported by the provider and the registered manager who promoted an open and transparent culture.

People and staff felt able to express their views to the provider and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

## 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 as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Risks associated with people's care were assessed and steps taken to minimise the risk of harm. Checks were made before staff could start work to ensure they were safe to work with people.

### Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance. People were supported to access healthcare provision in order to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

### Is the service caring?

Good ●

The service was caring. People were supported by a kind and considerate staff team. Staff spoke about those they supported with warmth and respect. People were involved in making decisions about their own care and support. People were encouraged to maintain relationships that mattered to them.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People's individual needs and preferences were known by the staff supporting them. People were able to raise any concerns or comments with the provider and were confident their opinions were valued.

### Is the service well-led?

Good ●

The service was well led.

People felt involved in the running of the shared lives scheme and felt their suggestions were valued. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

---

# Telford and Wrekin Shared Lives Scheme

## **Detailed findings**

### Background to this inspection

This inspection took place on 26 April, and 2 and 3 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The registered manager was present during the inspection.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

We spoke with 11 people receiving support, two relatives, the registered manager and nine care staff. We viewed the care and support plans for three people, including assessments of risk and records of medicines and healthcare provision. We saw records of quality checks completed by the provider, a selection of newsletters and feedback from the latest satisfaction surveys. In addition, we also looked at the recruitment details of three staff members.

# Is the service safe?

## Our findings

People who received support and assistance from the Telford and Wrekin Shared Lives Scheme felt safe and protected. One person told us, "They (staff) know about me and what has happened in my past. They support me safely and look out for me so that I am not at risk." Staff members told us about those they supported and the potential risks they may face, for example, from exploitation. One staff member said, "We know [person's name] can be very generous. It's in their nature to also be trusting. With their permission we look at how much money they have available on each day so they can still do what they want but without the fear of being exploited." Staff members we spoke with understood the different types of abuse which included ill-treatment and exploitation. They had been provided with information on how to report any concerns they suspected to either the police or to the local authority. The registered manager had processes in place to respond to any allegations of abuse or ill-treatment. However, prior to this inspection they had not had the need to make any such referrals in order to maintain people's safety.

People told us they felt safe using the shared lives scheme. One person said, "I help out around the house. I also help with the animals. I keep being told how to stay safe and what the dangers are when helping with animals. As long as I do the correct thing, I am safe and can carry on helping." Before people moved into the homes of those who would be supporting them an environmental safety assessment was completed by one of the shared lives staff members. This was to ensure the location was safe and secure and had the necessary emergency equipment needed for example, smoke detectors and any potential slips trips or falls risks were identified and removed. One staff member told us, "Following the first safety check we didn't have a fire blanket in the kitchen. We were offered advice and we now have one in case of emergency."

We saw the risks to individuals had been assessed and staff members knew what to do in order to keep people safe. Risk assessments included risks associated with specific health conditions, any behaviours or anxieties and eating and drinking. The registered manager and provider had processes in place to monitor any incidents or accidents which would have resulted in harm to people. People, staff and the registered manager told us that since commencing services they had not received any reports of any accidents. However, they did have systems in place to identify any trends or actions needed from any reported incidents or accidents.

People told us they were supported by sufficient staff members in order to meet their individual needs. Staff members told us that people's needs were assessed before they started using the shared lives scheme. As such, they were then placed with a household which could meet their needs. Should their needs change and they needed additional assistance then the provider had systems in place to respond to these changes. This usually involved a review with the placing local authority and social worker to ensure they received the correct level of support to remain safe.

Staff members told us before they were allowed to start supporting people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The registered manager described the appropriate checks that were undertaken before staff could start working. These included satisfactory a Disclosure and Barring Service (DBS) check and written references. The (DBS)

helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff we spoke with confirmed appropriate checks and references had been gathered before they started their employment. We saw records where these checks had been completed and recorded. The registered manager and provider had systems in place to address any staff member's unsafe practice which included re-training and disciplinary processes if needed.

We looked at how people were supported to take their medicines. One person told us, "I do my own medicines. I know what I take and go to the chemist to collect what I need." Another person said, "[Staff member's name] watched me take my medicines to make sure I was safe and did it right. They do this every now and then just to make sure it is all OK." Staff members we spoke with told us they had received training on how to safely support people with their medicines and knew what to do if they suspected an error had occurred. This included seeking medical advice from the GP.

We saw people had individual guidelines for "when required" medicines. Staff members we spoke with knew how to follow these guidelines and how to record medicines accurately. People we spoke with told us they were responsible for the safe storage of their own medicines and could access them when they needed. One person told us, "I keep all my medicines locked away. When [staff member's name] comes around we check to make sure I am doing everything right."



## Is the service effective?

### Our findings

People and their families told us they felt that those supporting them had the skills and training to efficiently meet their needs. One relative said, "They (staff) do seem to be well supported and well trained to help [relative's name]." Staff we spoke with told us they felt they received appropriate training in order for them to support others. One staff member told us, "I started to support someone who is living with dementia. I went on some training and then attended a talk on dementia. This was quite an eye-opener for me. It helps me understand the person and how dementia impacts on them day to day."

Staff new to supporting people undertook an introduction to the work they would be undertaking. One person told us, "When I first started I needed to complete a number of training modules. I had to do a lot of these on the computer. [Staff member's name] assisted me by setting me up with the training and was there at hand to answer any questions I had." Another staff member said, "I have worked previously in care and a lot of my training and knowledge was transferable. However, I still undertook all the training required as a refresher." Those new to shared lives and also to working in care had the benefit of a "buddy" for support. This provided guidance and advice from a more experienced staff member.

People were assisted by staff members who were supported by a provider and management team. One staff member told us, "I have a named staff member who I can turn to at any time I need advice or guidance. However, I know I can always just contact the office at any time and there is always someone there to support me." Another staff member said, "I meet regularly with [staff member's name]. We go through how things are going with those who live with me and what our plans are. We also look at any additional support or training I may need. I find this very helpful and supportive."

People told us they were supported to make their own decisions and were given choice. They told us they were given the information in a way they could understand and were allowed the time to make a decision. One person told us they were involved in completing the weekly shop where they were encouraged to make healthy purchases. They said, "I can pick what I want to eat but I do sometimes make bad choices. [Staff member's name] shows me and helps me cook healthier foods which I do enjoy. But I still like chocolate."

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. Any such applications must be made to the Court of Protection. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. At this inspection, the provider had made appropriate applications in order to protect people's rights. However, these applications were yet to be authorised.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with

had a clear understanding about the process to follow if someone could not make a decision. Staff understood of the principles of the Mental Capacity Act and the process of best interests decision-making. One relative told us, "Shared lives help us out for short periods of respite care. We had to make a decision regarding [relative's name] medicines and how best for them to be taken. [Staff member's name] walked us through the best interests decision making process and helped us involve a social worker. This made sure that the decision was the right one and that we followed the correct process. It was a daunting process for us but [staff member's name] made it so much easier."

People told us they were supported to have enough to eat and drink and to maintain a healthy diet. One person said, "I help make the meals and can pick what I want. But as I live with a family I do also eat what other family members eat as well." One relative told us, "[Relative's name] does not like certain foods and can sometime become poorly if they eat them. However, they (staff) know their dietary requirements inside out and always seem to get it right. I have never had any issues about their diet." Staff members told us they "keep an eye" on people's weights and if there is a reason to seek medical assistance they would do this through the GP or occupational therapists. For example, following concerns regarding one person, advice was gained from the GP regarding their eating and sitting position. One staff member told us that following this advice the person's appetite increased.

People told us they had access to healthcare when they needed it. People further told us they were encouraged to make contact with medical professionals and to arrange their own appointments. These included appointments with the GP and district nurse, memory team support and dental health professionals. They went on to say that they were supported by staff members to attend any appointments, if they wished. The registered manager told us they had recently undertaken a development project to support people with mental ill health. They described this project as assisting those with mental ill health through the shared lives scheme to live a happier life, with a reduced reliance on medicines and to gain a new social and supportive network.

## Is the service caring?

### Our findings

People told us they were supported by kind and respectful staff members who respected and encouraged them. One person told us, "They (staff) are fab. I really like living with them." Another person said, "I would recommend that everyone spends time living within a shared lives scheme. It allows you to be part of a family that helps and guides you through life." During our conversations with people we heard them sharing jokes with those who supported them. Staff members responded appropriately and continued to engage the person throughout. People were supported by staff members who valued them as individuals and took an interest in the things that mattered to them.

Staff we spoke with could tell us about those they supported. This included what the person liked to do, what their interests and aspirations were, but also what they didn't like and what caused them anxiety. Staff members we spoke with talked about those they supported with fondness, respect and warmth.

People told us they received emotional support if they needed it. One person said, "I do sometimes get upset. I can take a time out whenever I need it and [staff member's name] will be there if I want to talk." Another person said, "[Staff member's name] knows all about me and what upsets me. I know I can go to them whenever I want. They know if I am a little quiet something is bothering me." One staff member told us, "People have the right to be upset and angry; it's how we are. We just provide the emotional support for them just as we would for any other family member."

People told us they were encouraged to make decisions about their own care and support. One person said, "I am always asked how I want things or what I want to do. It is not a case of being told what is happening but what I can do and it is up to me to decide." One relative told us, "[Relative's name] has difficulty telling us what they want. They (staff) take the time to really listen to what they want to say and the choices they make. They don't just assume but present options and wait for them to respond. They know how [relative's name] communicates. They will ask them if they want support and give them choice about how they wished to be assisted. It is all very respectful of [relative's name] as an individual."

People told us their privacy and dignity was respected by the shared lives workers they lived with. They went on to say that they had their own rooms and that their personal space was respected. One person said, "I can go to my room whenever I want. It is my space and it is just how I like it. No one comes in here without my say so." People we spoke with told us they received assistance when they wanted and that those supporting them were always respectful. One person said, "I can do everything for myself and I am encouraged when I just need a little motivation. [Staff member's name] is very good at doing that and it makes me realise just how much I can do for myself sometimes." Staff members we spoke with told us that people have their own rooms and that they respect people's need for privacy by only entering with permission.

People had information personal to them protected by those supporting them. One person said, "I was asked by [staff member's name] if it was alright for them to tell the doctor about how I was feeling. That was fine with me as I didn't want to talk to them myself." Staff members we spoke with told us they encourage

people to pass information important to them to others if it is required. However, if that is not possible they will only pass information that the other person needs to know in order to effectively support someone.

## Is the service responsive?

### Our findings

People told us they had care and support plans that were personal to them and which they helped to compile. These plans contained information that people felt those supporting them needed to know. One person told us, "They (staff) helped me make my own plan. I put in what I want." Staff members we spoke with could tell us about those they supported. This included things that mattered to them, families, hobbies and activities, education and vocational experiences. One staff member told us, "These plans are a living document. We encourage people to have as much input in making them as they can. We look at them monthly to see how people are doing and have a review every year just to make sure they are up to date."

One person told us before they started to receive support from the shared lives scheme they spent time getting to know the family they would be living with. They said, "I went out for a coffee with [staff member's name]. They invited me over for dinner and I later spent the night at their home. Everything went ok and I made the decision to move in with them." Regular reviews took place and people were asked how well they were doing and what they wanted to do next. One person told us, "I am currently studying to take my driving theory test. This will give me more independence and confidence." People were supported to identify goals in their lives that they could work towards and achieve. One person told us, "At the moment I am learning a lot of life skills which included cooking, household management and how to use the telephone. I feel that I have got so much better with these things. I hope that at some point I will have a place on my own."

People told us that every month they meet with a staff member from the shared lives scheme (not someone they lived with) to see how they were and if any changes were needed. All those we spoke with told us they found these meetings helpful and allowed them the opportunity to talk about things in their lives that mattered to them. For example, diet and nutrition, any health changes and contact with family and friends were discussed at these meetings. One person told us, "I mentioned that I would like to get better at using the computer. [Staff member's name] got me on a basic computer course which included how to remain safe whilst on-line."

People told us they were supported to engage in a number of activities they enjoyed and found stimulating. These included, cooking, computer-based games, social clubs, educational courses, literacy and numeracy, and vocational activities. One person said, "I work in a shop when I am not at college. I now have the confidence to catch the bus myself without any assistance. I always have my phone with me just in case but I can go to work on my own which I love."

People were encouraged to maintain relationships with those that mattered to them. One relative told us, "[Person's name] matters so much to us. We know they are well cared for but [staff member's name] keeps us informed if there are any changes and we can visit whenever we want." Another person told us about the difficulties they experienced earlier in life. They went on to say how the shared lives workers supported them to reengage with their family. They were able to build on their relationships safely and with the emotional support they felt was needed.

People felt comfortable to raise any concerns or complaints with shared lives staff members or the

registered manager. One person said, "I didn't have a problem with (provider) but they helped me with a complaint about another person in a different organisation. I have full trust in them and if I needed to raise a complaint with them they would listen to me." One relative told us, "We haven't had a complaint at all. We do make requests and we feel listened too. If they (staff) are able they will act on it but if they can't they will tell us why and keep us informed which is all we can ask." The registered manager and the provider had systems in place to investigate and respond to any complaints raised with them. However, up to this inspection they had not received any complaints.

# Is the service well-led?

## Our findings

People told us they felt well informed about Telford and Wrekin Shared Lives Scheme and involved in the development of the service they received. People, relatives and staff members told us they could approach the registered manager or anyone at the office for support or guidance at any time. One relative told us, "I know I can phone whenever I want and everyone is just so helpful. I have never had to wait for a reply from anyone." People and staff members told us they felt that the registered manager had a good awareness of the day-to-day running of the service and knew them all as individuals.

In addition to phoning the office and talking with staff members, people were also kept informed by attending "customer drop-in sessions" and by a shared lives newsletter. Customer drop-in sessions were held regularly and gave people the opportunity to talk about things they wanted. This was also the opportunity for people to compliment those who supported them and the care and support they received. People could talk about what has gone well and what could be used elsewhere in the organisation to assist people. For example, one person spoke about how imposing timescales on actions helped motivate them to make changes and to avoid unnecessary delay.

People felt able to make suggestions about changes to the service they received at these meetings. This included changes to or suggestions for social or vocational activities. One person told us they wanted more opportunity to be involved in a social group where they could meet likeminded people. With the assistance of the shared lives scheme, a social group was established and this person told us they now regularly attend. They went on to say, "I now have a group of friends who I can have fun with."

Newsletters informed people and staff about things that were happening in their local community and activities they could get involved in. These included, for example, prom night, camping or a healthy activities event. People told us they were involved in developing the newsletters and included what they thought others who used the service would like to know about. One person told us, "I am a roving reporter for the newsletter. I can go out and interview people and then write about what I asked them. I go back to the office and get help to complete the report which goes in the newsletter." The registered manager told us they were going to use the discussions at the monthly meetings to make sure everyone received the newsletters in a way they could understand. They also intended to take this opportunity to see if there were any changes people felt were needed which could include more pictures or topics they would be interested in hearing about.

People told us they were regularly asked for their views on the service that they received. This was either through the monthly or yearly reviews completed with staff members. Additionally they were invited to provide feedback by completing a yearly survey which asked for their opinions and suggestions. One relative told us, "I have received regular surveys. I always complete and send them back. However, I have never had the need to make a suggestion or recommend a change. They appear to be doing just fine." The results of the latest satisfaction survey were passed on to people during "customer drop-in sessions" and also via the shared lives newsletter. The results of the survey were positive but some people took the opportunity to raise concerns which were outside of the responsibility of the shared lives scheme. As a result, the registered

manager is looking at how to direct these comments to the appropriate organisation.

Staff members told us they felt valued as individuals and part of a team providing support for people. One staff member told us, "It is easy to become isolated when you work alone with people. However, we are fully supported by shared lives. We attend regular carer meetings and also the drop-in sessions. I suggested that some of these sessions could be held in the evening so those who work in other occupations could also attend and receive support. I was listened to and evening sessions have now been provided." Another staff member told us, "Although I work with my partner to provide support I also feel part of a much larger team which is a support to us."

People told us they felt that they were part of their local community and engaged in a number of events and activities. One person told us they attended the Christmas party which had been arranged with the support of a local supermarket. A staff member told us it was important to engage with other organisations in the local community. This can help create opportunities for people and not just to have a party. People who attended the shared lives scheme were encouraged to be active members of their local community. This included volunteering or working in community projects, charity shops or other places of employment.

At this inspection, there was a registered manager in post. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager and provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. At this inspection, it had not been necessary for the registered manager to make any such notifications. However, the registered manager understood the requirement to submit notifications to the Care Quality Commission. They talked us through the types of occurrences they need to tell us about.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, feedback from people and relatives and communications from staff members which they used to drive improvements. For example, following feedback from people and relatives they are looking at how they can present information available in the local community to people. This is to assist them in making informed choices and to be involved in current affairs.