

Northumberland County Council

Shared Lives

Northumberland

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Shared Lives Northumberland recruits, trains and supports Shared Lives Northumberland carers. We refer to Shared Lives Northumberland carers as 'carers' throughout this report. A carer is an individual who provides personal care together with accommodation in their own home. This enables people to live as independently as possible. Carers are self-employed and no more than three people live with them at any one time. The scheme supports people aged over 18 who have a learning disability.

The scheme provides three main services: long term accommodation, short breaks and emergency accommodation, care and support which is provided at short notice and usually in the event of an illness or family crisis.

Shared Lives Northumberland has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in January 2016, we rated the service as good. The service moved address following our previous inspection. This is our first inspection of the location at the new address.

At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

The service was delivered by the registered manager and three coordinators. Managerial oversight was provided by an operations manager. Staff told us there was enough capacity to provide support at the current level.

There was a structured assessment and approval process used by the provider. This planned approach ensured they were able to match people up with shared lives carers in a timely manner.

People told us they felt safe living with their carers. Staff and carers had received training with regards to safeguarding adults.

People were supported to have maximum choice and control of their lives and staff and carers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed relaxed relationships between people and their carers. Carers informed us that they considered that people who lived and stayed with them were part of their extended family. One carer told us, "This is their home. I look upon them as a son."

People's needs were assessed and care records called "All about me" detailed the type of support they required. People had access to information about their care and support.

The registered manager attended regular shared lives network meetings and conferences to identify examples of good practice to ensure they were providing a good service.

The provider had in place systems to effectively manage the service and monitor quality.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Shared Lives Northumberland

## **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 9, 11 and 25 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed someone to be at the office.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We did not request a provider information return [PIR]. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We contacted the local authority safeguarding and contracts and commissioning teams. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We spoke with the registered manager, operations manager and two coordinators. We contacted the nominated individual following the inspection for their feedback.

We visited five carers' homes. Most people were out in the local community, attending day centres or at

work. We spoke with three people who lived at two of the homes we visited. We spoke with seven carers during our visits. Following our visits we contacted three relatives by phone.

We reviewed a range of documents and records including; care and support records for three people who used the service, electronic records for two carers. We also looked at records of staff meetings and a range of other quality audits and management records.

Following our inspection we emailed two training practitioners from the local NHS, a deputyship officer, the chair of the independent panel, five team managers from the local NHS Trust care management teams, a community psychiatric nurse, a social worker and a consultant psychological therapist for feedback.

# Is the service safe?

## Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

People told us they felt safe. We asked one person whether they felt safe and they said, "Why aye" [yes]. Health and social care professionals also considered that the service provided safe care. One health professional told us, "When situations become difficult or complicated, Shared Lives have been proactive in working with Social Care to ensure the individual is cared for safely and highlight any issues quickly and effectively."

The provider had a safeguarding policy in place. Staff and carers had undertaken safeguarding training. We contacted the safeguarding adults and MCA practitioner from the local NHS Trust. She told us, "I have delivered training to the Shared Lives Service on a regular basis over the last few years and have always found the team [staff] and the carers to be engaged in the training whilst demonstrating an attitude of wanting to get it right for the clients. They certainly are fully engaged when attending training." There had been two recent safeguarding allegations linked to the service. The provider had notified and liaised with the necessary authorities including CQC to ensure people's safety.

The service was delivered by the registered manager and three coordinators. Managerial oversight was provided by an operations manager. Staff told us there was enough capacity to provide support at the current level. Each person had their main carer they lived with and some had secondary carers within the household who provided care and support if the main carer was not available. Some people also had a short break carer, who they would stay with if their main carer needed time off for any reason.

No new staff had been employed since our last inspection. We therefore did not check staff recruitment records. We checked the electronic records for two new carers who had recently been appointed. The provider had continued to ensure that a safe recruitment system was followed for carers. All applications for prospective carers were presented to an independent panel. We contacted the chair of this panel who said, "With regards to the approval panel and the processes relating to the assessment of new carers and / or the review of current arrangements, the registered manager ensures that documentation is comprehensively completed and presented in accessible formats to the independent panel members for their consideration. This is then discussed in a professional manner during the panel meeting."

All discussions are recorded appropriately with actions clearly identified and addressed. The composition of the panel incorporates independent health and social care professionals, a safeguarding lead member and members by experience thus ensuring a multi-disciplinary approach to an independent outcome."

We visited carers and people at home. Some people required support to manage their medicines. Carers had received instruction on medicines management in relation to the people they were supporting. The registered manager told us that they were looking into further bespoke training for carers. Carers completed medicines administration records to document the medicines that had been administered. These were

completed accurately. Medicines were reviewed as part of the rolling programme of checks carried out by coordinators.

Risk assessments were carried out for identified areas of risk. These included security in and around the home, community access, holidays and behaviours. Action plans to minimise identified risks were in place. Staff and carers understood how to keep people safe whilst encouraging them to be as independent as they were able to be.

When people displayed signs of behaviour that may challenge; staff assessed the potential triggers and identified the appropriate support that was required. Records showed that staff used proactive strategies to deal with behaviours that challenged such as giving people space and reassurance.

Cares told us that they had access to gloves and aprons if these were required. People were encouraged to keep their environment clean. We read one person's assessment which stated, "I like to Hoover my room. I put my laundry in the basket and [name of carer] puts it in the washing machine."



## Is the service effective?

### Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

People, relatives and health and social care professionals were complimentary about the effectiveness of the service. We asked one person whether their carer was good and knew what they were doing and they said, "Why aye" [yes]. Comments from relatives included, "[Name of carer] thinks of everything" and "They [staff] are on the ball." A social care professional told us, "The shared lives worker which was [name of staff member] was also very good. We maintained close contact, almost daily to update of movements to the client's longer term living arrangements and also maintained contact efficiently to report how she was doing and reported concerns timely to overcome these."

Staff and carers were complimentary about the training. They told us there was sufficient training to enable them to meet people's needs. Comments from carers included, "The training is good, I've done NAPPI training [Non-Abusive Psychological and Physical Intervention]. We get a lot of training, it's very interesting" and "I love the training with them. I've worked for Newcastle and North Tyneside, but the training they do is really good – very thorough. It keeps you up to date and you get to meet other carers"

Staff told us they received regular supervision and an appraisal. Carers also told us they felt supported. Each carer was supported by a coordinator who visited them monthly. Carers told us, "[Name of coordinator] has been a great support," "Really good – any issues they [staff] will sort them out" and "They do monthly themed visits including a support visit for myself." The registered manager carried out annual reviews with carers to look at their work and review their training and development needs.

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. We checked whether the service was working within the principles of the MCA. We found that the registered manager, staff and carers worked within these principles and were aware of when applications may be required if people's freedom to make their own choices was being restricted.

An in-depth assessment was carried out of people's care and support needs. This included detailed information about their lifestyle, likes and dislikes. Staff met with the person and their family to find out all about them. Photographs and pictures were also added to the assessment make the written word easier to understand. The registered manager told us, "We like people to come along and we take photographs [with consent] and include these [in the assessment], for example, this is my day centre, my favourite café, my GP."

People's assessments contained details of their nutritional needs. Carers told us that people sometimes assisted with cooking and the preparation of meals. Comments included, "We will cook together" and "He will help prepare tea and prepare the veg." We read people's assessments which stated, "I like to help with chopping the vegetables" and "I can make myself a cup of tea and make my own breakfast."

People were supported with their healthcare needs. One staff member said, "We are proactive in ensuring that people get the healthcare they would expect." We spoke with carers who informed us that people were registered with their local GP. They also were supported to attend hospital appointments and visit other health professionals. One carer told us, "They have the same access to health services as you or I." The use of life size dolls called Jack and Josephine were used to help explain certain health treatments and issues such as relationships and sexuality. The registered manager told us, "Jack and Josephine are life size dolls - they can be used to go through anything [with people]. We have used them for flu jab work, oral health, relationships and bullying. [Name of staff] are facilitators and [name of staff member also used Josephine [doll] for breast awareness and cervical smears."

# Is the service caring?

## Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

People, relatives and health and social care professionals were complimentary about the caring nature of staff and carers. One person told us that their carer was, "definitely a nice person." Comments from relatives included, "[Name of carers] are such a nice little family. [Name of person] has settled in really well," "He is looking really well. He is very well looked after" and "He is better off where he is now."

A health care professional stated, "The carers themselves are always very approachable and always do their very best to ensure that the service users can enjoy a homely, comfortable and enjoyable place to stay both for short term respite and long term stays. I am always confident that Shared Lives will do their upmost to give a high quality and safe service to the clients I refer." A social care professional said, "The couple she lived with were excellent in supporting [name]." A training practitioner from the local NHS Trust stated, "I would certainly say that the team work extremely hard to ensure the clients have the best possible quality of life ensuring a person centred service where people are treated with dignity and respect at all times."

People's needs, interests and lifestyle were assessed before they started the service. Carers backgrounds, abilities and interests were also assessed prior to them being recruited. One carer told us, "[Name of coordinators] knows us and our interests so they know who would fit into our family." Carers were supported to make a short DVD about themselves. This was shown to people so they could see the carers and hear what was important to them. These processes helped ensure that people were placed with carers who were compatible, understood their needs and had the skills to meet those needs.

Staff and carers spoke about the importance of holding people's needs and wishes in the forefront of everything they did. Comments included, "We do a cracking job – it's wonderful. The whole focus of our service is the person," "With this service you can concentrate on the individual as a person in a family environment" , " It gives them a better quality of life," "It is so rewarding seeing that they are happy" and "It's down to what they want, they are the important ones."

People's human rights were protected by the service. Article 8 of the Human Rights Act; 'Respect for your private and family life' was fundamental to the service. Carers informed us that they considered that people who lived and stayed with them were part of their extended family. Comments included, "They are literally part of the family," "We are their second family," "They have to be part of your family otherwise it won't work" and "He is like a son to me."

The emphasis on family life was also echoed by staff who said, "For the clients it gives them a life – a family life "It's family life," "It's nice to see the person in their own home and the close relationship they have with the carers – it's fab" and "People are so happy within a family environment – it's like an extended family – it's living and to people, it's a massive thing [to be part of a family]." During the inspection we visited carers and people at their homes. We saw that people were very much part of the family and interacted well with their

carers.

People's privacy and dignity was promoted. Carers spoke with people respectfully. People had their own rooms which were personalised to reflect their personalities. One relative said, "He has his own room and his own television."

People's independence was encouraged. One carer told us how they had supported an individual to become independent with travelling on public transport. She told us, "We started off both getting the bus, then she got the bus and I followed in the car, once she had done it she was fine. Now she's totally independent with all her travel." People were also encouraged to undertake housekeeping skills. One carer said, "He will do the bathroom and Hoover the stairs and he will wash up."

People were actively involved in making decisions about their care and support. Staff visited people and their carers monthly. This was an opportunity for people to say what they liked or did not like about how they were supported.

## Is the service responsive?

### Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

People, relatives and health and social care professionals were complimentary about the responsiveness of staff. One health professional stated, "I have found Shared Lives to be a vital and innovative service for our service users. Shared Lives have been able to care for some very complex individuals in difficult circumstances. ...I have always found the service to be extremely accessible and will always try to accommodate any issues that may arise." A social care professional said, "A shared lives placement was very quickly identified as a safe short term break option whilst alternative longer term living arrangements were organised." The chair of the independent panel said, "I feel that from my experience and direct observations, the Northumberland Shared Lives service is very responsive and caring towards the needs and wishes of the individuals whether that be vulnerable adults that require levels of care, support and accommodation, or Shared Lives carers as well as all professionals involved."

'All about me' person centred assessments were completed. These covered all aspects of people's lives. We spoke with two coordinators who carried out these assessments. They told us, "I go out and meet the person and the family and find out all about the person – I look at everything" and "We spend lots of time with people to find out all about them." People's needs were reassessed if there were any changes. One relative told us, "Before he goes [to carers] they will ring and see if anything has changed or if anything needs updated or if he has any new hobbies."

People were supported to enjoy their hobbies, social activities and to integrate within their local community. We found that the provider's matching process enabled people to live/stay with carers who had similar interests so that people had support and encouragement to undertake their chosen activities. Comments from relatives included, "He has been on [name of carer's] quad bike, fed the chicken and lambs and he wants to go back" and "I'm very happy [name of carer] makes him feel at home. She gets him active and motivated. He likes arty stuff and she gets the best out of him." We read that people went to drama and music groups. One person was a regular on the local radio station programme, 'Night owls.' People were also supported to access employment opportunities. One person was an apprentice at their local horse stables. Another person volunteered at a cattery.

We checked how the service was implementing the requirements of the accessible information standard. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

People's communication needs were recorded in their 'This is me' assessment. We read one person's assessment which stated, "I am able to verbally communicate my likes and dislikes" and "I can read and write." The provider had a website. We saw that photographs and pictures had been added to make the written word easier to understand. The registered manager told us they were developing their website

further to make it more accessible. They also explained they were redesigning their brochure and surveys. She told us, "We are trying to get away from clip art as it can be misunderstood. We are looking at something which is more easy to understand."

A 'champions group' had recently been set up. The group consisted of carers and people who used the service with intermittent involvement from health and social care professionals. The registered manager told us, "The remit of the group is to have skilled people who are integral part of our service and help us develop and promote our service as well as look at the processes we currently use to see if we can do things better." The group had met twice and were in the process of planning what needed to be done in the next 12 months.

There was a complaints procedure in place. None of the people, carers or relatives with whom we spoke raised any concerns about the service.

## Is the service well-led?

### Our findings

At our previous inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

A registered manager was in place. She had been in post since the service first registered with CQC. 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 and relatives were complimentary about the service. Comments included, "Full House," "10 out of 10," "They do a really really good service," "[Name of carers] do an excellent job," "You couldn't ask for better" and "It's a really good service for me and my son. It has taken the weight off my shoulders – it's a great service."

We received positive feedback from other individuals such as the chair of the independent panel. They told us, "The registered manager strives towards ensuring that service is well led and effective, examples of this relate to positive channels of communication within her team and between Shared Lives carers, consultation sessions involving vulnerable adults and carers, working relations between care management teams and commissioners, regular reviews of the provision."

Various checks and audits were carried out by the registered manager, operations manager and staff. Monthly themed visits were carried out by coordinators to check different aspects of the service. The visits were also used as a support mechanism for the carers. Comments from carers included, "One month they will check medicines, the next month diaries or health and safety," "They [staff] come round and do checks on health and safety, making sure there's no risks, no trailing flexes, they check the smoke alarms and check the first aid box," "[Name of coordinator] comes every month and she does different checks like medication, fire, first aid and our diaries. She comes for at least an hour every month" and "Shared lives gives us a lot of support." The operations manager completed a quarterly audit.

The provider worked in partnership with other organisations. They were a member of the national Shared Lives Plus organisation. This is the national membership body for Shared Lives carers and schemes offering advice, guidance and support to its members. The registered manager also attended regional shared lives events. She told us, "We use them to share information and good practice. We also invite them if there is any training events." The chair of the independent panel told us, "The registered Manager is also a key member of the North East Regional group of shared lives schemes and regularly participates/contributes to regional and national developments by sharing her experience with others and supporting change and developments whilst promoting positive practice." Staff also worked with other agencies such as the children's transitional team when people were transitioning from children's to adults services. Staff also liaised with a number of local authorities such as Herefordshire, Newcastle and North Tyneside with regards to people's care.

Staff and carers spoke enthusiastically about the impact the service had on people's lives. Staff told us they enjoyed working at the service. Comments included, "It's more than a job," "I think we do a really good job – it's an excellent service" and "It's the best job ever."

Following our inspection, we contacted the nominated individual who told us, "Shared Lives is and continues to be an integral service across our community and adult social care offer to service users. We take an active role as part of a regional work stream regarding future developments and are making plans as to how our local scheme can be expanded to support new ways of working."