

Cumbria County Council

Shared Lives Cumbria

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Shared Lives Cumbria is a shared lives scheme which provides people with long-term placements, short breaks, day support and respite care, within shared lives carers' own homes. The service provides support to people who have a learning disability, autistic people, people who have mental health needs, people who have sensory impairment, older adults and people living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 15 people received support with their personal care.

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

Right Support:

The service supported people to have the maximum possible choice, control and independence and they had control over their own lives. Shared lives carers had completed training to ensure they understood the ethos of the service and to give people choices about their lives and care. People were supported by their shared lives carers to pursue their interests and to achieve their aspirations and goals.

People had fulfilling and meaningful lives because support focused on their strengths and promoted what they could do. Relatives and shared lives carers told us people had gained skills and independence. One shared lives carer told us, "[Person] has moved on now to live independently in the community. We still keep in touch though."

Shared lives workers and carers supported people to access health and social care support in the community as they needed. People received the support they needed to take their medicines. Shared lives carers supported people with their medicines safely and in a way that promoted their independence.

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

Right Care:

People received kind and compassionate care from their shared lives carers. Shared lives carers protected

and respected people's privacy and dignity. They spoke about people with respect and were proud of the skills they had gained. One shared lives carer told us, "I am learning more from [people supported] than they are learning from me." The shared lives carers understood and responded to people's individual needs.

Shared lives carers understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse and they knew how to apply it. Shared lives carers reported any concerns to the shared lives workers. Shared lives workers worked well with other agencies to protect people.

The service had enough appropriately skilled shared lives carers to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, and pictures and symbols could interact comfortably with their shared lives carers because they had the necessary skills to understand people.

People's care and support plans reflected their range of needs and promoted their wellbeing and enjoyment of life. Shared lives carers understood and responded to people's individual needs. Where appropriate, they encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the service management and shared lives workers. One relative told us, "It is a safe, welcoming and inclusive atmosphere." Another relative said, "It's such a nice and good service."

People were supported by shared lives carers and workers who understood best practice in relation to the wide range of strengths, impairments or sensitivities people may have. This meant people received compassionate and empowering care that was tailored to their needs. Shared lives carers and workers knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. They placed people's wishes, needs and rights at the heart of everything they did. One relative told us, "We have all found them supportive, not just for [relative] but for us all in her family."

The management team, shared lives workers and carers ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. They treated people and their families with respect. One relative told us, "They base everything on what we want and need rather than telling us how it's going to be, they include our ideas and wants." Relatives and shared lives carers felt well supported by the shared lives workers. They told us they could raise any concerns and action was taken. People valued the service and told us they would recommend it.

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

Rating at last inspection

This service was registered with us on 2 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shared Lives Cumbria

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

There had been a registered manager in post until July 2022. The provider had informed us of changes to the management arrangements and how they were ensuring continued management oversight of the service.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 3 August 2022 and ended on 23 August 2022. We visited the location's office on 3 August 2022. We gathered the views of people's relatives and shared lives carers from 15 to 23 August 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the provider's service manager and two shared lives scheme workers. We reviewed a range of records. This included three people's care records and medication records. We looked at four shared lives carer's files in relation to recruitment and training. We also reviewed records relating to the management of the service. We contacted six people's relatives and six shared lives carers to gather their views. We reviewed further information the provider sent to us.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Shared lives carers and workers had training on how to recognise and report abuse and they knew how to apply it. They knew people well and understood how to protect them. Where any concerns were identified the provider worked well with partner agencies to resolve them.
- Shared lives carers told us they were confident they kept people safe. Relatives told us people were safe. One relative said, "I know [relative] is safe with [shared lives carers]."

Assessing risk, safety monitoring and management

- People were safe because the management team assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because shared lives carers and workers managed risks to minimise restrictions. People were supported in positive risk taking to gain skills and confidence.
- People's care records helped them get the support they needed because it was easy for shared lives carers and workers to access and keep high quality care records. They kept accurate, complete, legible and up-to-date records, and stored them securely.

Staffing and recruitment

- The numbers and skills of shared lives carers and workers matched the needs of people using the service. The management team ensured they only agreed to support people if they had appropriate shared lives carers available and willing to support them.
- The service ensured people were supported by shared lives carers who had the skills to provide their care and who they liked. A robust 'matching' process gave people and shared lives carers the opportunity to get to know each other before a shared lives agreement was arranged.
- The provider employed four shared lives workers. Shared lives carers told us they felt very well supported by the shared lives workers. One told us, "[Shared lives worker] is fantastic. She is always there if I need advice. The supervisors [shared lives workers] have great communication systems. I am always told when [shared lives worker] will be available and who to contact when she is on leave. It doesn't matter which supervisor I speak to; they know everything that is going on."
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new shared lives carers before they were approved to join the scheme. This included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support from their shared lives carers to make their own decisions about medicines wherever possible.
- Shared lives carers followed systems and processes to administer, record and store medicines safely. They had completed training to give them the skills to handle people's medicines safely. They kept clear records of the support they had given people with their medicines. This meant the management team could check if people had received their medicines safely and as they needed.

Preventing and controlling infection

- People were protected from the risk of infection. Shared lives carers had received training in infection prevention and control and food hygiene. Procedures reflected the domestic nature of the service.
- During periods of national restrictions, the service had restricted people meeting as part of the matching process to reduce the risk of infection.
- The service had kept up to date with changes to government guidance during the COVID-19 pandemic. Shared lives workers had ensured guidance was shared with shared lives carers to keep them and people they supported safe.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received the care they needed because shared lives workers had completed a comprehensive assessment of each person's physical and mental health before they were provided with care and support.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, their relatives, shared lives workers and carers reviewed their care plans regularly together. One relative told us, "We're very involved in planning [relative's] care and we have a review every year where [relative] is involved. We feel fully involved and they've helped us a lot."
- Care plans reflected a good understanding of people's needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Shared lives carers told us the care plans gave them the information they needed to support people.

Staff support: induction, training, skills and experience

- People were supported by shared lives workers and carers who had received relevant and good quality training. One relative told us, "[Shared lives carer] has got the training and skills, [they] know how to support [relative] properly."
- Shared lives carers told us training was planned and provided to ensure they had the skills to meet individual's needs. They said they felt very well supported by the shared lives workers. One shared lives carer said, "The support from [shared lives worker] is excellent. I can speak to them at any time if I need advice. All the shared lives workers are brilliant."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. They were involved in choosing their food and planning and preparing their meals. One relative told us, "[Shared lives carer] asked [relative] what her favourite food was, which is sausage and chips. So, they've planned to have that next time [relative] visits."
- People could have a drink or snack at any time, and they were given guidance from their shared lives carers about healthy eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us the shared lives workers worked well with other agencies when people moved between services. One relative told us, "It was an easy transition and we're really impressed with them."

- People had health action plans and dental and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to access healthcare services as they needed. Shared lives carers identified if people were unwell and either informed their relatives or supported them to contact healthcare services, as appropriate.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service managers and shared lives workers and carers understood their responsibilities under the MCA and people's rights were protected.
- Shared lives workers and carers empowered people to make their own decisions about their care and support. One relative told us, "It's a very enabling service."
- Shared lives carers knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well matched with their designated shared lives carers and as a result, people were at ease, happy, engaged and stimulated.
- Relatives told us shared lives carers had developed positive and trusting relationships with people. They told us shared lives carers showed genuine interest in people's well-being and quality of life. One relative told us, "You can see [shared lives carers] are good people right away, [relative] took to them because of that. They definitely care."
- Shared lives carers showed warmth and respect when speaking about people they supported.

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

- Shared lives carers took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and shared lives carers ensured they had the information they needed.
- Shared lives carers respected people's choices and wherever possible, accommodated their wishes.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. The focus of the service was on promoting positive outcomes for people. One shared lives carer described how a person they had supported had moved to living independently in the community. Relatives told us how shared lives carers had worked with people to gain skills of independent living. One relative told us, "[Relative] does what she can, chops the vegetables and dries the dishes."
- Shared lives carers respected people's privacy and dignity. They spoke about people in a respectful way and were proud of the skills people had gained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and took account of their preferences and abilities. Each person had a detailed person-centred care plan to guide shared lives carers on how to support them. The care plans were written in a positive way based on people's abilities as well as the support they needed.
- People's preferences were identified, and they were included in choosing which shared lives carers supported them.
- Shared lives carers knew people well. They offered people choices about their care and lives and respected the decisions people made.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Shared lives workers and carers ensured people had access to information in formats they could understand
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Each person had detailed 'health passports' which included information about their needs and their preferred communication style. This gave healthcare services information to ensure people could receive information in a way they could understand.

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

- People's care records included information about the activities and hobbies they liked to take part in. People were supported to try new activities including in relation to self-care and everyday living skills. One relative told us, "[Relative] gets the opportunity to do different things they wouldn't do at home. [Shared lives carer] gets [relative] to do as much as they can for themselves when they are there."
- People were supported to understand their rights and explore meaningful relationships.

Improving care quality in response to complaints or concerns

- People and their families could raise concerns and complaints and shared lives workers and carers supported them to do so. One relative told us, "I speak to [Shared lives worker] with any concerns but I don't really have any, I'm so used to them we just chat all the time."
- The provider had a procedure for receiving and responding to concerns. No complaints had been received by the service.
- Shared lives workers and carers were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- There was no one using the service who required end of life care. The provider had links with specialist services which they would work with if people needed care at the end of their life.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred care from shared lives carers who they knew and who knew them well. People were supported to enjoy a good quality of life. One relative told us, "It is a safe, welcoming and inclusive atmosphere. It's client based, they base everything on what we want and need rather than telling us how it's going to be. They include our ideas and wants. It's a very enabling company."
- The registered manager had worked hard to instil a culture in which shared lives workers and carers truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The service management, workers and carers put people's needs and wishes at the heart of everything they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and shared lives workers understood their responsibilities under the duty of candour. They were open with people when incidents occurred and cooperated in investigations to identify where the service could be further improved. One relative told us, "They are very open."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a registered manager in post until July 2022. The provider informed us about changes to the management arrangements at the service and ensured shared lives workers were supported by a suitably skilled manager.
- The management team had the skills, knowledge and experience to perform their role and a clear oversight of the service.
- Shared lives workers knew and understood the provider's vision and values and how to apply them in their work. Relatives and shared lives carers knew the shared lives workers well. They told us they felt well supported by the shared lives workers. One relative told us, "I think that they are excellent."
- Governance processes were effective and helped to keep people safe, protect their rights and provide good quality care and support. People valued the service and told us they would recommend it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- There were formal and informal listening events for people, their relatives and shared lives carers to share their views and discuss issues with the shared lives workers.
- The management team and shared lives workers encouraged people and shared lives carers to be involved in the development of the service. One relative told us, "[Shared lives carer] always asks if I have any concerns or what I think, we have good two-way communication."

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The service provided people with high quality care which promoted their rights and positive outcomes.
- The provider kept up to date with national policy and best practice to inform improvements to the service.

Working in partnership with others

- People continued to receive the care they needed as their needs changed because shared lives workers and carers worked effectively with other agencies.
- The service worked in partnership with people, their families, shared lives carers and other services which supported people to ensure they received seamless person-centred care.