

# Medway Council

# Shared Lives

## 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

About the service:

Shared Lives enables people to live with a Shared Lives carer within their home in the local area. Carers are recruited, assessed, trained and supported by the scheme to provide the necessary support for people who come to live with them. Although Shared Lives supported approximately 30 people, approximately only seven people who lived within the scheme received support with their personal care needs at the time of inspection.

What life is like for people using this service:

We found the Shared Lives service met the characteristics of a Good service in all areas.

People received a person-centred service that met their needs and helped them to achieve their goals and ambitions. Whether that was to live a quiet comfortable life, or to gain the confidence and skills to try new things and move on to live more independently.

People were supported and encouraged to be involved in decisions about their own life and care, including who they chose to live with and how they spent their time. Shared Lives carers went through a comprehensive assessment period before they were approved to welcome someone to live with them in their own home.

Shared Lives carers fully involved people in their home and their family life. Some carers lived alone, or with partners, and others lived with their own children. Others had grandchildren and other extended family members visiting regularly. Many carers had pets, such as dogs. People had all this information before they decided to go further and meet a potential carer. People told us about the family gatherings they were involved in and the holidays they enjoyed with their Shared Lives carers, sometimes with their carer's family or friends.

People enjoyed a range of activities and interests that met their social needs and preferences. They had the opportunity to go out with day opportunity Shared Lives carers to support a wider circle of interests and friendships. This also gave their main carers the chance to catch up on their own chores or interests.

Shared Lives staff, employed by the provider, supported both the people using the service and the Shared Lives carers, who were self-employed. This offered an added network of support to offer advice and guidance and act on any issues raised. The provider had a range of training opportunities for staff and carers to make sure they had the skills and competence to support people well.

The provider made sure they monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety.

More information is in the detailed findings below.

Rating at last inspection:  
Good (Report published 21 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain Good.

## 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

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type:

Shared Lives is a scheme which provides respite, short and long-term care within a family environment for adults who need additional support, for example, learning disabilities, autistic spectrum disorder and older people. Not everyone using Shared Lives receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

#### Notice of inspection;

We gave the registered manager 24 hours' notice of our inspection as Shared Lives Medway is a community based service so the registered manager and the team are often out of the office. We needed to be sure they would be available. Inspection site visit activity started on 22 January 2019 and ended on 25 January 2019. We visited the office location on 22 January 2019 to see the registered manager and office staff; and to review care records, staff records and policies and procedures. We asked the registered manager if they could seek the permission of Shared Lives carers and people using the service to visit them in their home to gain their feedback, and we visited on 23 and 25 January 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection, in July 2016. This

included details about incidents the provider must notify us about, such as abuse or serious injury. Providers are required to send us information at least once annually to give some key details about the service including what the service does well and improvements they plan to make. Although the provider had received the form to complete, due to a technical difficulty they did not receive this in time to be able to return it before the inspection.

During the inspection we spoke to three people living in the Shared Lives service, four Shared Lives carers, the registered manager and a Shared Lives social worker.

We reviewed a range of records. This included four people's care records and medication records. We also looked at one staff file and two Shared Lives carers files around recruitment, assessment and supervision and support. We looked at Shared Lives staff and carers training records. We reviewed records relating to the management of the service and policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and Shared Lives carers to share their views.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People were protected from situations where they may be at risk of harm. Risks were identified and individual risk assessments were completed by Shared Lives social workers or officers before people moved in to live with their new carers. These included risks to, people's mobility; taking their medicines; or going out alone. Review meetings were held regularly with people and their Shared Lives carers after they first started to share their lives together. Risk assessments were checked at the meetings to make sure the measures in place continued to be sufficient to prevent harm, but at the same time not restricting people's independence. Thereafter, reviews were held every eight to ten weeks. Shared Lives carers confirmed they could contact the Shared Lives office at any time if people's circumstances changed and risk assessments needed to be reviewed sooner.
- The Shared Lives service operated an 'on call' out of hours service so that people and Shared Lives carers could access help and support in an emergency at any time if they needed to. For instance, one person had not returned home as expected and agreed in their care plan and risk assessment. The person was found a short time later at their friend's house, having lost track of time. The records showed how this had been reported through the on-call service and the action taken.

### Staffing levels

- A Shared Lives team consisting of one senior social worker, two social workers and two social care officers were based in the provider's office base along with the registered manager. The team supported all aspects of the Shared Lives service. There were sufficient staff in post to deliver the support needed to make sure people received a safe and good quality service.
- Shared Lives carers were recruited to welcome people into their home to live as part of their own family. People were not offered a place within the Shared Lives service until a suitable Shared Lives carer was available. An ongoing recruitment campaign was in progress to attract more Shared Lives carers in order to expand the service.
- A robust process was in place to recruit new Shared Lives staff and carers. Application forms were not accepted unless they were fully completed with no gaps in employment; references had been received; proof of identification had been collected and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.
- Shared Lives social workers completed a rigorous assessment with potential Shared Lives carers. This took place over at least four sessions and included their family history and childhood, previous employment and their current circumstances. Shared Lives carers we spoke with confirmed the assessment process and said they were surprised but pleased by how thorough the process was. Shared Lives social workers told us it meant they got to know the carers well and the process helped them to match people who had been referred to join the Shared Lives scheme with suitable carers. Following the recruitment and assessment process, the application was presented to a panel of managers and senior managers within the Medway

Council adult social care department to approve the applicants as Shared Lives carers. People could be assured a safe process was in place to make sure their care and support was provided by suitable staff and carers.

#### Using medicines safely

- Not everyone using the Shared Lives service needed support with their medicines as some people could manage this themselves and others did not take any medicines. Where people did require support from their Shared Lives carer, how this was managed was dependant on the person's needs and the advice and support from local GP's and pharmacists. The carers we visited described the medicines administration process and showed us the records they kept which were neat and completed appropriately. Safe and secure storage was in place in each carer's home. People had their medicines reviewed by the GP, supported by their carer's. Processes were in place to make sure people received their medicines safely.

#### Systems and processes / Learning lessons when things go wrong

- The registered manager, Shared Lives staff and carers understood their responsibilities to safeguard people from abuse. Information about safeguarding was available to staff and carers. People were regularly reminded by staff and carers about how to stay safe and what to do if they had concerns. People told us who they would talk to if they were worried about anything. Staff and carers had received the training necessary to make sure they could recognise abuse and know what to do if they had concerns.
- A system was in place to record accidents and incidents. Shared Lives carers reported incidents immediately by telephone to the registered manager or Shared Lives staff. The incident was recorded by Shared Lives carers and sent to the providers office base where the registered manager completed an investigation and updated the provider's electronic system and the person's records.
- Accidents and incidents and safeguarding issues were monitored by the provider to check for themes or practice issues. Details of incidents were checked by the provider's health and safety department and advice and guidance was given when necessary to make sure the incident was not repeated.

#### Preventing and controlling infection

- Shared Lives carers were aware of infection control practices and used the appropriate equipment such as disposable gloves when necessary. Infection control training was included within the mandatory training they were expected to complete. Shared Lives staff checked the environment when they carried out their initial assessment and monitored this during regular reviews.



# Is the service effective?

## Our findings

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

Good: ☐ 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

- A comprehensive initial assessment was carried out with people before decisions were made if Shared Lives offered a suitable and safe solution to their accommodation and support needs. The local authority adult social care team referred people to the service in the first instance, submitting an assessment of people's needs and wishes. A Shared Lives social worker completed their own detailed assessment of the person's support needs. The assessment took several visits to complete and covered areas such as, the person's goals and ambitions, the support they required to do this, their personal care needs and their capacity to make decisions. The assessment was used to inform the process of matching the person with a suitable carer as well as to develop care plans and risk assessments.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans and met in practice. This included people's needs in relation to their culture, religion and sexuality. Shared Lives staff and carers made sure people had support and advice about their friendships, relationships and how to maintain these appropriately. When Shared Lives social workers carried out the carer's initial assessment they asked questions to check their views of valuing diversity, such as same sex relationships and marriage. The registered manager, staff and carers were committed to ensuring people's equality and diversity needs were met.

Staff skills, knowledge and experience

- Shared Lives staff and carers had completed the necessary training to make sure they could fulfil their roles in supporting people within the service. All mandatory training was completed and monitored closely by the registered manager so they could remind staff and carers if refresher training had been overlooked. Additional training was available when needed, for instance, diabetes or epilepsy training. Most training was face to face rather than online training. Shared Lives carers told us they valued this, as they had the opportunity to learn with a group of other carers, although they sometimes found it difficult to fit it in to their busy schedules supporting people. The registered manager was aware this was a concern at times and had supported carers to attend where it had proved difficult, or had arranged online training until attendance could be organised.
- Shared Lives staff received regular and constructive one to one supervision with their manager and had an annual appraisal to support their personal development. Shared Lives carers had regular support meetings with their Shared Lives social worker where they could raise concerns or difficulties and receive advice and guidance.

Supporting people to eat and drink enough with choice in a balanced diet

- As people were sharing their lives within the home of their Shared Lives carer, the choice of food and

meals was individual to each person and the Shared Lives carer's family circumstances. People told us about their favourite foods and the foods they did not like. They told us about going out for meals to a pub or restaurant as well as choosing take-away meals of their choice as a treat. One person said, "We had an all-day breakfast for tea last night, it was good."

- One Shared Lives carer told us about when they had sought the advice of a dietician to help them to assist one person to lose weight to better their health and energy levels. They had followed the guidance given and the person ate a healthier diet that helped weight loss.

Staff providing consistent, effective, timely care

- People had a Health Action Plan in place, this gives an overview of people's healthcare needs, and they were supported to have an annual health check with their GP. Information was recorded about appointments to see healthcare professionals which showed concerns were acted on.
- People were supported by their Shared Lives carer to attend their health appointments, helping them to understand the advice given and any follow up treatment that was needed. Regular visits to the GP, dentist and opticians were encouraged and supported when needed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Most people living in the service at the time of inspection had the capacity to make their own decisions on a day to day basis. Where they needed help to make more complex decisions, Shared Lives staff and carers made sure they had the appropriate advice to support their decision, such as from a health and social care professional or an independent advocate.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. In Shared Lives services the process involves an application to the Court of Protection for this authority. The registered manager had made sure that applications had been made to the court of protection when appropriate and kept this under review. For example, if people could not be left in their Shared Lives home on their own or unable to go out without the supervision of their Shared Lives carers or other appropriate individuals.

Adapting service, design, decoration to meet people's needs

- When we visited people living in their Shared Lives homes, one person offered to show us their bedroom. They were clearly very proud of their room as it held their personal possessions and things that were important to them. Another Shared Lives home we visited had a ramp outside from the driveway to the front door to assist the person living there with access to the property.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People shared the lives of the Shared Lives carers they were living with and told us some of the things they enjoyed. These included, joining in family activities and celebrations such as birthdays and Christmas, going on holiday and visiting their carer's family members. Shared Lives homes we visited had pet dogs and people enjoyed telling us how important they were to them. One person said, "He likes to come into my room and stay with me." People also told us about their Shared Lives carers young relatives and babies coming to stay and how much they enjoyed this.
- Shared Lives carers helped people to stay in close contact with their own relatives. Sometimes this was by supporting them to visit, to make regular telephone calls, or welcoming relatives into their home. One person told us how they stayed in contact with their relatives. They said their relatives visited them and they went out together to a local café for a chat and private time. They showed us photographs of their relative's dog and told us how much they cared for the pet.
- People told us they were happy and liked living with their Shared Lives carers. When we visited people in their home, they were chatty and confident and clearly comfortable to speak about their experiences. People were tactile with their carer's, giving them a hug and having a joke with them.
- People met with a Shared Lives social worker or officer on a regular basis, away from their Shared Lives carer; to give them the opportunity to talk about how they were getting on and if they were happy where they were living. People got to know their Shared Lives staff and enjoyed meeting with them. They could tell us their name and one person told us how they went to a local café for a drink and another person said they met at a day resource they attended.

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

- When people had successfully completed the assessment process, they were helped to look at information about Shared Lives carers who matched their preferences and were available to offer them a home. Once people had shown a preference for a carer, a meeting was planned between them with Shared Lives staff. This progressed to more meetings, visits to the home for a meal and when the person was ready, to an overnight stay. The process was taken at the person's own pace. Following this, a decision was made between the person and the Shared Lives carer if they thought the arrangement was going to work for them both and agreed a date to move in. People were fully involved in the process of assessment and decision making.
- The registered manager told us about one Shared Lives carer who provided 'Home from hospital' care. They told us the carer had developed a video so that when the Shared Lives staff visited a person in hospital they could show them the carer's home and pets. The registered manager said, "That way, if we are unable to do our usual, more traditional, home matching visit, the person is able to see where they are going and

get an idea of the home. This helps them to make a choice."

- People were involved in the review of their care plans and risk assessments and able to voice their opinion if things were not working for them. People told us about their review meetings and said they felt able to speak up. They had signed their assessments and care plans to say they agreed with the content.
- Advocacy groups were used regularly to help people to make decisions about their care. The registered manager showed us where two different advocacy organisations had been used to help people to make decisions or to speak on their behalf when they found this difficult. Some people were also involved in self-advocacy groups in the local area which helped people to gain the confidence and skills to speak up for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's bedrooms were their personal space where they could enjoy their privacy whenever they wished. One person told us about listening to music in their room and another person said they liked to watch the TV programmes they liked in their room. Another person commented they had a collection of dolls in their room and one of their Shared Lives carers had put a shelf up so they could display them.
- People were supported to be as independent as possible. The needs of people using the service varied considerably. Some people could go out on their own, meeting with friends or doing voluntary work, and others needed the support of their Shared Lives carers to go out. However, a culture of promoting and maintaining independence for everyone was clear from the people we spoke with, the Shared Lives staff and carers and the care plans we looked at.
- Confidentiality was supported. Information was locked away as necessary. Computers used by the provider and staff were password protected to keep information secure.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

### Personalised care

- Staff described how the Shared Lives service had transformed people's lives. People's confidence increased quite quickly as they gained trust in their carer's and were able to increase their independence but remain safe and well supported. For example, one person had started voluntary work to build their skills and had joined other activities not previously enjoyed, such as a music group.
- People's care plans were easy to read and follow. They were in a simple table format with pictorial images to help people to understand them more easily. They included all the information Shared Lives carers would need to be able to provide the support people had been assessed as needing. People were fully involved in the development and review of their care plans. They included what the person had described as their needs and wishes to make sure a person-centred service was delivered. For example, how people would like their carer to help them to take their medicines or how they preferred to be communicated with. Some people had said they would not like to be in the home on their own and this was addressed within the care plan.
- One person was hard of hearing and this was described in their care plan, stating they wore a hearing aid which meant that others may have to repeat what they had said to make sure they heard correctly and understood.
- People were involved in a range of activities that were personal to their own interests, age and health. People told us that they went out to see bands with their Shared Lives carers and loved listening to the music of those they had seen. They also regularly went to the cinema, drama groups and bowling. Some people did voluntary work, others went to college and one person told us they liked to go to boot fairs.
- Some people had a second Shared Lives carer to help them to access day opportunities outside of the home and independent of their main Shared Lives carer. Where this was the case, they had regular days to access this so they could plan their week and control what they liked to do.

### Improving care quality in response to complaints or concerns

- People were asked their views as a matter of course as they were fully involved in discussions and plans each day. This meant they could raise complaints or concerns with their Shared Lives carers straight away. People also regularly met with a Shared Lives officer so were able to raise complaints with them if they needed to. Staff kept comprehensive records of their meetings with people, recording even small details about what they had discussed. This gave other staff the information they needed if any concerns were raised. People had access to easy read information about how to make a complaint if they did not wish to raise their complaint in either of these ways.
- The registered manager had received two complaints since the last inspection and had dealt with them suitably, following the provider's complaints policy.

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Shared Lives offered a person-centred service, unique to the person and the Shared Lives carers they were living with. Care planning fully involved the people who received a service and their carers who they shared their lives with.
- We found the registered manager and Shared Lives staff had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff knew what their responsibilities were and were passionate about their role. The Shared Lives staff we spoke with were happy in their role and told us they loved their job. They told us the registered manager was approachable and supportive and there was a good team spirit and recognition of each other. Staff said communication was good as they had regular meetings and they all shared an office space with the registered manager so were able to chat things over whenever they needed to. We heard discussions and plans taking place about a person who had just been referred to the service and needed a safe place to live quickly. The registered manager was talking to staff about what they could do to help support the person's referral, while at the same time not compromising their safe assessment process.
- The Shared Lives carers we spoke with were committed to the people they were sharing their lives with, and their role in helping them to live a successful and comfortable life. They understood their responsibilities as a Shared Lives carer and took these very seriously. One carer told us, "It's a 24 hour a day, seven days a week role but I wouldn't change it for anything, I love it."
- The provider and registered manager monitored the quality and safety of the service through regular reviews with people and carers together, individual support meetings with people and regular support meetings with Shared Lives carers. The Shared Lives staff team discussed any concerns raised at these meetings. The provider and registered manager monitored complaints and accidents and incidents and reported these to the provider's health and safety committee. A manager from another of the provider's adult social care services carried out an audit of the records kept in relation to Shared Lives people and carers. Improvements needed were discussed directly with the registered manager who made sure action was taken to address any shortfalls.

Engaging and involving people using the service, the public and staff / Continuous learning and improving care

- Apart from the individual support meetings and regular review meetings with Shared Lives people and

carers, the registered manager held carers meetings four times a year. This gave carers the chance to catch up together and keep up to date, for example, with changes in legislation. Carers told us the next planned meeting included a talk from the Fire Rescue Service to offer advice about taking the most appropriate action in their homes to keep people safe.

- The registered manager told us they had started to hold meetings at a separate venue for people, if they wished to attend, at the same time as the carers meeting. Shared Lives staff thought people may have more confidence to speak up in a group of friends. One meeting had been held so far, and the next meeting, to be held in April 2019, was planned to have a focus on healthy eating. The registered manager said they would continue to hold the meetings in this way if people wanted to.
- The registered manager told us that following feedback from Shared Lives carers at an event held in the summer of 2018, they had reviewed their risk assessment paperwork and changed the design so it was easier to read and follow. This had been introduced and Shared Lives staff were using this format now during people's assessment and reviews. A similar event was held the week before the inspection visit and Shared Lives carers told us they were given ample opportunity at the event to raise ideas and suggestions for improvement. They felt they were listened to and had seen changes made as a result of feedback previously given.
- A handbook was available for Shared Lives carers from the provider which was given to them initially to provide the information they would need. How to contract Shared Lives staff was included as well as, for example, out of hours contact numbers, how to make a complaint and copies of the policies and procedures they would need to consult at times. The registered manager told us they recognised this had become a weighty and lengthy document. They had made a start to reduce the handbook by making the policies and procedures available online so the most up to date version could be accessed at any time. The next step was to include Shared Lives carers in developing what they thought new carers would need to know and this work had started.

#### Working in partnership with others

- The registered manager told us the provider had committed to invest in the Shared Lives service. Staff were engaged in a programme of advertising the service across the local area. As part of this drive, they were going out to local community venues such as libraries and shopping centres to tell the public about what they did and how they could get involved or benefit from the service. Staff were planning various events for the coming week during the inspection visit, keen to expand the service further.
- The registered manager was an involved member of the Shared Lives Plus regional network who met every three months. Shared Lives services across the south-east region met to share good practice and ideas and help to solve problems or areas of concern. Shared Lives Plus helped to facilitate the Shared Lives carers events to enable carers to speak up freely.
- The registered manager, Shared Lives carers and staff helped people to be a part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary.