

Worcestershire County Council

Shared Lives

Inspection report

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Date of inspection visit: 4 August 2014
Date of publication: 30/01/2015

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 

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. This meant that we gave the service short notice so that management and staff were available to assist with our inspection. This inspection was Shared Lives first inspection since they registered with CQC in September 2013.

The Shared Lives Scheme recruits, trains and supports Shared Lives carers who provide personal care and support for people within their own family homes in the community; enabling them to live as independently as possible. When we visited the scheme was supporting 115 people who lived in family homes and 96 approved Shared Lives carers. The scheme caters for people aged

Summary of findings

over 18 who have a disability and for older adults with care needs. Shared Lives workers were employed by the scheme to assess, monitor and support Shared Lives carers.

The service had a manager who was in the process of applying to become a registered manager. 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 and associated Regulations about how the service is run.

Our findings from our inspection meant that the provider was not in breach of any regulations. We found that people were kept safe by trained staff who knew how to protect people. There were sufficient staff to meet people's needs.

All the people we spoke with told us that they liked where they were living and that they were well cared for. People told us that they were supported to remain independent and received assistance when they needed it. They told us that their shared lives carer knew what their preferences were and they did hobbies and interests that they enjoyed.

Shared Lives carers told us that they had received the support and training they needed to carry out their role. Procedures and systems were in place which ensured that people who used the service were supported by Shared Lives carers who were suitable for their role.

Shared Lives workers told us that they had received the support they needed to carry out their role. They told us training was good and always on-going to maintain their skills and knowledge. We found that systems were in place for Shared Lives workers to follow so that assessment and monitoring of carers and the Shared Lives placement took place.

All the people we spoke with told us that their views were asked for and they had someone they could talk to if needed. All the staff that we spoke with in the different roles throughout the scheme understood their responsibility to speak out about poor practice if they needed to. Shared Lives workers told us that regular meetings took place so that there was an opportunity to learn and share good practice.

We found the manager had systems in place which ensured the quality of the care was monitored. The provider was in the process of developing a questionnaire to send to carers and people who used the service. Audits such as incidents and accidents, record keeping and staff training were monitored. Where there were any actions following these audits they were followed up and improvements had been made. The provider wrote case studies in which lessons would be learnt and best practice would be shared with the Shared Lives workers. This meant there were systems in place to continually monitor the quality of the service provided to better achieve safe and effective care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good



The service was safe.

People told us that they were happy and safe

The provider had systems in place that ensured Shared Lives carers had suitable checks in place before becoming an approved carer.

Safeguarding procedures were in place and all staff knew about their responsibility to protect people from the risk of harm.

Is the service effective?

Good



The service was effective.

Staff had the knowledge and skills needed to support people effectively.

People received the support they needed to maintain good health and wellbeing.

Is the service caring?

Good



The service was caring.

People were encouraged to express their views and make decisions about their care.

People told us that they liked where they were living and the carers that supported them.

Shared Lives carers and workers were kind and compassionate and supported people to lead fulfilling lifestyles.

Is the service responsive?

Good



The service was responsive.

People's needs were assessed and planned. People received care that was personalised and individual to them.

People told us that they took part in a range of hobbies and interests that they enjoyed.

People told us that they could speak with someone if they were not happy. We saw that there were arrangements in place for dealing with concerns and complaints.

Is the service well-led?

Good



The service was well led.

The provider promoted a positive culture which encouraged people, their relatives and staff to help develop the service.

The provider had good leadership with a strong management team.

Summary of findings

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Shared Lives

Detailed findings

Background to this inspection

The inspection was undertaken 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We sent a survey to people who used the service asking for their views. We also looked at the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We undertook the inspection over a two day period, on the 4 August we visited the office and spoke with three Shared Lives workers, two Shared Lives carers and two managers. The 19 August 2014 we spoke with seven people who used the service and five Shared Lives carers.

Is the service safe?

Our findings

One person told us, “Yes, I have always felt safe. I think it is a good service”. Another person told us, “Yes, it is much better than where I was before; in fact it has surpassed all my expectations. I have always felt safe”.

All the Shared Lives carers we spoke with told us that they had the information they needed to make sure that risks to people were well managed. They told us that they had received the training they needed. They talked through some examples of managing risks and told us that there were support mechanisms in place from the scheme to support them with any difficult or emergency situations. One Shared Lives carer told us, “Yes, it is safe, [Shared Lives Worcestershire] have never let me down. I can say that Worcester does run a safe scheme. In terms of my own work we have always treated the people we support the same as my other kids, my own kids, we are all always one family.” Care records showed that people and their relatives, Shared Lives workers and other professionals were involved in determining the risks associated with people’s care and support needs. This meant that Shared Lives carers had the skills, knowledge and support they needed which ensured people would be supported safely.

We saw records confirming that there was a process of approval in place to ensure that Shared Lives carers were suitable for their role. This included health and safety checks of the property to ensure it was safe and suitable for a Shared Lives placement. Each carer was required to go through a vetting process that included security checks on their suitability to work with people and the specific training required prior to being approved. This ensured the safety of everyone involved in the process.

All the staff we spoke with including Shared Lives workers, carers and managers were knowledgeable about safeguarding issues and their responsibility to safeguard

people. Staff were able to tell us how they would respond to allegations or concerns of abuse should any occur. The manager is required to inform us of any incidents of abuse that occur in the service this includes omissions of care or action that could harm. Our records showed that we had received six incidents about people who used this service. All incidents had been actioned appropriately and measures had been put in place to keep people safe following the investigation.

All the Shared Lives workers and carers we spoke with told us that they supported people to make informed decisions about their lives. We were told that if a person was unable to make an informed decision about an aspect of their life then discussions would take place with the person’s family, representative and relevant professional to agree a way forward in the person’s best interest.

Many of the people who used the service transitioned from the fostering scheme when they reached adulthood and so remained in the family home they grew up in. Shared Lives carers are assessed as to how many people they are able to care for at any one time. When new people start to use the Shared Lives scheme, the workers go through a ‘matching’ process. This ensures that the person is suitably matched with a carer. This process considers the environment, other people who use the service and the qualifications that the Shared Lives carer has. People and carers we spoke with did not express any concern with people’s needs not being met. The manager told us that they used a system based on national Shared Lives guidance, to determine the number of Shared Lives workers needed to support the number of carers they supported. They told us that the current ratio of workers to carers met the guidance. Shared Lives workers that we spoke with told us that although their role was busy and challenging at times, they were able to visit the scheme placements and speak to people and carers when they needed to.

Is the service effective?

Our findings

All the people we spoke with told us positive things about where they were living and they told us about the support they had from their carer to make decisions and be independent. One person told us, “Yes, it is working fine”.

When a person is referred to the scheme a written assessment of their needs is required. The manager told us that this was completed with the involvement of the person, an advocate if needed and other professionals involved with the persons care. The Shared Lives workers described the assessment and matching process to us. They told us that the information in the assessment of need, and support plan would be used by the workers to assist in the matching process. This is when an individual person is matched to a scheme carer. The Shared Lives workers told us that through its matching and introduction processes, they ensured that the placement would suit the person and the Shared Lives carer. The Shared Lives workers told us that the most important issue was for them to assess if the carer could meet the individual needs of the person.

All the Shared Lives carers we spoke with told us that they had received good support from the scheme in preparation to carry out their role. A carer told us, “We have all been happy, [the people working at the Shared Lives Worcester offices] will answer my questions. The scheme is working well”. Another carer said, “It seems a really good scheme, I think they are effective, all has been good.” Another carer said, “I feel that they are very efficient.” We saw in a person’s care records that they had been diagnosed with dementia. We saw evidence which showed that the carer had been provided training in dementia which enabled them to properly support the person.

We spoke with one health care professional who told us, “I have worked with a number of Shared Lives workers regarding completion of risk assessments. In my experience the Shared Lives workers was able to identify the risks and involves both service user and carer in risk reduction methods. Giving them choice and control.”

Training records looked at confirmed that safeguarding and first aid training was completed by Shared Lives carers. If they supported a person with medication then this training was also completed. In addition carers completed at least

three training activities a year; this was flexible and included on line training and research. This meant that Shared Lives carers received the training they needed to carry out their role.

Shared Lives carers told us that they were allocated a named worker. A person who used the service told us, “People from Shared Lives Worcester come regularly to check out my carer”.

A carer told us, “[Shared Lives worker] always try their best and always get back to me”.

People told us that the Shared Lives worker visited every three months and also carried out a review each year. All Shared Lives workers we spoke with confirmed that they undertook ongoing monitoring visits to carry out placement reviews with the person who used the service with checks in place to ensure the Shared Lives carer was up-to date with their training. This showed that systems were in place which ensured the effective monitoring of Shared Lives placements.

We spoke with one carer who said that they work out a weekly diary shopping list with the person in order to maintain independence around choice of food. Records showed details of people dietary needs and requirements. Shared Lives workers told us that any specialist dietary requirements including cultural needs and requirements around food preparation would be identified through the assessment process and shared with the lives carers so these needs would be met.

Shared Lives workers told us that they received regular supervision sessions with their manager. They told us that these sessions provided the opportunity for them to share information about any concerns they may have about a placement and to agree any actions that may be needed. Training records looked at confirmed that Shared Lives workers had received training. All the scheme workers told us that their training was up-to date. A Shared Lives worker told us that were undertaking a qualifications and credit framework (QCF) level three in health and social care and they were looking forward to the opportunity to take part in this training to broaden their knowledge and understanding.

We saw evidence in care records and quarterly reviews that carers supported people to attend medical appointments when needed. Shared lives workers told us that if possible people were supported to maintain their own doctor and

Is the service effective?

dentists and that people with a learning disability would be supported by their carer to have an annual health check. Care records sampled showed people's health care needs and how these were to be met. These were documented, and monitored by the Shared Lives workers.

Is the service caring?

Our findings

All the people who we spoke with said that they liked their carers very much and were happy with where they were living. One person told us, “It’s lovely to live with [the carer] here”. We spoke with Shared Lives workers and asked how they maintained people’s privacy. One Shared Lives worker told us that when they did the quarterly reviews with the person they would do this one to one. One worker told us, “I meet [the person] at a café to talk, this gives them the privacy they may need away from their carer”.

Care records we sampled showed that people’s preferred method of communication was discussed and recorded in their care records. This was so that they got the support they needed to communicate their needs and choices.

One carer we spoke with told us that when they were matched with a person the scheme had given a great deal of consideration to the individual needs of the person and the suitability of the placement. A carer told us, “Yes, I think they do care. They see that it is like mother and daughter here and they have made this happen”.

All the people we spoke with told us that they felt that they were involved in the day to day family life of the people they were living with. One person told us, “I can go out on my own, or we go out as a family”.

All the Shared Lives carers we spoke with told us that they were committed to the role that they had agreed to undertake. Some carers had carried out the role for a number of years. Some carers had cared for a person in a foster carer’s role and when the child had reached adulthood, they had transitioned over to a Shared Lives carer role. A Shared Lives carer told us, “It’s fantastic, I love it. They are a part of my family”.

All the Shared Lives workers we spoke with were committed to their role of supporting carers and ensuring that they have the qualities needed to carry out the role. One Shared Lives worker described to us the importance of their role. They told us that were continually assessing the carer’s suitability for their role. Another Shared Lives worker told us, “We have systems in place to ensure that people and carers are well matched, we regularly monitor and review”.

Is the service responsive?

Our findings

All the people we spoke with told us that their carers had supported them to make decisions and choices about their everyday life. One person we spoke with told us how they were supported to make decisions about social activities. They told us, “[the carer] helps me go to events and clubs, I go all the time”.

From talking with people and looking at care records we saw that people had been supported to take part in a range of education, hobbies and interests to meet their individual needs. A number of people attended local authority run day services. All Shared Lives carers that we spoke with told us that they supported people to receive personalised care. One carer told us that the person they supported wanted to go on holiday to Devon. They supported the person to save their money and then helped them plan the holiday. This showed that people had been supported to live their own independent and fulfilling lives.

We asked people who they would speak to if they had any concerns. Most people told us that they would speak to their shared lives carers, one person told us that they would speak to their social worker. The Shared Lives workers told us that they speak with people individually when they visited the person; carers we spoke with confirmed this. The provider told us in information they had supplied prior to the inspection at introducing a

different Shared Lives worker to support the person that used the service and a different worker would support the carer to avoid any conflict of interest that could occur. This showed that the provider was responding to the needs of the person who used the service which ensured their safety and wellbeing.

Shared Lives workers told us that people who used the service were provided with information about how to complain in an easy read format for people to understand. Shared Lives workers confirmed that this information would be talked through with people so they understood what to do if they were not happy about something.

All the carers we spoke with told us that they had no concerns about the service. They told us they felt supported in their role. One carer said, “They are as open as I am, it’s so good that I don’t think I can remember any problem or complaint that needed responding to. They visit me every three months to check that everything is right here”. Everyone we spoke with told us that they would be confident in raising any concerns with their allocated worker or the person in charge if they needed to.

We saw that the provider had a complaints procedure and there were systems in place for the recording and monitoring of complaints. The manager told us that they had not received complaints since our last inspection. CQC had not received any complaints regarding the service.

Is the service well-led?

Our findings

People that we spoke with did not know who the manager was. The Shared Lives carers were aware of some management changes at Shared Lives Worcestershire. At the time of our inspection the manager was applying for registration. The provider had ensured that CQC had been notified and kept up-to date of the management situation.

People who used the service did not have any concerns with the way the service was run. One person told us, “I think it is a good service”. The Shared Lives carers were unsure who was in a management position; however had regular contact with the Shared Lives workers. One Shared Lives carer said, “I met some bosses when I started, I would feel able to get in touch with them if I needed to”.

All the staff we spoke with throughout our inspection who were either Shared Lives carers or workers demonstrated to us that they were clear about their role. They spoke positively about the leadership of the service and knew the lines of responsibility within the organisation.

We found that there were well established systems and procedures in place for the referral, matching and assessment processes. People who used the service and carers were also involved in the process. This ensured that a high level quality assurance on the recruitment of Shared Lives carers takes place.

Shared Lives workers told us that regular meetings took place and that these meetings were useful. Minutes of the meetings we looked at were detailed and showed that structured discussion had taken place in respect of safeguarding procedures, accident reporting and better ways of working.

Shared Lives workers told us they were supervised, attended meetings and were sent memos to keep them informed of any changes to people’s needs or the service. They told us they had monthly discussions with their

manager and that this was a good opportunity to discuss any concerns they may have. They told us they felt listened to and had confidence the manager would take action where it was required. This showed that Shared Lives workers were provided with an opportunity to share their views and maintain consistency of the service.

The provider had written case studies as a way of learning from incidents and to instil best practice. These studies were shared with the Shared Lives workers and lessons learnt were discussed. For example, were a carer was no longer able to care for a person, but did not recognise this themselves. The team would discuss what steps they would take to ensure that all people were protected and treated fairly and respectfully. An issue that had already been looked at was to improve the system for paying scheme carer’s.

The provider’s quality assurance system included regular checks that ensured care staff kept accurate records of the care they had delivered. We saw that records of audits of care records had taken place to ensure that Shared Lives workers fulfilled their responsibility to support people that used the service and their carers effectively. The manager and Shared Lives workers told us that any shortfalls found during these checks were shared at the team meetings. This meant staff understood how their actions supported the organisation to demonstrate the quality of the service.

We found that systems were in place for the reporting of notifications to CQC, and incidents that involved people that used the service had been reported to us as required. We saw that there were systems and procedures in place for recording of untoward incidents, accidents and events. This information was accessible to look at on people’s individual care records. The manager showed us how they collated this information in a more centralised way so that the provider could demonstrate how trends were identified and used to inform and develop the service.