Swindon Borough Council

WTW First Floor

Inspection report

Civic Offices
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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Swindon Shared Lives Scheme on 29 August 2018 and it was announced.

Shared lives schemes support adults with learning disabilities, mental health problems or other needs that makes it harder for them to live on their own. The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs.

The Shared Lives Scheme is responsible for approving, training and monitoring 'shared lives carers' who provide personal care and support to people (on placements), living with them in their family home. At the time of our inspection 64 people were receiving the regulated activity of personal care.

There was a registered manager in post. 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.

The service was extremely responsive to people's individual needs and preferences and staff worked flexibly and often went the extra mile to ensure people lived as full a life as possible. People's care plans were centred on their wishes and needs and continuously kept under review.

The registered manager and staff went to exceptional lengths to deliver person centred care that recognised people as unique individuals. The nature of the service meant shared lives carers and their families built strong caring relationships with the people they supported. People lived as part of shared lives carers families and were involved in day to day events and family activities.

People were safe. The service had safe, robust recruitment processes. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

The shared lives carers received training to ensure their skills and knowledge reflected the needs of the people they cared for. The shared lives officers received the same training to enable them to supervise and support them. Where people needed support with their meals they told us they were happy that they had a choice or joined the family meal.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Shared lives carers were also positive about the support they received.

The registered manager, staff and shared lives carers understood the Mental Capacity Act (MCA) 2005 and

applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

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 they felt safe.

Staff and shared lives carers understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

The service had a recruitment process which ensured that shared lives carers were suitable to work with vulnerable people.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff and shared lives shared lives carers had the training, skills and support to meet people's needs.

People were supported by staff and shared lives carers who had been trained in the MCA and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring, people benefited from caring relationships.

Shared lives carers and their families built strong caring relationships with the people they supported.

Shared lives carers were kind and respectful and treated people with dignity and respect.

People's individual, diverse needs were respected by shared lives carers who understood equality and diversity

Is the service responsive?

Outstanding

The service was very responsive.

Activities were personal to people's requirements, varied and meaningful and promoted social inclusion within the service and wider community.

Staff were considerate and thoughtful about responding to and meeting people's aspirations and wishes.

The registered manager and staff were exceptionally responsive to people's individual needs and ensured people received a person-centred service.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns

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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 29 August 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector and two Experts 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 we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with nine people, four relatives, 12 shared lives carers, six shared lives officers, the registered manager and the deputy manager. During the inspection we looked at ten people's care plans, six staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home as part of the Shared Lives service. One person told us "I don't worry about anything when I am with [shared lives care]. Another person said, "She looks after me really well". A relative we spoke with told us, "I have complete trust in Shared lives and our carer". Another relative described how their family member had been in the service for 18 years, and that they were extremely happy with the shared lives carer and the relationship that had formed over this time.

People were supported by shared lives carers who could explain how they would recognise and report abuse. Shared lives carers told us they would report concerns immediately to the shared lives scheme. One shared lives carer told us, "I would get straight on the phone to the office. I know they would respond to concerns immediately because I have done this in the past. They are very quick at responding to concerns the longest that I have had to wait for a response is an hour. I think that is brilliant". Shared lives carers were also aware they could report externally if needed. One shared lives carer told us, "If I thought [person] was in immediate danger then I wouldn't ring the office first, it would be a call to the police. I know I can also ring social service and yourselves (Care Quality Commission) if I need to".

Shared lives carers were supported by shared lives officers (hereafter staff) who were employed by Swindon Borough Council who understood the services internal safeguarding procedures. Staff told us they would report concerns immediately to the registered manager and deputy manager. Staff were also aware that they could report concerns externally if needed. One staff member told us "I would get in touch with the safeguarding team or CQC (Care Quality Commission).

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, where people were at risk of demonstrating behaviours that may challenge others, the service had in place 'Safe Systems of Working' (SSOW) this included detailed guidance on how to effectively support the person in high risk situations and what action to take to deescalate and minimise any risks in the result that this person displayed behaviours that may challenge staff or others.

Another person, who had a specific medical condition which could result in seizures, had an up to date and accurate care plan in place. The service had ensured that the management of this person's condition had involved the person's input and included guidance for staff on what action to take if this person had a seizure. This meant that shared lives carers would be able to respond to this person effectively in the event of a seizure. Staff and shared lives carers we spoke with were aware of this guidance.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, following a moving and handling incident the person was referred to an occupational therapist (OT) who recommended new equipment for the person. This was installed.

Records confirmed where people needed support with their medicines they were supported by shared lives carers who had been appropriately trained. Shared lives carers had their competency assessed prior to

supporting people with their medication. People's individual medication administration records (MAR) were completed on a daily basis by shared lives carers. MAR charts were then checked by staff during 'monitoring reviews'. Shared lives carers had their competencies re-assessed on an annual basis. One person we spoke with told us, "They always make sure I take my medicine".

Shared lives carers applied to join the scheme by completing a detailed application form which included background, work histories and reasons for joining. They were interviewed and assessed by staff and a detailed assessment which was then presented to an independent panel. The assessment specified the type of care (respite, long term or both) and the number of people the person could offer a home to. The panel consisted of professionals and people who had first-hand experience of using this type of care service. This meant that the service carried out its selection process in a way that incorporated the 'service user's voice'. The service then looked carefully at individual needs to ensure the carer could safely meet the needs of the person in their home. This was a safe method of ensuring only suitable shared lives carers were approved.

Records relating to the recruitment of new shared lives carers showed relevant checks had been completed before they were selected for the role. These included employment references and Disclosure and Barring Service checks to confirm shared lives carers did not have a criminal conviction that prevented them from working with vulnerable adults. The service asked for references one of which was from the shared lives carers GP. References were always checked and verified as necessary. Shared lives carers were self-employed and therefore not directly employed by the scheme. However, they were expected to adhere to a contract and policies and procedures and attend training. The service could place restrictions on shared lives carers or de-register them if it were deemed necessary to protect people.

Good

Is the service effective?

Our findings

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to shared lives carers on how best to support people in line with best practice, for example, where people had been identified as having communication difficulties, referrals had been made to the appropriate healthcare professionals.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager, staff and shared lives carers. 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.

Everyone we spoke with was knowledgeable about how to ensure the rights of people who lacked capacity were protected. One member of staff told us, "The mental capacity act is about respecting people as individuals regardless of their disability or mental status, it's about empowering people and giving them as much independence, choice and freedom as anyone else. As long as people understand the consequences then we must support them to do as they wish". A shared lives carer told us, "If [persons] capacity was to change or deteriorate then I would record the areas of concern and report it back to their shared lives manager and discuss the options or need for an assessment". The registered manager said, "We must always assume capacity until it is proven otherwise". The registered manager provided evidence of how that had challenged a decision by another professional about a person's capacity to consent to areas of their care. The impact of this was that the persons was effectively supported in, making key decisions about their care.

People were supported by shared lives carers who had the skills and knowledge to carry out their roles and responsibilities. One person said, "I feel well supported, [shared lives carer] knows me well". In turn shared lives carers told us they felt supported by staff. One shared lives carer told us, "If anything arises then we are contacted immediately by staff who are very knowledgeable. If staff are away, ill or on annual leave then another member of staff is there to support you". Records confirmed people were supported by shared lives carers who had the skills and knowledge to carry out their roles and responsibilities. Shared lives carers completed training, which included safeguarding, moving and handling, and medicines management. One shared lives carer told us, "The last training was about payday loans, it was excellent. I learnt a lot". Another shared lives carer told us, "Some training is very helpful and interesting, others are common sense. I've been to first aid, health and well-being. It's good to meet other carers".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). This was an opportunity to discuss their role, how they were performing and any further support or training they may require. One staff member said, "I get regular supervisions and we discuss how things are going. But I know I can go to [registered manager] or [deputy manager] anytime I want, they are really approachable and supportive". Shared lives carers told us they felt supported by staff

and received regular monitoring and reviews with staff. One shared live carers told us, "The support from Shared Lives is excellent".

People we spoke with told us they were able to access support from medical and social professionals within their local area. The shared lives carers worked closely with people and their GP if people need support with appointments. People who needed additional support with visiting community professionals were supported if needed.

People told us they chose when and what they wanted to eat and where they wished to go shopping with. People had the choice to eat independently when visiting the community or having a meal with their shared lives families. One person we spoke with described how on a specific day of the week they would cook a meal together with their shared lives carer.

Good

Is the service caring?

Our findings

People told us the service was caring. Some people who used the service had lived with their shared lives carers for decades and told us they were part of the family. One person we spoke with told us, "I have been with [shared lives carer] for 41 years and I am happy with them. '[shared lives carer] is the best carer in the world, because they have a good heart". A relative told us, "[Person] lives with [person] who is another service user. They both went to the same school together and are practically sisters". Another relative said, "[Shared lives carer] really treats [person] like her own daughter".

Shared lives carers developed positive, caring relationships with the people they supported. The scheme used a 'matching' process to ensure shared lives carers and people referred to the scheme were compatible before a placement commenced. The matching process included cultural considerations such as ethnicity, religion and the general lifestyle. Particular consideration was given to ensuring that people were matched with shared lives carers sharing a similar cultural background. One person we spoke with told us, "We like the same things. I can talk about anything I want with [shared lives carer]. They give me great advice, [shared lives carer] is a great listener, and I trust them". Another person said, "I feel very happy here, we get on and I feel very cared for".

Staff were committed to the scheme and made sure that people were supported by kind and caring shared lives carers. One member of staff we spoke with told us, "I absolutely love my job. Don't get me wrong, there are good times and bad times. But the good times far outweigh the bad times. Shared lives makes a difference to people's lives and it its great being a part of it". Shared lives carers were enthusiastic about supporting people. Another staff member said, "I always stop and ask myself, would I want this for myself or would I want this for my child". Shared lives carers were equally committed. One shared lives carer told us, "I've worked for years in care, but nothing makes a difference like shared lives does. [Person] is part of my family".

Shared lives carers were mindful of issues of privacy and dignity when they supported people. One shared lives carer told us, "At the end of the day everyone needs their own space to do what they need to do. We support this by making sure people's privacy is respected, for example making sure curtains are closed and doors are shut".

People were supported to remain independent. People we spoke with told us how they were encouraged by shared lives carers to do as much as they could for themselves. One person we spoke with described how they were encouraged to "Live as independently as possible" and had formed a meaningful relationship with another person and that their "Partner comes to dinner regularly". Another person described how they had were encouraged to go to the shops by themselves once a week. The person told us, "I go to [shop] because it's very local and we know the route is safe". Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care and mobility.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's

homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security.

Outstanding ☆

Is the service responsive?

Our findings

The service was extremely responsive to people's individual needs and preferences and staff and shared lives carers worked flexibly and often went the extra mile to ensure people lived as full a life as possible. People's care plans were centred on their wishes and needs and continuously kept under review. One relative said, "Nothing is ever too much".

As Shared Lives is based on a model of community and household inclusion for the person using the service, shared lives carers supported and encouraged people to undertake activities of their choice. The service was extremely responsive to people's individual needs and preferences and staff worked flexibly to ensure people lived as full a life as possible. For example, a shared lives carer had identified that the person they cared for had a lifelong dream to swim with dolphins. The person had also told the shared lives carer that they would love the opportunity to go to china to see pandas. The shared lives carer went to exceptional lengths to support this person in organising a trip to swim with dolphins and visit China to see pandas. The impact of this is that the person achieved two of their life long ambitions.

People's care plans were centred on their wishes and needs and continuously kept under review. The registered manager and staff were exceptionally responsive to people's individual needs and ensured people received a person-centred service. For example, during a review of their care one person who had high levels of dependency in relation to their mobility, disclosed to staff that they would 'love to be able to drive'. However, because of their medical condition felt that they would not be able to achieve this. The staff member dedicated time to explore this further and sought guidance from the DVLA, healthcare professionals and specialist driving schools. As a result, the staff member arranged for driving lessons to commence with a specialist driving instructor. The impact of this was that people were supported and cared for by staff who refused to identify a person's disabilities as being an obstacle to them fulfilling their dreams to drive a car. This person's care records demonstrated that throughout this process staff were considerate and thoughtful about responding to and meeting the persons aspirations and wishes.

Another person was a lifelong Elvis fan. During a conversation with staff and their shared lives carer the person disclosed that they had a long-held dream of one day visiting Graceland and to go to Elvis's home. As a result, the staff member and shared lives carer went the extra mile to arrange for this to take place. Without exception each person's care records clearly identified which activities they enjoyed either in the comfort of the household or within the community. During our inspection we spoke with one person who was attending a day centre and enjoying an activity of their choice.

People's needs were assessed to ensure the service could meet their needs. People had contributed to assessments. People's care records held personal information about people including their care needs, likes, dislikes and preferences. Without exception all staff and shared lives carers we spoke with knew the people they cared for well. For example, we spoke with one staff member about a person they supported and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records. Shared lives carers we spoke with were able to tell us people's preferences in relation to their care.

The service was extremely responsive to people's changing health and care needs. For example, people were supported to attend regular appointments with healthcare professionals. We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. For example, one person's needs changed in relation to their mobility, as a result the shared lives carer arranged for changes to be made within the house to accommodate and support the persons change in needs. This meant that the person was able to remain in their shared lives placement with people they had grown to love and trust.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation and religion. Records showed staff had received training in equal opportunities and diversity. Discussions with staff evidenced that these policies and procedures were supported in practice.

People's individual, diverse needs were respected by shared lives carers who understood equality and diversity. Before shared lives carers were approved they were assessed by staff and asked questions about their attitudes to issues such as discrimination, disability, religion and other cultures. Shared lives carers we spoke with told us how they would challenge prejudice, discrimination and oppression. One carer we spoke with told us, "I would challenge prejudice directly. If it was unsafe then I would walk away and talk to [person] about it. I can be quite upfront when I need to be".

We asked the registered manager to provide evidence of how the service ensured it worked within the Accessible Information Standard (AIS) framework. AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The registered manager was aware of AIS and demonstrated how they supported people with difficulties in communicating to understand important information relating to their care. For example, information relating to MCA, advocacy and complaints was available in large print and picture format.

People and their relatives knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "I would tell (staff member) if I wasn't happy". A relative said, "I have raised things in the past and they have acted immediately. I can't believe how quick they are to get things sorted out". Complaints were dealt with in line with the providers policy.

People's opinions were sought and acted upon. The provider conducted regular satisfaction surveys where people and their relatives could express their views about all aspects of the service. We saw the results from the surveys were positive.

At the time of our inspection no one at the service was receiving end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Shared lives carers we spoke with felt the service was well run. One shared lives carer told us, "I feel extremely well supported, by the management team. They do a great job". Another person said, "The manager is brilliant and the staff are always happy". Staff told us they had confidence in the service and felt it was well managed. One staff member said, "[Registered manager] is brilliant, she's just amazing. She's one of us". A second staff member said, "[Management] are brilliant, they all work well together and give us great direction".

The service encouraged open communication between the staff team. A staff member told us, "We do have meetings where we get together and discuss what's going on. But we are always in constant communication anyway, you have to be in a service like this"

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and the deputy manager spoke openly and honestly about the service and the challenges they faced. We saw evidence of how both the registered manager and the deputy manager were very much involved in the day to day operations of the service, in that they both carried an active caseload of shared lives households. We spoke with the registered manager about this and they told us, "We both hold a caseload because it keeps you connected with what's going on and it keeps you connected with staff and carers. We also get to understand what's working and what's not working".

The registered manager had systems in place to monitor the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following one audit, it was identified that the service needed to improve a part of its induction process for new shared lives carers. As a result, both the registered manager and the deputy manager developed the induction process further and incorporated national standards from the care certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. This demonstrated that the registered manager was continually looking to improve the quality of the service.

We also saw evidence of how the registered manager had identified shortfalls in linking people into local advocacy groups. Advocacy groups are people who support people to speak up so that their needs are heard and their rights are understood until a specific problem is resolved. As a result, the registered manager had linked in with a local advocacy group and were in the process of carrying out some joint work together in order to raise awareness about the benefits of using advocacy groups. Throughout our visit we saw

evidence of how the service worked in partnership with colleagues within the local authorities, healthcare professionals and social services.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.