

South Tyneside MBC

# South Tyneside Shared Lives Scheme

## Inspection report

Level 1, South Shields Town Hall & Civic Offices  
Westoe Road  
South Shields  
Tyne And Wear  
NE33 2RL

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20 November 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

South Tyneside Shared Lives is a 'Shared Lives' service providing personal care to people, some of whom have a learning disability and/or autism living in their own homes. The service was supporting 70 people with personal care at the time of our inspection. South Tyneside Shared Lives recruits, trains and supports Shared Lives carers. We refer to Shared Lives carers as 'carers' throughout this report. A carer is an individual who provides personal care together with accommodation in their own home. This enables people to live as independently as possible. The scheme supports adults who have a learning disability and/or autism.

South Tyneside Shared Lives provides long term accommodation and support, short respite breaks and emergency accommodation, and short notice care usually in the event of an illness or crisis.

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

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

#### Right Support

- People felt well supported to live the lives they wanted. They made decisions with the right level of staff encouragement and autonomy. Positive risk taking was encouraged and supported in a structured, risk assessed way.
- Carers knew people very well, as did the link officers who supported carers; this led to people feeling supported by a wider team.
- Care and support planning was well-informed and included people. Staff worked well with health and social care professionals to make sure people's needs were met.
- People experienced good health and wellbeing outcomes, for instance getting fitter or losing weight. Staff regularly explored people's goals and helped them achieve them, celebrating with them when they did so.

#### Right Care

- The provider ensured people were well matched to their carers, through a process which involved understanding all aspects of people and carers' lives. People (and sometimes their carers) transitioned smoothly from fostering services to the adult support in place from Shared Lives.
- Staff were proactive in helping people develop their independence. They treated people like members of their family and involved them in all aspects of their lives, whilst respecting their space.
- Enablement plans were person-centred and were reviewed regularly.
- Staff worked well with external health and social care professionals and people experienced good

outcomes as a result.

#### Right culture

- The registered manager and regional manager had recognised the need to streamline and make more effective auditing processes, which were at time unwieldy and not effective, particularly recording the recording of medicines. The provider had put in place a range of measures to improve this at the time of inspection.
- Staff were supportive of the new registered manager and some of the cultural changes they and the regional manager were bringing about. These included a review of how to increase awareness of Shared Lives, and which other people they may be able to support in the future.
- People, their relatives, and their shared lives carers, played a part in the running of the service. Staff and people were not isolated – there were a number of social events and meetings to ensure carers and people had opportunities to make new friendships and networks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

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

#### Follow up

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

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# South Tyneside Shared Lives Scheme

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

1 inspector and 1 Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a shared lives scheme. They recruit, train and support self-employed shared lives carers who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

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

At the time of our inspection the service had a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

We visited the service on 20 November 2023.

### What we did before inspection

We reviewed information we had received about the service. We sought feedback from external health and social care professionals who work with the service, and the local authority. We reviewed the Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service. We observed staff interacting with people. We spoke with the registered manager, regional manager, nominated individual, 2 link workers, 6 Shared Lives carers and 4 relatives. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We asked for feedback via email from 6 health and social care professionals.

We reviewed a range of records, including people's enablement and support records and medication auditing records. A variety of records relating to the management of the service, including training data, safeguarding information, staff information, analysis, policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff ensured people were safe and were supported by the provider's systems and processes. Staff acted promptly when people were at heightened risk and worked with external agencies to reduce these risks. Safeguarding training was refreshed regularly.
- Incidents and accidents were recorded and acted on. Regular house visits, supervisions and observations of staff helped to ensure they kept people safe. The provider reflected on incidents and shared wider learning with staff.

Assessing risk, safety monitoring and management

- Staff proactively supported people to take positive risks to increase their quality of life. They put in place practical support such as travel training and phased approaches to gaining confidence on public transport, trying new activities and going to new places.
- Risk assessments were person-centred and sufficiently detailed. They included specific information regarding, for instance, diabetes and dysphagia, and were informed by external professionals where necessary. Staff understood people's risks well. Staff were well aware of the risks of isolation and protected people against this. One relative said, "There was a long slow introduction to make sure they knew all about him. I can't fault them."
- The provider undertook assessments of environmental, health, social and other risks prior to people being matched to a carer and shared these with the decision-making panel before carers were approved.

Using medicines safely

- The provider's auditing had identified that record keeping regarding medicines needed to improve. They had an action plan in place for this at the time of inspection and had taken steps to make improvements.
- Staff demonstrated a good knowledge of people's medicines needs and there were elements of good practice. For instance, one person wanted to self-administer medicines but could not always remember to stick to the prescribed timings. Staff supported them to use assistive technology to remind them when they needed to take their medicines.
- Home visits by link officers included observations of medicines competence to ensure medicines practice was safe and consistent. Medicines training was refreshed regularly. One relative said, "They organise the medicines side of things and there are never any issues."

Staffing and recruitment

- Staffing levels were safe. People were supported by carers they had got to know over a period of time and were comfortable with. Respite arrangements were well planned and similarly person-centred to reduce any anxiety or risk.

- Staff were recruited safely, with a comprehensive range of checks in place prior to supporting people. This included multiple meetings with people to build rapport, as well as documentary background checks. People chose who they wanted to be supported by.

#### Preventing and controlling infection

- The provider had appropriate infection, prevention and control policies and procedures in place. People were supported to keep their private spaces and homes clean and took pride in this.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and regional manager had improved clarity around people's roles in recent months. They listened to link officer staff and included them in improving the service. Staff told us, "I feel more listened to now – I can contribute," and, "They are very supportive of what we do and there is mutual respect."
- There was a strong, shared ethos that put people first. Shared Lives carers told us they felt well supported and that the management and link officers worked well with them. One carer said, "They are here regularly and always at the end of the phone if you need anything."
- The provider had systems in place for reporting incidents and staff had done so when required.
- The provider was committed to finding ways to continually improve the service. For instance, commissioning a review of the service to see how it may be able to support other groups in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured staff worked together cohesively with each other and external partners, to achieve good outcomes for people. People felt part of a family, which was one of the provider's key aims, and were able to build fulfilling lives as a result. All staff we spoke with shared in these common goals and worked hard to make them happen.
- The provider recognised the potential broader impact of Shared Lives in health and social care, and was proactive in their engagement with other partners, and their ongoing review of the service.
- All staff demonstrated a strong knowledge of people's individualities and ensured people played a part in how the service was run. This included helping people understand and complete surveys, regular meetings and opportunities to feedback to the provider. One relative said, "They are regularly in touch," and a shared lives carer said, "The support is perfect – they visit once a month at least."

Working in partnership with others

- The service shared information with other Shared Lives schemes, and there was a healthy sharing of information within the service, through a closed social media group and through regular meetings and coffee mornings. People and carers advocated for the service at local events.
- External professionals praised the provider's leadership and the outcomes they helped support people to attain. One said, "I highly rate shared lives and this is down to the professionals I work closely with to ensure

the service runs smoothly and provides equal opportunities to people with a learning disability."

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

- The registered manager demonstrated a good understanding of the incidents they needed to notify to CQC. They worked openly with people and their families.
- The registered manager and regional manager were responsive to feedback. They were keen to continue providing high quality person-centred care and help the service grow.