

East Riding of Yorkshire Council

# The Shared Lives Scheme

## 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

What life is like for people using this service:

People who used the service told us they were happy. The registered manager provided support to find suitable placements for people to assist with their individual needs. Shared lives carers provide a family environment where people have developed lifelong relationships. People were supported to maintain their independence and to live as ordinary a life as any citizen. People were very much 'at home' in their placements and had warm, caring and respectful relationships with their carers.

The service provided mandatory training for shared lives carers, which included safeguarding, administration of medicines, basic life support and data protection. The service also required shared lives carers to complete the Care Certificate before any placements were agreed. The Care Certificate is a nationally recognised set of standards that introduces them to their roles and responsibilities within a care service.

The registered manager and shared lives carers understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People who lacked capacity were supported to have maximum choice and control of their lives. Policies and systems in The Shared Lives Scheme supported them in the least restrictive way possible.

People had good access to support from health care professionals and the shared lives carers were proactive in recognising when interventions were required to ensure a person's wellbeing.

Appropriate assessment checks were carried out on all applications from people to become a shared lives carer. A minimum of three visits were completed by the registered manager to assess an applicant's suitability to provide care and support, and to provide appropriate placements for people under the Shared Lives Scheme. This was then presented to a team within the East Riding of Yorkshire Council for a decision on the suitability of the applicants and agreed by the head of service.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed. Training records showed medication training for shared lives carers was completed annually and regular competency checks were completed by the registered manager.

The registered manager demonstrated a commitment to providing person-centred care for all people. People knew the registered manager and told us they trusted them. Shared lives carers felt the registered manager was supportive and approachable.

About the service: The Shared Lives Scheme is a scheme which recruits carers to provide care and support to people within their [carer's] own home. The shared lives carers are self-employed and have a contract with The Shared Lives scheme within the East Riding of Yorkshire Council. The Shared Lives Scheme is a national service that supports adults with learning disabilities, mental health problems and other needs, which make

it harder for them to live on their own. The shared lives carers were supported by the registered manager who is the only employed member of staff at this service. At the time of inspection, there were 21 registered families and 19 people being supported in long term arrangements.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen.

Rating at last inspection: Good

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has retained its rating of good following this inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.

# The 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 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:** Two inspectors visited this service.

**Service and service type:** The Shared Lives Scheme is managed by East Riding of Yorkshire Council. The scheme offers long/short term arrangements and short breaks for people with learning disabilities, providing accommodation, care and support with approved carers in the East Riding of Yorkshire area.

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:** The inspection was announced. We gave the provider 24 hours' notice to ensure people who used the service were available to assist us.

**What we did when preparing for and carrying out this inspection:**

We reviewed information we held about the service, such as notifications we had received from the provider, information from the local authorities that commissioned services and Healthwatch, England. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Healthwatch, England is an independent service which exists to speak up and publicise the views of local people in health and social care settings. Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed. This is information we require providers to send us at least once annually 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 four people who used the service and three shared lives carers who provided their support. In addition, we spoke with a healthcare professional.

We reviewed a range of records. This included three people's care records and medication records. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were safe and protected from avoidable harm.

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

### Safeguarding systems and processes

- Some people carried information cards which provided them with instructions to follow if they felt unsafe whilst out in the community.
- People told us they felt safe with their shared lives carer's. One person said, "I feel very safe."
- The registered manager could explain what action to take to ensure people were safe and protected from harm and abuse.
- The provider had a safeguarding policy in place to refer to, if shared lives carers needed it. No current safeguarding concerns had been reported since our last inspection.
- The registered manager worked with all relevant professionals to communicate any concerns to people and their carer's .

### Assessing risk, safety monitoring and management

- A thorough assessment and approval process for shared lives carers was completed, which included a series of assessment visits and checks to ensure people and their shared lives carers were suitably matched.
- Risk assessments identified risks to people in relation to use of equipment, safe recruitment of shared lives carer's and risks within the home environment.
- Care plans provided instructions to shared lives carers to reduce the likelihood of harm to people when being supported.
- Positive behaviour plans had been completed, which provided shared lives carers with information about how to support people when they were feeling anxious or distressed.

### Staffing levels and recruitment procedures

- Appropriate checks were conducted before people were placed with their shared lives carers, to ensure they were suitable to work with vulnerable people.

### Using medicines safely

- Medications were managed safely. Records confirmed people had received their medicines as prescribed.
- Shared lives carer's responsible for supporting people with medicines, completed annual training and received regular competency checks to ensure their knowledge and practice was up to date.

### Preventing and controlling infection

- Personal protective equipment (PPE) was available for shared lives carers, such as disposable gloves to use to help prevent the spread of infection. Infection control training was completed by shared lives carers

#### Learning lessons when things go wrong

- Shared lives carers reported all accidents and incidents to the registered manager.
- Records showed risk assessments and care plans were reviewed following incidents to ensure people's care needs were constantly met.
- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent potential re-occurrences.



# Is the service effective?

## Our findings

Effective – This means that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

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

- Assessments of people's needs were detailed and reviewed consistently.
- Shared lives carer's applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

Staff skills, knowledge and experience

- The registered manager and shared lives carers had a good knowledge of people and their needs.
- Shared lives carers completed the Care Certificate before people were allocated to live with them.
- The service provided tailored training to shared lives carers to meet the specific needs of people. For example, the carers were provided with dementia training for one person living with dementia.
- Shared lives carers told us they were supported by the registered manager who completed supervisions with them, group carer meetings and competency checks.

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

- People were supported to have a balanced diet. Specific dietary needs were monitored and recorded in detail.
- People told us they were involved in shopping and meal planning. One person told us, "I like going shopping."

Supporting people to live healthier lives, access healthcare services and support

- People had access to community healthcare professionals in a timely way when required. Records showed people received visits from healthcare professionals and instructions for care and support changes were recorded following telephone conversations with medical staff.
- The registered manager worked closely with health care professionals and arranged support for people when it was required.
- Records showed people had hospital passports in place. Hospital passports are communication tools to inform other health services and professionals of people's health needs. These were written in detail and provided information on how to care for people in a person-centred way.

## 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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where care is provided in people's own homes this is usually through MCA application procedures called Court of Protection Orders. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were involved in decisions about their care and shared lives carers showed understanding of what they needed to do to ensure decisions were made in people's best interests.
- Where people lacked capacity, records were kept of the decisions made in their best interests.
- Where required, the service had made the appropriate referrals to the local authority for people to be assessed for Court of Protection Orders to protect their rights and ensure their safety.
- Care plans contained consent forms completed by people who used the service; these detailed the care and support they wished to receive and who from.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported

- People were placed with shared lives carers that suited their needs. All aspects of people's wellbeing were taken in to account when looking for a placement.
- Care plans contained people's 'life histories' which supported carers to build positive relationships with them.
- People were included within the family. Shared lives carers told us, "They are part of our family." People were involved in all events such as, birthday parties, holidays and family outings.
- All the shared lives carers we spoke with and met showed real affection for the person they cared for. Interactions between shared lives carers and people who used the service were natural and showed positive relationships had been developed.

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

- People were involved in care reviews to enable them to express their views on the care and support they wished to receive.
- Shared lives carers demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Shared lives carers were committed to people having equal opportunities and living a fulfilled life.

Respecting and promoting people's privacy, dignity and independence

- The shared lives carers encouraged people to be independent and to follow their dreams and aspirations. One person now lives independently in their own home with continued support from the service and their shared lives carer.
- People had their own space within the family home and chose where they wanted to spend their time. For example, we saw one person had their own shed within the garden where they enjoyed relaxing. They told us, "I like my room and I go there when I want to be alone."
- People were valued by the service and their shared lives carers. Positive relationships and effective communications between the registered manager and shared lives carers supported people to be confident to speak about their feelings.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

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

### Personalised care

- Care plans were person- centred, written in detail and reviewed on a regular basis.
- Shared lives carers knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, details around how a person preferred to be supported with personal care was recorded and their shared lives carer referenced this each day to care for the person.
- We saw communication care plans, which detailed the most effective ways to support the person to communicate. Information was provided for people in different formats and was accessible for all. The Accessible Information Standard (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. We found the service had met this standard.
- People spent time doing what they wanted to do. We saw people attended day services, employment and social groups. Shared lives carers understood the importance of supporting people to be socially included and prevented from social isolation.

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

- People's care plans had information for them and their shared lives carers to access if they wished to make a complaint.
- People and shared lives carers spoke confidently about the approach of the registered manager and told us they were confident any concerns, issues or complaints would be dealt with effectively and in line with policy.
- There had been no complaints within the service since our last inspection. Shared lives carers told us, "If I have any concerns I speak with [registered manager's name]. I am confident they will sort things out and address them appropriately."

### End of life care and support

- The provider supported people to discuss end of life care. Records showed people's wishes and preferences to ensure they received dignified, comfortable and pain free care at the end of their life had been discussed with them.
- The service offered information and help to shared lives carers and people to support them through bereavement when required.

# 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

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

Plans to promote person-centred, high-quality care and good outcomes for people

- The registered manager demonstrated a positive culture and promoted a high standard of person-centred care and support for people.
- People and their shared lives carers spoke positively about the management of the service. Shared lives carers comments included, "They are excellent.", "Any problems, I just call them and they sort it straight away" and "They are so supportive, anything we need or are unsure about we just contact them." People told us, "They (registered manager) are brilliant."
- Shared lives carers said they felt supported by the registered manager and received regular contact and meetings to ensure they had the support they needed.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service.

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

- The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly about Care Quality Commission (CQC) registration requirements. They were aware of their legal obligation to submit notifications of incidents or safeguarding concerns about people who used the service.
- The service is a member of 'Shared Lives Plus', which is a national organisation that supports everything to do with shared lives. The registered manager told us they attended quarterly regional meetings for the Yorkshire and Humber area to keep up to date with best practice within the scheme.
- The registered manager told us they felt supported in their role. Regular management meetings within the provider group, supported them to keep up to date with best practice and company procedures.

Engaging and involving people using the service, the public and staff

- The registered manager positively encouraged shared lives carers and people who used the service to access support and training; this helped to continuously improve people's wellbeing and support continuous learning.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

## Continuous learning and improving care

- A newly appointed quality assurance team supported the registered manager to monitor the quality of the service and identify improvements.