

# Gloucestershire County Council

# Gloucestershire Shared Lives

## Inspection report

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27 February 2019

01 March 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Gloucestershire Shared Lives provides care and support to people within a family environment. Approved Shared Lives Carers (SLC) support adults with learning and/or a physical disability; older people and people with mental health problems. People lived with their SLC on a short or long-term basis depending on their needs. There was 25 people using the service at the time of the inspection.

People's experience of using this service:

- People told us they were happy living with their SLC and being part of a family. One person said, "I like everything and I like the dog as well." People explained that they felt safe living with their SLC and families and confirmed that the support they received from their SLC was kind and very caring.
  - People's independence was promoted and they were given opportunities to personally develop appropriate to their needs and wishes.
  - People's relatives and health care professionals, we spoke to praised the compassionate and caring culture of the service and felt the service focused on people's individual support needs.
  - People had been involved in the assessment of their care and decisions about their support needs and where they should live. Their views and assessment was fundamental to ensure that the SLC had the skills and family life that would suit the needs of individual people.
  - People's care plans provided SLC with the information they needed to support people and the management of people's individual risks. SLC had been trained in managing people's medicines. Further work was being carried out to improve the service's practices in the management and administration of over the counter medicines and the management of 'as required' (PRN) medicines.
  - SLC had the support they needed to care for people. They were provided with regular breaks and had ongoing and regular support from Shared Lives Officers (SLO) and other SLC.
- SLC had received regular training and had the skills to support the people they cared for. They were aware of shared lives policies and care practices and their responsibilities to protect people from harm and abuse.
- SLC, SLO and other stakeholders commented that they felt the management of service had improved. The registered manager had implemented effective systems to monitor the quality of the service, reflect on practices and drive improvement.

Rating at last inspection: Good (Last report was published on 26 August 2016).

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating.

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

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

## 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.

# Gloucestershire Shared Lives

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by a lead inspector, assistant 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. Their expertise was in learning disabilities.

#### Service and service type:

This is a shared lives service. Share Lives services recruit and support approved Shared Lives Carers (SLC) who provide people with support in their own home. The support they provide may be permanent or temporary. This service is registered with CQC to provide personal care to people. CQC does not regulate shared lives carers homes.

The service had a manager who was 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:

Inspection site visit activity started on 25 February 2019 and ended on 1 March 2019. On 25 February 2019 we attended a Gloucestershire Shared Lives support meeting and spoke to people and their Shared Lives Carers. On 27 February 2019, we visited the office location to see the registered manager and Shared Lives Officers and to review care records and policies and procedures. On 1 March 2019, we contacted and

received feedback from seven Shared Lives Carers, two people using the service and one relative by telephone.

#### What we did:

Before the inspection, we reviewed the Provider Information Return (PIR) submitted by the provider. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. We also reviewed other information we held about the service including previous inspection reports and information about important events that the service is legally required to submit to CQC.

During the inspection we looked at four people's care plan's and associated records relating to their care and their Shared Lives Carers. We also looked at records relating to staff development and recruitment, as well as records of accidents, incidents and complaints and the audits and quality assurance reports of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- People were kept safe from risk of abuse or harm. People who spoke to us at the Gloucestershire Shared Lives meeting put their thumbs up when they were asked if they felt safe living with their SLC.
- SLC told us they had received safeguarding training and were aware of the different types of abuse. They were clear of the provider's safeguarding procedure and their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care. One SLC said, "We've not had any emergencies, but I know where to go and have all the numbers."
- The service and SLC empowered people to have control over decisions about their lives and had raised awareness of recognising types of abuse with them. For example, one person told us about 'Stranger danger' and the actions they would take if they felt uncomfortable around people or in danger.

Assessing risk, safety monitoring and management; learning lessons when things go wrong.

- People's risks had been identified and assessed. Risks management plans were put in place to minimise risk of harm and provide safe care and support. This included risks associated with people's health, such as the management of people's diabetes, epilepsy and physical health.
- The risk assessments clearly identified the potential risk to the person and gave clear guidance to SLC about the measures needed to reduce the risk. Information and health care services contact details were in place if SLC needed additional advice or were concerned about people's personalised risks such as epilepsy services.
- SLC knew people well and continually monitored their well-being. They told us that the SLO were always responsive and provided appropriate support and guidance as needed to ensure people's well-being was maintained.
- The service used regular weekly meetings to reflect on their practices, incidents and concerns. The service's open and transparent approach ensured that any concerns, incidents or near misses were reviewed, investigated and action was taken to help prevent further incidents. All SLC and SLO felt confident that any concerns would be immediately acted on.

Staffing and recruitment.

- Safe recruitment practices and checks were in place to ensure people were cared for by SLC who were of good character. These checks included previous employment histories, proof of identity and Disclosure and Barring Services (DBS) clearance (criminal checks).
- The recruitment process was key to ensuring SLC had the skills and availability to care for people to ensure that people were matched with the most suitable SLC and families.
- Each referral to the shared lives service was considered in depth and significant time was spent with the person, SLC, families and health care professionals to ensure that people and the SLC and their homes were compatible and suitable for each person.

- The registered manager explained that the correct match between the prospective carers and the person who would be living with them was vital for a successful shared lives placement.
- Systems were in place to ensure that SLC received regular breaks from their role as a full-time carer. For example, people regularly stayed with other SLC that they had formed a relationship with to allow their full time SLC to have a break. SLC told us that this helped their resilience and wellbeing and also benefited the people they cared for.
- The recruitment of additional Shared Lives Officers (SLO) had enabled the service to more effectively managed as the service expanded as well as providing better support and communication with the SLC and people they support.

#### Using medicines safely

- Medicines were managed safely and administered by SLC who had been assessed as competent to support people with their medicines.
- People were encouraged to self-medicate where possible. SLC stated that they encouraged people to take responsibility for administering their medicines but always monitored them and helped them reorder and collect their prescription.
- We were told that records and audit trails of people's medicines being transferred between services such as attending day and respite services had improved. This ensured people's medicines were not mismanaged and they received their prescribed medicines.
- Since our last inspection the SLO had worked with SLC to help improve the records of the management and administration of people's medicines. Work was being undertaken to further improve the recording of the balance of some liquid medicines and medicines that were administered 'when required'. This would help the registered manager to monitor that people received their medicines when reviewing their medicine administration records.
- The medication policy and procedure had been updated to provide SLC with clear guidance. Work was being done to further improve the policy to reflect the services practices in of the management and administration of over the counter medicines and the management of 'when required' (PRN) medicines. This would support the safe administration of people's medicines.

#### Preventing and controlling infection

- SLC told us they had access to and were provided with personal protective equipment such as, gloves and aprons. They understood good hygiene practices and their responsibilities to reduce the spread of infection.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs in relation to their health care and support, were initially assessed to ensure the service could meet their needs. Information from the local authority and relevant health and social care professionals helped to inform the assessment and suitability of each placement.
- The service also worked in line with the guidance and policies of the national shared lives organisation. This helped to embed good and standardised practices and positive outcomes for people living in a shared lives home.

Staff support: induction, training, skills and experience

- SLC told us they felt suitably skilled to care for the people they supported. They had received mandatory training in core subjects such as health and safety and first aid. They had also received additional training such as from health care professionals which was specific to the person they cared for. For example, some SLC had received training in epilepsy awareness, PEG management and hoisting to ensure they could effectively care for the people they supported.
- SLC received regular support and supervision to enhance their development and practices as well sharing any concerns about the people they cared for. One SLC told us that supervisions helped them to reflect on their own practices and ensure that their professional boundaries and practices were maintained.
- Support meetings and social events were planned to enable SLC and the people who used the service to regularly come together to share practices, express their views and be updated on the services policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet and weight. For example, one person was supported to attend a slimming group and have a healthy diet at home to support her weight loss plan.
- People told us that they were involved in the planning, preparation and shopping for the family meals. They told us they were happy with the range and choice of meals provided by their SLC and were given healthy options. They also told us they enjoyed the occasional meal out or take away.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- SLC confirmed that they supported people to access their own GP and relevant multi-disciplinary healthcare professionals when they needed. For example, they had supported people to attend regular appointments such as, community mental health teams, dentists, speech and language therapy teams and opticians as appropriate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were supported to make day to day decisions about their care and support such as how they wished to spend their time. For example, one person had chosen to be a member of the National Trust and we were told they loved going to the supermarket and being involved in cooking.
- SLO and SLC were aware of the principles of The Mental Capacity Act 2005 (MCA) and effectively supported people who were unable to make significant decisions in accordance to the act.
- Where people lacked mental capacity to make specific decisions about their care and support, their care records showed that appropriate assessments and best interest decisions had been made. There was evidence that staff had worked with people's families, SLC, health care professional and advocates in the best decision of people to and that least restrictive practice had been considered.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity.

- The people who lived with SLC were all extremely positive about the care they received. One person told us, "They've changed my life, they look after me properly now". They went on to tell us that that they had been for a job interview and enjoyed healthy eating and helping to prepare food.
- People were supported to maintain contact with their families if possible, either by planned visits, telephone calls or writing letters and sending cards. We heard SLC sensitively talking to people about why they were no longer living with their biological families and providing them with reassurance's and answered their questions.
- One relative who was in contact with their family member told us, "We are delighted with them (SLC). If there is ever a problem they give us a phone call" and added "He's living a busy and interesting life." They told us there was an arrangement in place so they could see their family member fortnightly.
- People were encouraged to maintain and develop friendships/relationships, go on holidays and attend social events appropriate to their age and preferences.
- One health care professional wrote to us and told us about their positive experience of placing a person with a SLC and said, "The young man is happy flourishing and the family are very pleased with the ongoing support shared lives team provide." They went on to say, "They are a caring group who are passionate about the work they do and I believe have helped in the delivery of a high standard of care in the Gloucestershire community."

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

- The service was thorough in considering people's needs in order to match them with the most appropriate SLC and their families. Regular monitoring visits to the SLC homes, ensured that people had an opportunity to express their views and check that they were happy living with their SLC families.
- The service had started to introduce support groups and events that people and their SLC could attend such as BBQs. We were told this was also an opportunity for SLO to speak to people and watch the interaction between them and the SLC.

Respecting and promoting people's privacy, dignity and independence

- People were helped to maintain their dignity and told us they were respected by the SLC who supported them.
- There was a consistent approach in supporting people to reach their potential and exploring new opportunities. People told us about the activities they enjoyed and what they had achieved such as learning to swim.
- One person told us they had recently moved to a new house with their SLC and family and had been involved in decisions about decorating their bedroom.

- One SLC told us that it was important that people were given opportunities for privacy and also to learn how to be more independent in entertaining themselves.
- SLC were aware of the importance of confidentiality and how they maintained a balance of providing a family and homely environment but also remain professional at all times and working in line with the shared lives policies and procedures.
- People had formed good relationships with other SLC and local respite services who provided them with short term breaks to allow their permanent SLC to have a regular break from their role as a carer.
- SLO worked with SLC and people to ensure that people's personal and diverse needs and preference such as their personal relationships, culture and religious beliefs were met. The registered manager explained that further work was being done to ensure that people's equality and diversity needs and beliefs became an integral part of the referral and assessment process.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Many people had lived with their SLC for many years and had formed a strong relationship with their SLC and their families. It was clear from spending time with people, that their SLC were focused on ensuring people lived a fulfilled and positive life and that they were responsive to people's needs.
- People's care was tailored to their support needs and interests. They were supported to engage in activities which they enjoyed such as swimming and horse riding. One SLC described one person's day and said, "She's kept busy with riding, gym, arts and crafts." Some people were supported to attend college, further education, voluntary work and employment. One person told us how they independently travelled by public transport to and from their shared lives home to their office job.
- People's care plans reflected people's support requirements, risks and their preferences of how they wanted to be supported. Records provided SLC with information about people's physical and emotional needs as well as their communication preferences.
- SLC were provided with a Shared Lives Good Practice Handbook which provided them with the standards of expected care. The handbook also contained information about inclusion, respect, recognising types of abuse and how to support people to maintain a full and healthy life without prejudice or discrimination.
- The service had started to support people who would benefit from a period of re-enablement (after an illness or period in hospital) before they returned back to their own home. One health care professional who had introduced a person to the service wrote to us and said, "The service worked quickly and sensitively.....They have also worked with myself to ensure that the discharge would be a safe one such as liaising with the Shared Lives Carer to organise telecare equipment and additional re-enablement input." The service was working with SLC to ensure they had the skills and resources to provide a re-enablement environment and promote people's independence.

Improving care quality in response to complaints or concerns

- The service valued people's feedback. The registered manager had initially consulted with SLC to find out their views and concerns about their experiences of the service. One SLC told us that they had made 'a long list' of concerns and that the registered manager had diligently gone through the list with them. We were told that the registered manager had listened and acted on these concerns.
- There was frequent contact with people and their SLC which provided them with opportunities to make complaints and suggestions regarding the quality of service provided.
- Records showed that people's complaints had been acknowledged and addressed in line with the provider's complaints policy.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection.
- The registered manager explained, "If someone needed end of life care we would work with their SLC,

health care professional and palliative care team to ensure the person would receive the best possible care in the place of their choice." They went on to explain that plans were in place to collate information about people's end of life preferences and to train staff in end of life care so that they would be more effective in supporting people if they required palliative care.

# 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.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- A registered manager was in post. The registered manager and all staff related to the service had a clear vision of delivering high quality care to people in a family environment. They focused on positive person-centred outcomes for people and helped people reach their potential.
- Systems in place to monitor and improve the quality and safety of the service. The registered manager carried out effective audits so they had a good understanding of the service and areas that needed to be addressed. For example, systems were in place to monitor the recruitment stages of potential SLC and the referrals of new people to the service. Regular monitoring visits to SLC homes helped to ensure that people received safe and effective care in a home that was suitable for their needs.
- The service was a member of Shared Lives Plus, which is a national Shared Lives organisation which provides resources, information, updates and the sharing of good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- SLC and SLO felt the service was well-led and that they were involved in decisions about the service and people's care requirements. For example, one SLC said, "We have a voice now, I certainly feel that my concerns are listened to. Things have definitely improved."
- SLC told us they felt the communication and support from the service had improved. We received comments such as, "Now they (service) hold meetings and we can get to know each other" and, "The service has been supportive, it actually got better and if I need help, I've only got to ask."
- The SLO's explained that the new registered manager and deputy manager had positively influenced the development of the service and they had seen an improvement in the support that they received.
- The registered manager confirmed that they felt supported by a representative of the provider. They met with them regularly to discuss issues and any corporate plans which may impact on the service. They told us promotion and marketing of the service has been a key priority this year for the service. We were told with prior consent, people and their SLC had been involved in marketing campaigns such as being involved in TV and radio interviews as well as being 'The face' of Gloucestershire Shared Lives on the service's posters and banners. This had enabled people to be open and frank about their own personal experiences of the service.
- Two people had become 'Ambassadors' for the service to help raise the awareness of Gloucestershire Shared Lives. One of the ambassadors told us they were excited about their new role and how they would help people to understand the benefits of living with a SLC and their family.

Continuous learning and improving care; working in partnership with others.

- There was a robust approach in investigating and learning from accidents, incidents and near misses. The managers and SLO were open to making changes to the service to help improve the quality of the service they delivered. The service held regular meetings to ensure that staff continually reflected on their practices and the service they provided. This ensured that the service was continually improving.
- There was a strong emphasis that the service worked in partnership with other stakeholders and health care professionals. This ensured that people were placed with a SLC that would meet their needs and adjustments could be made quickly if there was concerns about the suitability of people's placements with their SLC. One SLC said, "You can't take it personally if the placement breaks down, you have to inform the office so they can reassess the situation as soon as possible."