Reading Borough Council

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

This inspection took place on 24 August 2016 and was announced.

Shared Lives is a service which supports carers to provide a home for people who are unable to or choose not to live on their own. They live as part of the carer's family. Carers are not directly employed by the scheme but are paid a fee which is dependent on the amount and type of support they provide for individuals. People using the service and their shared lives carers enjoy shared activities and life experiences. Generally, the people who use the service have learning and/or associated disabilities.

The service is provided by the local authority. At the time of the inspection 18 people received long or short term (respite) care which included the regulated activity (personal care). There were 26 carers approved to offer support to people who required personal care as part of their needs assessment. Additionally the service offered day care and other services which were not regulated by the Care Quality Commission.

There is a registered manager running the service. A registered manager is a person who has registered with the CQC 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.

People, carers, staff and others were kept as safe as possible because staff and carers were appropriately trained and followed health and safety procedures. They knew how to recognise and manage any form of abuse or risk of harm. Carers and staff members knew how and when to follow safeguarding procedures. Detailed risk assessments advised people, carers and staff and how to reduce risks, as much as possible. The robust risk assessment process enabled people to live in domestic homes and take the risks that this type of living involved, but as safely as possible. The recruitment procedure checked that staff and carers were safe and suitable to work with and/or provide people with care. The service carefully assessed what support people needed to take their medicine. Carers provided any help needed, safely.

People were totally involved in making decisions about their care. They chose where to live, who with and planned their care and support, with the help of others. Staff made sure that carers were able to uphold people's legal rights with regard to decision making and choice. People's capacity to make decisions was recorded, if appropriate and necessary. Staff ensured carers provided people with care that met their individual needs, preferences and choices. People's rights were protected by staff who understood the Mental Capacity Act (2005). Staff provided carers with this knowledge, as necessary. This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision

People were respected as a family member and their privacy and dignity was encouraged and promoted. People's diversity was fully understood and people's carers and support plans reflected their particular needs. People were matched with carers who could offer them a home where any special needs could be

absorbed into family life.

The service was well-led by a registered manager who was knowledgeable about the service and the needs of people. Although they managed two services staff felt they were always available. Staff felt valued and supported by the registered manager and this reflected on the standard of support they were able to give to carers. The service monitored and assessed the quality of the service. Improvements had been identified and had been or were being acted upon.

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 were protected, as far as possible, from all types of abuse or poor practice.

Any risks to people, carers or staff were identified and action was taken to reduce the risk so that they would be as safe as they could be.

The service was as sure, as possible, that the carers approved and staff chosen were suitable and safe to work with vulnerable people.

People, who needed help, were supported to take their medicine safely, in the right amount and at the right times.

Is the service effective?

Good

The service was effective.

People were helped to make their own decisions and choices about where they lived and the support they were given.

Carers and staff were properly trained to make sure they were able to provide people with the care and support they needed.

People's needs were met in the way they preferred.

Is the service caring?

Good

The service was caring.

People were provided with support by carers who were kind and caring and treated them with respect.

Carers developed a strong, supportive relationship with people because they lived in their home as part of the family.

Staff carefully matched people with carers to make sure carers could meet any of the individual's particular needs.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People were offered very individualised care that met their specific needs, in the way they wanted and with the family they chose.

People's care needs and the carers' ability to support people were regularly looked at and changes were made, as necessary.

People were always involved in the assessment, support planning and reviewing processes.

People knew how to make a complaint, if they needed to. They were listened to and things were put right.

Is the service well-led?

Good

The service was well-led.

Staff felt they were valued and well supported by the registered manager.

The registered manager and staff team made sure that the quality of the service was improved, as necessary.

People, carers, staff and others were asked for their views on the quality of care the service offered and their views were listened to.

Shared Lives Scheme

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 24 August 2016 and was announced. The provider was given notice because the location is office based and provides a shared lives service. We needed to be sure that the appropriate staff would be available to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with two people who use the service, three carers, four staff members and the registered manager. After the day of the inspection we received written comments from one carer. We contacted seven local authority and other professionals and received one response.

We looked at a sample of records relating to individual's care and the overall management of the service. These included six people's care plans, a selection of policies, quality assurance records and a sample of carers' and staff files and training records.

Good

Is the service safe?

Our findings

People told us they felt happy and safe in their homes. One person said, "I am happy, do my own thing and feel very safe."

Shared Lives officers supported carers to keep people safe from any form of abuse. Staff and carers were provided with up-to-date safeguarding training. Staff members were able to describe what action they would take if they had any concerns about people's safety and how they would react if safeguarding concerns were drawn to their attention by carers. Carers understood the importance of their role with regard to keeping people safe. Staff and carers were confident that the registered manager or senior shared lives support officer would take immediate action to protect people. Six safeguarding concerns had been identified since the last inspection in 2014. These had been reported to the relevant organisations and appropriately investigated.

The service made sure that people, carers, staff and others were helped to keep as safe from harm as possible. Staff and carers received health and safety training to ensure they understood areas of risk. The service had a comprehensive health and safety policy and detailed risk assessments were in place. These instructed staff and carers how to work safely to minimise risks to themselves and others. General risk assessments included, lone working, the office environment and the carer's home. The carer's home was risk assessed as part of the recruitment and matching processes. This ensured that the home met the specific needs of individual's safely. A senior manager of the service was designated as a health and safety representative and attended regular meetings. This enabled them to up-date staff on any new advice or policies and procedures with regard to health and safety.

The service had an extremely comprehensive business continuity plan to ensure people could continue to be supported safely, in emergency conditions. The plan covered a large number of emergency situations such as, continuing to monitor placements in the event of IT systems failure and placement breakdowns. The organisation had a designated contingency planning officer and the registered manager was a trained emergency planning officer. All aspects of the service were assessed as critical or not. The plan included actions people needed to take with regard to critical elements of the service and noted who was responsible for what and within what timescales.

People had individual risk assessments which identified any areas that posed a significant risk to them or others. Person centred risk assessments included supporting people to stay safe at home (alone) and supporting people with financial activities. They were designed to keep people as safe as possible, whilst allowing and encouraging as much independence as possible. People signed or indicated they consented to the use of specific risk reduction measures.

People were, generally, supported to take their own medicines. They had a detailed risk assessment and risk management plan in place, as necessary. Where people were unable to or it was not appropriate for people to self-medicate, carers were trained in the administration of medicines. They were competency assessed before they gave medicines and were re-assessed on an annual basis. Medicine administration record

sheets were completed on a daily basis and checked by shared living officers during spot checks and the annual audit of carers' records. No medication administration errors had been identified during the previous 12 months. The service had a comprehensive, up-to-date medication administration policy which was reviewed every year.

People were offered a service only when a suitable carer had been identified and appropriately trained. Carers had to be approved by an independent panel with regard to the number of people they could offer a home to. This varied between one and three dependent on the needs of the individuals and the capacity of the carer. The shared lives officers had a number of ways of checking people were offered support in a safe way. The registered manager had a system, based on the time tasks took to be completed, to ensure that officers had the capacity to review and support the number of carers used by the scheme.

People were provided with carers who had been recruited using a system which ensured, that as far as possible, they were suitable to work with vulnerable people. The recruitment procedure was the same as that used to recruit staff. It included Disclosure and Barring Service checks to confirm that employees and carers did not have a criminal conviction that prevented them from working with vulnerable adults. The service asked for references which were always checked and verified as necessary. The service had not recruited any new staff since the last inspection in 2014. Staff recruitment records were checked at that time and it was reported that, "Appropriate checks were undertaken before carers began work" and, "There were effective recruitment and selection procedures."

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 supported living officers and a completed detailed assessment was presented to an independent panel. The panel interviewed the prospective carer and assured themselves the candidate was a suitable carer. They specified the type of care (respite, long term or both) and the number of people the person could offer a home to. 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 an exceptionally safe method of ensuring only suitable carers were approved. Although carers were not directly employed by the service the registered manager was still able to invoke disciplinary procedures against carers and withdraw their approval to protect people, if necessary.

Good

Is the service effective?

Our findings

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made to the Court of Protection. Currently, no applications had been made as no-one was being deprived of their liberty. Staff had received mental capacity training which was refreshed every year.

People's support plans noted how carers assisted people to make their own choices and decisions and to retain control over their lives. The people, currently, using the scheme had capacity to make decisions about their lifestyle. People's capacity to deal with their finances was noted on their plans. Additionally plans included agreements such as, "who I do [and do not] want my information shared with". Whilst capacity in some areas was not always clearly recorded on support plans the scheme had a spreadsheet which noted where/if people lacked capacity. The support plan format was being reviewed and the registered manager told us capacity was being added to all areas in the individual support plans, as appropriate.

Support plans included agreements between the shared lives scheme and the carer. They detailed what the scheme agreed to do to support the carer and what the carer undertook to do to support the person. For example carer undertakings included, "supporting people's ethnic, cultural, religious and personal preferences." People signed or agreed that they consented to all the elements of their support plan. Agreements, why they were made and how the issue had been explained to them were noted on the plans, if people were unable to sign them.

People helped to identify their own needs and chose the shared lives scheme as the service to meet them. They were totally involved in choosing the carer and family they wanted to live with. People's needs were met in the way they preferred. One person described their daily routine and how they preferred to live. They said their carer often gave them advice or suggested things but they didn't always, "take any notice and I do what I want to do." Support plans were person centred documents which detailed all areas of care which included decisions, targets and outcomes that people wanted. Plans included areas such as emotional and behavioural support, communication, managing money and transport and travel. Carers knew what action to take and which shared lives support officer or care manager to approach if people's needs changed or their health and well-being caused them any concerns.

People were supported to seek medical or well-being advice to enable them to stay as healthy as possible. People's healthcare needs were clearly described in their care plans. The plans noted how much support people needed to look after their health and how carers should facilitate this. People's healthcare team was named in their individual plans and people were able to access health care services, as required. They

received ongoing support from external professionals such as community mental health teams, GPs and specialist consultants. A professional commented, "In my experience the shared lives carers support people with medical appointments, medication and diets and they report any health changes to the shared lives team who regularly update a Service User Medical History and Medication Form. Any changes in health need or medication are then reported to the case holding social services team."

People's support plans included the carers' agreement to meet, "people's nutritional needs in accordance with their individual dietary needs". Generally carers supported people to eat a healthy diet and any specific needs were further detailed to ensure people obtained the required amount of nutrition to keep them healthy. People were assisted with specific health needs such as diabetes. Clear guidelines, discussed and agreed by a multi-disciplinary team and the individual were in place, to support people with these types of conditions. However, some people chose not to adhere to their support plans. These issues were discussed regularly with the person, shared lives scheme support officers, care managers and other professionals.

The shared lives support officers were trained to enable them to understand people's diverse and changing needs. They were also trained so they were able to support carers to obtain the necessary training to provide effective and appropriate care. Staff members and carers told us they had good opportunities for training and refresher training was provided when required. The service kept a training matrix for shared lives support officers and carers which showed the training they had received and when their training needed to be up-dated. The four shared lives support officers had obtained a relevant social care qualification as had 15 of the 26 carers who provided a regulated service. Shared lives scheme support officers and carers told us they could request any training, they felt they needed to meet the specific needs of individuals.

Shared lives support officers received and provided robust induction training. They ensured that carers were confident they were able to meet people's needs safely and effectively. There had been no new officers employed by the scheme for approximately two years but new carers had completed or were completing the care certificate (a set of 15 standards that new health and social care workers need to complete during their induction period).

Shared lives officers were supervised every four to six weeks by a senior officer or the registered manager. They felt they were well supported by the registered manager and senior staff. Carers were supported and supervised by shared lives support officers. An officer described how they had supported a carer by using reflective practice and close monitoring. Carers told us they felt well supported by the shared lives officers, they said they could approach them or the registered manager at any time. One carer commented, "The office staff have visited and supported us any time we needed including 6 monthly checks…" and "Shared Lives Support Officers value the work we do…" People told us they can telephone and talk to staff in the office at any time.

Good

Is the service caring?

Our findings

Shared lives support officers were committed to the scheme and made sure that people were supported by kind and caring carers. People told us they were treated with respect and dignity. A carer commented, "Preserving their dignity is the main part of our jobs." People's privacy and dignity was respected and promoted by carers who were able to describe how they managed this. Carers gave numerous examples, such as building relationships so that people felt comfortable with personal care support and treating people as a family member.

People's individual, diverse needs were respected by carers who understood equality and diversity. Shared lives support officers received training in equality, diversity and human rights. Additionally two carers had been provided with this training. Before carers were approved they completed an application form which asked questions about their attitudes to issues such as discrimination, disability and other cultures. They were also asked if they were able and willing to challenge prejudice, discrimination and oppression. Carers' views were checked at the approval panel. Support plans included areas such as lifestyle choices, religion and culture and noted any support people might need to meet their diverse needs. Examples included people being supported to express their religious beliefs and to meet their physical needs.

People were supported to maintain and/or attain as much independence as possible. The carer agreement noted that carers must, "offer a supportive relationship which encourages service users to maintain and develop personal skills and interests." For example if people were able to access the community independently all aspects of this activity were risk assessed. The service supported carers' to allow people to take appropriate risks dependent on their abilities, choices and aspirations. A professional commented, "People are supported to maximise their independence and to be involved as much as possible in the local community."

People and carers were carefully 'matched' to ensure people received care from carers who they felt comfortable with and who were able to meet their needs. The approval panel took into account the 'matching' process when making their decisions. Carers described the procedure followed before they and the person made the final decision about the placement. This involved an introduction process that included tea visits, overnight stays and a variety of other meetings between the parties. They or the person could decide it was not an appropriate placement at any time. People who were offered a long term placement had a formal 'licence' which gave them accommodation rights and described the rights of the carer.

The nature of the service meant carers and their families built very strong relationships with the people they supported. People lived as part of carers families and were involved in day to day and special family activities. People told us they felt part of the family and one person said (the carers and their families), "They really care about me." People who received long term care generally remained as a part of the same family for a number of years.

People were provided with detailed information about the service in user friendly formats. These included

easy read documents, the use of photographs and simple English. The new support plans had been designed to be more user friendly and are to use more photographs, pictures and symbols so that people have the best chance of understanding the content. The new planning format was scheduled to be launched in November 2016.

Good

Is the service responsive?

Our findings

The service was responsive to people's changing needs. A professional commented, "To the best of my knowledge the service and carers are flexible according to people's needs and priorities." The nature of the service meant that carers could be extra-ordinarily responsive to people. As people lived as part of the family any non-planned needs could be responded to, immediately. Carers were able to respond to unusual situations such as, if people were ill or needed support with their emotions. Whilst support plans detailed people's needs and preferences, carers responded to people's requests and choices on a daily basis. Carers told us, "We do whatever is necessary to make sure people enjoy their lives."

Prior to applying for a placement people's needs were assessed by a care manager. The person's needs were reviewed by the service who decided if they could offer a placement to the individual. If appropriate carers were not available they were sometimes specifically recruited to meet the person's identified needs. Once the application and matching processes had been completed the service developed a high quality and comprehensive person centred support plan based on the assessment. Support plans were completed with individuals and other relevant people, if appropriate. The plans contained all the relevant information to enable carers to deliver the agreed amount of care in the way that people preferred. Support plans included information such as, "What makes me happy", "What makes me sad" and, "My targets and outcomes."

People benefitted from receiving up-to-date care from carers who were able to provide it. Support and placement plans were reviewed a minimum of annually and/or whenever necessary to ensure appropriate care was being provided. Additionally carers ability to deliver the necessary care was reviewed a minimum of annually. If people's needs changed reviews decided if the same carer was able to continue with the care or if a new carer was needed. People, carers, shared lives support officers and/or other professionals identified when the placement was no longer effective.

People and carers could feedback their views on the service they received in a number of ways. Examples included surveys which were sent to people and carers. Shared lives support officers visited and spoke with people and carers regularly and asked their views and people attended meetings where they could put forward their views.

People were, often, provided with four days of activities per week as part of the shared lives agreements. Day time activities varied and included formal day services, further education, employment opportunities and people pursuing their own lifestyles independently. Activities were dependent on people's choices, behaviour, skills and abilities. Support plans included timetables and activities, as relevant and appropriate to the individual. Leisure activities were often pursued with the carer and/or their families. Many people participated in family holidays, family outings and celebrations.

The service had a robust complaints procedure which was available to carers, people and others. It was presented in a user friendly format. The service had received one formal and one informal complaint in the last 12 months. Full investigations were conducted into all complaints. The provider had a designated complaints officer who reviewed the complaint and decided whether an internal or external investigation

was completed. The complaint, the investigation and the outcome of the complaint were recorded in detail. A learning action plan was then developed and appropriate actions were taken to improve the service and/or reduce the risk of recurrence. Exceptionally, if the complaint was not upheld the service attempted to find out why the complainant was unhappy with the service, or their care.

Good

Is the service well-led?

Our findings

People benefitted from a well-managed service. The registered manager managed two shared lives schemes. One was in Reading and the other in West Berkshire. This meant that she shared her full time hours between the two. However, staff told us that she was always available on the telephone and did not hesitate to attend the service, if required. Staff described her as approachable, knowledgeable and supportive. The provider was currently making changes and financial savings to services. This had not impacted negatively on individuals using the service but had resulted in changes in senior management and development initiatives being put on hold.

People, carers and shared lives officers were regularly asked their opinions of the care the service offered. For example, at the people's support plan reviews, carers' reviews and annual surveys sent to each group. Additionally people were invited to workshops to discuss specific issues and the service hosted social occasions where people could meet to exchange views. The service was looking at innovative ways of gaining people's views. For example they had organised a roadshow for people to attend and had received more meaningful responses than via the surveys. Staff meetings were held a minimum of every four weeks, but more usually every two weeks. They were used for issues such as new policies, information sharing and planning for new people. Staff told us they felt valued and one staff member said, "I feel very comfortable to express my views and opinions." One staff member told us their idea about how to develop the service had been listened to and tried but had not succeeded. .

The service people received was monitored and improved, as necessary. The service had a comprehensive quality assurance process. This included a monthly internal audit report, quarterly management meetings and records audits. The service produced an annual team plan which was developed from the provider's annual business plan and incorporated the views and ideas gained from the quality assurance processes. The actions to take, by who and by when were recorded against the team plan. Developments made as a result of listening to people, carers and staff included a roadshow because people didn't like answering the same questions on surveys every year and a review of support plans to make them more user friendly. A special survey was being sent to carers to enable the service to help them to feel more valued by the provider.

The service belonged to Shared Lives Plus, a national organisation which advised of any new initiatives and best practice from schemes across the country. The current initiative was to develop a monitoring tool which captured people's views on the service and whether their outcomes had been met. The scheme worked closely with care managers and other professionals to ensure people received the most appropriate care.

People's care was supported by very good quality individual support plans. People's current needs, preferences and any risks to them or others were reflected accurately in their records. Records relating to other aspects of the running of the service, such as staffing, carers and quality assurance records were well-kept and up-to-date. The management team understood when and why to send any statutory notifications to the Care Quality Commission. Records kept supported the safety and quality of care provided to people

who use the service.