

Hampshire County Council

Shared Lives

Inspection report

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Tel: 02380260616

Date of inspection visit:

20 March 2023

22 March 2023

23 March 2023

28 March 2023

Date of publication:

09 June 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. The service supported autistic people and people with a learning disability. At the time of our inspection 146 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to have fulfilled and meaningful lives and to take part in activities and pursue their interests in their local area.

Right Care: People were supported to make meaningful choices. There was an ethos of person-centred care and people's human rights were supported to be upheld. People were supported to lead inclusive and empowered lives. People had care plans in place which were person-centred. People received kind and compassionate individualised care.

Right Culture: The service was well led. People led inclusive and empowered lives and the ethos, values and approaches of the shared lives staff and carers supported this. There were effective quality assurance systems to assess and monitor the service to ensure it was being managed safely and quality maintained. The provider was passionate about providing person-centred care and supporting people to achieve positive outcomes. They worked in partnership with other professionals to achieve this. Shared lives carers and staff felt supported and listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 January 2021 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 5 August 2019.

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.

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.

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. 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

This inspection was carried out by 2 inspectors 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.

Service and service type

Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 March 2023 and ended on 11 April 2023. We visited the office location on 20 March 2023 and 28 March 2023. We visited people and shared lives carers on 22 and 23 March 2023.

What we did before the inspection

We reviewed information we had received about the service from external agencies. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with 3 people and 5 carers who used the service about their experience of the care provided. We spoke with 3 shared lives carers and 7 members of staff including the registered manager, shared lives managers, referrals manager and recruitment manager. We reviewed a range of records. This included 7 people's care planning records. We looked at 3 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives confirmed people received safe care. Comments from relatives included, "Yes very safe" and "I am happy he's safe, I'm totally unconcerned about him there."
- Shared lives carers and staff were aware of their responsibilities in relation to safeguarding. They confirmed there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.
- Shared lives carers told us they felt confident in reporting concerns to the provider and felt appropriate action would be taken in response. The registered manager and shared lives staff was able to demonstrate their understanding of safeguarding and how they had managed and responded to safeguarding concerns appropriately.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the shared lives carers who supported them. Areas covered by these assessments included risks to the environment, diabetes management and moving and handling.
- Positive risk taking was encouraged in line with the principles of RRS to help people learn new skills or enjoy experiences such as independent travel within safe guidelines.
- Possible risks in relation to the shared lives carers' home environment and fire risks were assessed before shared lives carers were approved and then checked yearly to protect people's safety.
- Shared Lives Carers were aware of the importance of good health and safety practice. They received regular training in first aid, health and safety.

Staffing and recruitment

- Staffing was designed around people to ensure they could lead the lives they wanted. People and shared lives carers were provided opportunities to get to know each other prior to providing any support.
- People were supported in the family home by shared lives carers who knew them well. People and shared lives carers had shared lives managers allocated to them to ensure consistency.
- Shared lives carers recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals when recruiting shared lives carers to ensure they could meet people's needs.

Using medicines safely

- People received their medicines when needed. There were effective processes in place to assess and

provide the support people needed to take their medicines safely.

- Individual procedures were in place to ensure medicines were ordered, stored, administered and disposed of safely in people's shared lives homes.

Preventing and controlling infection

- Effective infection prevention and control systems (IPC) were in place. This included an IPC policy and supporting shared lives carers to access relevant training.

Learning lessons when things go wrong

- Shared lives carers and shared lives staff recognised incidents and reported them appropriately. Shared lives carers and staff told us they were confident appropriate action would be taken and support provided.
- Where an incident or accident had occurred, the provider had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. For example, risk assessments and care plans were reviewed following incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The provider completed comprehensive assessments to ensure people's needs could be met. Expected outcomes were identified, discussed, and agreed with the person and family members. One shared lives manager told us, "We ask what is important to people, cultural background and religious needs."
- Care was planned and delivered in line with people's individual assessments. People were supported to be fully involved to ensure their choices, preferences and needs were met.
- Shared lives managers completed regular assessments of people's ongoing needs and care planning records were reviewed and updated when needs changed.

Staff support: induction, training, skills and experience

- The provider had a robust induction and training programme for new shared lives carers, which included access to specific training courses to meet individualised needs, such as epilepsy, learning disabilities and autism. This meant the registered manager could feel confident the shared lives carers employed could provide the support and family life people needed.
- Shared lives carers and staff were competent, knowledgeable and had completed training which gave them the skills needed to carry out their role effectively. Where additional training was required, the service had access to a comprehensive list of training courses. For example, the shared lives managers had requested further training on carrying out medicines competencies which was being supported by the provider.
- Shared lives carers received regular support and contact from the shared lives managers, including regular supervision meetings. They were able to discuss any changes in people's needs, and any training or support they needed. Supervision meetings were themed each time and involved an element of learning and development. Shared lives carers said they felt they had opportunity to discuss any concerns, issues, work performance and development. Comments included, "Yes definitely feel supported, [shared lives manager's name] is fantastic, always there" and "Shared lives manager is a gem ... I can always ring them; they will advise me."
- Shared lives managers told us they felt supported and received regular support and supervision. A shared lives manager told us, "[Registered manager's name] is a very supportive manager ... any issues you have you can call and contact her and she is there, always willing to help."

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

- People were supported to prepare their own food and drinks where possible. However, shared lives carers also prepared food and drink for people as part of a family meal and mealtimes were social occasions.
- People were supported to eat and drink enough to maintain a balanced diet. Where external professionals

were required to be involved, the provider had processes in place to ensure appropriate referrals were made and support implemented. For example, when a modified diet was required.

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

- Shared lives carers and support staff empowered people to live healthier lives by supporting them to access healthcare services when needed. One shared lives manager told us, "If we need input from someone else we would always do this, maybe a referral we need to make or contact a professional."
- Shared lives carers and shared lives staff worked closely with services such as GPs, dietary specialists, learning disability nurses and occupational therapists. Support staff updated people's support plans to incorporate professional guidance, where provided.
- The service ensured that the person was provided with joined-up support so they could travel, access health services, education opportunities and social events.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff empowered the person to make their own decisions about their care and support, and knew about their capacity to make decisions through verbal or non-verbal means. One relative told us, "They always ask [person's name] where they want to go and give him options about what [person's name] wants to eat or wear, things like that."
- The service supported people and shared lives carers who had transitioned from providing foster care to young people to providing support and care to young adults. The registered manager and shared lives managers were aware of the challenges for some of the shared carers when changing from supporting fostering children to supporting adults in relation to consent. They focussed on supporting the shared lives carers with understanding the MCA and how it is applied and supported in practice. For example, people being able to make unwise decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People told us they were very happy and confirmed they were treated with kindness by their shared lives carers and felt like they were listened to and mattered to them. We saw evidence of how people had been integrated into their shared lives carers families. For example, 1 person went on regular family holidays with their shared lives carer and family. Another example, 2 shared lives carers had moved homes for the people they supported to enable them to have their needs met. This had resulted in positive outcomes for these people and an enhanced quality of life.
- Shared lives carers knew people well and had developed positive and warm relationships with the people they supported. One shared lives carer said, "[Person's name] is outgoing and loves being out and about ... one reason we upped and moved was for [person's name]. Out other house wasn't suitable for [person's name]."
- People's communication needs and choices were understood and supported. Care records included information on how people communicated their wishes, as well as information about people's life history, likes, dislikes and preferences. For example, 1 person used a visual timetable to plan their day and activities. Their shared lives carer supported the person to use it daily to communicate their choices. This meant they were in full control over their life and were able to make meaningful choices.
- Shared lives carers were provided with detailed information about people's care needs, wishes and beliefs as part of the matching process the service followed. The provider had considered people's human rights and support to maintain their individuality. For example, important information about friendships and relationships was captured so that shared lives carers could provide support where needed.
- Records included information of protected characteristics as defined under the Equality Act 2010, such as people's religion, disability and cultural background. This meant the carers would know important information about the person such as any specific equality and diversity needs or protected characteristics.

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

- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. They were involved in planning how their care was given. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making. One relative told us, "It's the exact same as what I would give [person's name], they are part of their family which is the best I could've hoped for."
- People were supported to communicate their views and were involved in reviewing the support they received regularly with their allocated support staff member. Regular reviews were held with the shared lives manager, the shared lives carers, people and external professionals to monitor if the service continued to meet their needs. One relative told us, "We redid his assessment recently and I will keep them informed

about issues etc...so they're always up to date."

- People were supported by the provider to ensure their rights, opinions and decisions were respected and listened to. For example, they supported people to access advocacy services when appropriate and had supported people to ensure their voices were heard when meeting with external professionals and organisations.

Respecting and promoting people's privacy, dignity and independence

- People's individuality was known and nurtured by the shared lives carers they received support from. People were treated with respect and warmth and it was clear that shared lives carers knew them well and they had become part of their families.
- People were encouraged to be as independent as possible and care planning documentation reflected this. Shared lives carers knew the level of support each person needed and what aspects of their care they could do themselves. People were supported to develop their independence and work towards achieving their goals. For example, 1 person had been supported to develop their independence with their personal care. Their shared lives carer had supported them to successfully build and develop their skills to enable them to independently complete their personal care routine. This was a positive outcome for the person and had improved their quality of life.
- People's confidentiality was respected, and care records were stored safely. Shared lives carers and support staff followed the confidentiality policy and were aware not to share confidential information with people that were not authorised.
- People's privacy and dignity were respected by shared lives carers in their own home. People had free access to shared spaces and their own personalised bedrooms which they had full control over who accessed them. One shared lives carer said, "[Person's name] can go anywhere they like except others bedrooms, same for us."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans contained person-centred information and identified what was important to individuals, their support needs and any wishes for the future. For example, 1 person's care planning documentation described how they were being supported to develop their independence in accessing their community, such as identifying and learning routes they can navigate independently to access local amenities.
- Shared lives carers demonstrated they knew the people they supported well and could describe how they wished to receive care. One person had been supported to develop their communication to enable them to make informed choices about their care. This meant they received fully personalised care and were supported to make meaningful choices.
- The service provided support to a diverse range of people. For example, they supported young people who had been fostered and were entering adulthood, older people and people living with physical and learning disabilities. This enabled people with a range of protected characteristics as defined by the Equality Act 2010, to live their lives in a family home, in the community as they wished.
- Shared lives carers and shared lives staff were strong advocates for people. Shared lives carers told us how the service supported them to ensure people received other services and resources they required, for example for equipment and funding.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Shared lives carers and shared lives staff knew how to effectively communicate with people. People were asked in their initial assessment about any communication needs and what format information should be provided in. We saw people's communication needs were included in people's support plans, which described how shared lives carers should communicate with them.
- The registered manager understood their responsibilities to comply with the Accessible Information Standard (AIS).

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the wider community and maintain social relationships. These included

family activities such as shopping, meals out, days out to leisure facilities, college and day services. This meant people were a part of their community and had developed relationships and friendships within these settings.

- The provider supported the development of positive relationships by ensuring people were matched with shared lives carers they got along with. It was clear from our observations and feedback from people, relatives, and the shared lives carers that people were very much part of the family. For example, 1 person was actively involved in choosing the family holiday destination and activities. Another person was fully involved in choosing a new car, such as the colour, interior and test drives.

Improving care quality in response to complaints or concerns

- People's views were regularly sought, and they were fully involved in discussions and plans about what they wanted to do, where possible. This meant they could raise complaints or concerns with their shared lives carers straight away. In addition, people regularly met with shared lives managers on their own which meant they had opportunities to raise any concerns or complaints away from the shared lives carers if they wanted to.

- Systems were in place to investigate and respond to complaints. Relatives and shared lives carers told us they were aware of how to raise concerns.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end-of-life care. However, the registered manager was able to provide assurances the service would liaise with other professionals within the community and receive guidance when this would be necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated a commitment to providing good person-centred care that met people's individual needs. One shared lives manager told us, "It is just a lovely scheme and an option for people to live with a family and have that experience of family life ... It has more scope for being person centred and the experience of being in a family and developing close relationships."
- There was a person-centred culture within the service. Shared lives staff and shared lives carers had a good understanding of their responsibilities towards the people they supported and were committed to delivering person-centred care. One relative told us, "They're a lifeline for us, they've been very open and flexible with us because of our family situation. I also feel like the service is led by individual's needs."
- People, relatives and shared lives carers confirmed they knew who the shared lives managers were and told us they were approachable. Comments included, "I feel very respected and listened to", "I can speak to them, and they always listen" and "We have good communication as well so I know if anything happens."
- The registered manager and shared lives staff fully considered people's life history and how they could support them to get the best out of living with their shared lives carers. They supported people to receive an individualised service which was unique to each person. One shared lives manager told us, "If someone wants to do something we support them, the matching we do we try really hard to get it right for the service user and carer. It really is unique."
- Shared lives staff were aware of the provider's values and told us they enjoyed working at the service and felt supported by the registered manager. Comments included, "[Registered manager's name] is a very supportive manager ... you get peer support as well", "Have a formal supervision every 6 weeks but can email [registered manager's name] whenever you like, can call or see her in the office" and "[Registered manager's name] is very approachable, if I do have an issue then I can speak to her."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was clear about their responsibilities and the regulatory requirements of their role. They had notified the CQC when required of events and incidents that had occurred at the service. The registered manager was open with us and committed to ongoing service development. Systems were in place to ensure the duty of candour was applied where appropriate.
- There was a clear management structure, consisting of the provider, the registered manager, shared lives managers and shared lives carers. There was an on-call system so that shared lives carers could get support

from the office-based team when they needed it. One shared lives carer told us, "There is duty all the time. They are all equally good at being supportive."

- Quality assurance systems, processes and audits were completed regularly such as medicines management, care plans and environmental audits. These were effective and helped to ensure people were kept safe, their rights were protected, and they received good quality care and support. Where actions were identified, there was a plan with timescales for these to be completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People were involved in planning care and support. The registered manager, shared lives staff and shared lives carers actively worked together to ensure the delivery of care and support was right for each person. It was clear that the shared lives staff and carers knew people well and had developed positive relationships. One relative told us, "He is busy – he goes to day services 3 days a week, comes to me once a week, goes out for coffee and lunch, walking...he's part of their family. Whatever they do he does it with them, like they had a family event last week and he went."

- People's individual life choices and preferences were considered when matching them with shared lives carers, so they could be supported to live the lives they chose. People were fully involved in care planning and making choices. One shared lives carer told us, "[Person's name] joins meeting when they want to ... they have a right to join meetings about them."

- Effective communication between the provider, registered manager, shared lives staff and shared lives carers, supported a well organised service for people.

- Team meetings took place regularly to share information, consider any changing needs and share learning. One shared lives manager told us, "We do have quite regular team meetings, usually once a month ... Even through COVID we had a weekly catch up and within that did quizzes and weekly yoga sessions. That continued after COVID, half an hour half hour yoga chair session ... and if [registered manager's name] has a big meeting she'll meet with us and shares with us."

- Shared lives staff told us they felt valued by the registered manager and shared lives staff. Comments included, "I have a connection with them (shared lives manager) and I do not feel isolated", "The role is very rewarding, the support from the managers is there, they are very approachable, just a phone call away" and "We are invited to meetings to share our ideas and contribute more."

- Shared lives staff and carers worked together with external health and social care professionals to achieve good outcomes for people. Referrals had been made appropriately for professional support including GP, occupational therapy and equipment services.

- The registered manager was passionate about making improvements to the service and implementing learning and new ideas. This was reflected in the shared lives staff we spoke with who shared examples of new initiatives and ways of working which had been introduced. For example, following discussions from 1 shared lives carer about how best to support an autistic person, the provider was supporting the carer and shared lives manager to attend a conference about autism with various professionals and different seminars on support approaches.

- The service was in the process of completing a large-scale review with the aim to improve and develop the service. They had involved people, relatives and shared lives carers and invited feedback from all stakeholders. They had already started to respond to the feedback. For example, to design some additional training and support bespoke to shared lives carers and reflective of the family setting.