Durham County Council

Durham Share Lives Scheme 1

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

Overall summary

This inspection took place on 21, 22 and 26 October 2015 and was announced. This meant we gave the provider two days' notice of our visit because we wanted to make sure people who used the service in their own homes and staff who were office based were available to talk with us.

Durham Share Lives Scheme 1 offers adults with learning disabilities short term, long term or emergency care. This is provided by people who are known as 'shared lives providers' who are supported by 'support managers' from the scheme. The care takes place in the home of the shared lives provider.

Summary of findings

108 people were using this service when we visited and there were 46 shared lives providers. The scheme offered people a mixture of permanent, respite and long term placements.

There was a registered manager in place who had been in their present post at the service for over fifteen years. A registered manager is a person who has registered with the Care Quality Commission [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.

We found people were actively engaged in decisions about their care and shared lives carers and support managers helped people to express their wishes, likes and dislikes about their lifestyle and the activities they wanted to do.

People's care plans were very person centred, detailed and written in a way that accurately described their care, treatment and support needs. This meant that everyone was clear about how people were to be supported and their lifestyle objectives met. These were regularly evaluated, reviewed and updated. The care plan format was easy for people using the service to understand and also included pictures and symbols which helped people to remain actively involved and this enabled people to tell shared care providers how they wanted their care, treatment and support to be delivered. Care planning arrangements were continually overseen and reviewed by support managers and with people who used the service.

Being part of the scheme had led to many positive outcomes for people who used it. People had fulfilling lifestyles, were engaged in their home and in the communities in which they lived. People we met with were happy, confident and empowered to make decisions about their lives. Relationships with shared lives providers were strong, some people said 'like another family.' Shared lives providers were friendly, open, caring and diligent; people using the scheme trusted them.

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 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All necessary applications to the Court of Protection had been considered, or were in the process of being submitted by the provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The registered manager explained how they had arranged and taken an active role in best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

Throughout the day we saw shared care providers interacting with people in a very caring and professional way. The registered manager, scheme staff and shared care providers that we spoke with showed genuine concern for peoples' wellbeing and it was evident that everyone knew people who used the scheme very well. This included their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. The scheme spoke up for people and their rights, to make decisions, to be heard and to receive support when they needed it. We saw all of these details were recorded in people's care plans.

We found that scheme staff and shared lives providers worked in a variety of ways to ensure people received care and support that suited their individual needs and personality. This meant that people received a versatile and in some cases unique service based on their needs preferences and lifestyle goals. This demonstrated that people who used the service were regularly involved and consulted about the service in meaningful personal ways, helping to drive continuous improvement.

Summary of findings

People were supported by well-trained personnel. The provider had its own training department which supported scheme staff and shared care providers to gain the skills and knowledge they needed to meet the needs of people who used the service.

People were protected from the risk of abuse. Shared care providers and support managers understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. When asked they were able to describe what actions they would take if they witnessed or suspected abuse was taking place and what they expected of scheme colleagues and statutory agencies.

People received a balanced diet. Some people using the service had specific diets and preferences and shared care providers were very knowledgeable about these. We saw shared care providers offered a selection of preferred meals and people chose what they wanted to eat. People were encouraged to have a healthy diet and shared care providers also encouraged people to try new meals. Some people prepared their own meals and were supported to do their own shopping.

We saw the provider had policies and procedures for dealing with medicines and these were followed by shared care providers. Medicines were securely stored and there were checks and safeguards in place to make sure people received the correct treatment.

The scheme had a complaints policy which provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information.

The shared care providers we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

We found that the registered manager had comprehensive systems in place for monitoring the quality of the service. This included monthly audits of all aspects of the service, such as medication and learning and development, which were used to critically review the scheme. We also saw the views of the people using the scheme, their advocates and shared lives providers were regularly sought. The registered manager produced action plans, which clearly showed when developments were planned or had taken place.

The provider was subject to internal and external scrutiny to ensure that regional and national government targets are met and good governance could be demonstrated. The scheme is subject to on-going scrutiny and quality monitoring from the providers specialist practitioners throughout a yearly cycle. Results are circulated to lead officers and publically elected council members as part of the local authority's local and national accountabilities. We looked at recent quality assessments which showed that in the areas of record keeping and medication management Share Lives Scheme 1was following the providers good practice guidance and was the highest performing of the services operated by the provider in these areas.

The registered manager also carried out regional and national benchmarking against key performance indicators for similar schemes and other types of care. This included outcomes for users, scheme scope, size cost and best value. Share Lives Scheme 1 scored highest of its comparators.

Summary of findings

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 scheme was safe.

There were systems in place to manage risks, safeguarding matters, recruitment of shared lives providers and administration of medication.

Shared lives providers had been trained to work with people in a positive way which protected their human rights.

The scheme had an effective system to manage and reduce the likelihood of accidents and incidents and learn from them so they were less likely to happen again.

Is the service effective?

Good

The scheme was effective.

The scheme ensured people's best interests were managed appropriately and they were protected under the Mental Capacity Act [2005].

People's needs were regularly assessed and referrals made to other health professionals when required and their care and support was continually monitored and promoted.

Shared lives providers received training and development, supervision and support from the registered manager and senior staff. This helped to ensure people were cared for by those who were knowledgeable and competent.

People were encouraged and supported to have aspirations and goals and their needs and lifestyles were nurtured and supported by the scheme demonstrating the service's commitment to a culture of inclusion.

Is the service caring?

Good

The scheme was caring.

There were safeguards in place to ensure shared lives providers understood how to respect people's privacy, dignity and human rights. Shared lives providers knew the people they were caring for and supporting in great detail, including their personal preferences, likes and dislikes.

People told us that shared lives providers were very supportive and had their best interests at heart; people said they trusted them. We saw that the shared lives providers were very caring, discreet and sensitive and they supported people with diligence, kindness and compassion.

Shared lives providers were very knowledgeable about ways of communication and these were tailored to individual's preferences.

Is the service responsive?

Good

The scheme was responsive.

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them and the running of each household.

Summary of findings

Shared lives providers were understanding of peoples' expressions and recognised how these could change if they were unhappy. Shared lives providers were able to intervene to prevent a situation from escalating.

Each person was supported by the shared lives providers to take part in social opportunities and make and maintain friendships.

Is the service well-led?

Good

The scheme was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open questioning culture.

The management team had effective and wide-ranging systems in place to assess, monitor and drive the quality of the service. The quality assurance system operated to drive improvement and sustain beneficial outcomes for people.

The service worked in partnership with key organisations, including specialist health and social care professionals, other Shared Lives schemes and the national shared lives representative body.

Durham Share Lives Scheme 1

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 checked whether the registered 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 scheme, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector completed this announced inspection of Durham Share Live Scheme 1 on 21, 22 and 26 October 2015. We announced this inspection because we wanted to be able to meet with people and the shared lives providers in their own homes.

Before the inspection, the provider 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.

Before the inspection we reviewed all the information we held about the scheme. We reviewed notifications that we had received from the scheme and information from people who had contacted us about the scheme since the last inspection. For example, people who wished to compliment or had information that they thought would be useful.

Before the inspection we reviewed any information from the local safeguarding team, local authority and health services commissioners, no concerns were raised by these organisations. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with nine people who used the scheme and six shared lives providers in their homes. We also met with, three support managers (who co-ordinate the care people received) and observed them carrying out supervision and monitoring with shared lives providers in their homes and meeting with people who used the service. We met with the registered manager and the scheme administrative staff.

We also spent time looking at records, which included five people's care records, and records relating to the management of the scheme.

Good

Is the service safe?

Our findings

People who used the scheme told us they felt safe. They told us, "I've got risk assessments which I've gone through with my [shared care provider] so I know what I'm doing and so do they." Another person told us about the support they had received from the shared care provider. They said "I do more things independently since coming here; I know it's important not to talk to people you don't know."

We found people were protected from the risks associated with their care because shared lives providers followed appropriate guidance and procedures. We looked at five people's care plans. Each had a detailed assessment of their care needs which included risk assessments. Risk assessments included areas such as accessing community facilities and travelling. Risk assessments were used to identify what action shared lives providers needed to take to reduce the risk whilst supporting and promoting people to be independent and still take part in their daily routines and activities around their home and in their community. Some people had signed to say they agreed with the risk assessment and other records showed they had been signed by advocates acting on the persons behalf [or both].

We met with some people who had recently moved to a shared lives provider who told us, "I started off using the bus with [shared lives provider] until I knew where I was going, then she followed me in the car to make sure I got there. Now I travel on my own but If I need to go somewhere new then we'll do the same thing again." Another person told us, "I wanted to look after my own medication and [shared lives provider] helped me to do it." This showed us that people were involved as far as possible in making safe decisions about their care, treatment and support that promoted their wellbeing and their independence.

Shared lives providers told us they helped people remain safe because they had 'a good understanding of how to carry out risk assessments', 'good support from support managers', and 'excellent training.' One shared lives provider said "It's a balance between supporting someone to be as independent as possible or as independent as they want to be but also making sure they are as safe as we can make it." One shared lives provider told us of how they had helped prevent people from unscrupulous telephone canvassers. They said "It was an important lesson we all had to learn from – thankfully it wasn't serious and didn't happen again."

Shared lives providers said their work helped people remain safe because they monitored people's health and care needs and they had undertaken safeguarding training to help them recognise and respond if they suspected or witnessed abuse. We asked three shared lives providers what they would do if they suspected abuse was taking place. They were all able to tell us the right action to take. This included reporting to the registered manager or scheme staff and the local authority. This meant shared lives recognised the importance of the key principles and practices which fell short of this, and took swift and suitable action when needed to keep people safe.

Shared lives providers told us they had confidence in that any concerns they raised would be listened to and action taken by the registered manager or others within Durham County Council. We saw there were arrangements in place for shared lives providers to contact management out of hours should they require support. We saw there were policies in place whereby shared lives providers could alert the scheme managers or other agencies when they are concerned about other providers care practice or the scheme itself. Shared lives providers were very clear about what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with support managers or the registered managers.

When we spoke with shared lives providers about people's safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. One shared lives provider said, "When you live with people in the same house you can tell if they're happy or if something is bothering them. We can usually get to the bottom of what it is but you're always on the lookout." Training in the protection of people had been completed by all shared lives providers including the role of the local authority. Shared lives providers and staff had easy access to information on the scheme's safeguarding procedures and a list of contact numbers was available.

Good

Is the service safe?

Shared lives providers talked to us about how they used internet advice from the scheme and the national association Shared Lives Plus when required. The registered manager was aware of their responsibilities to report any concerns to the local authority and ensure the immediate safety of service users.

The provider had guidance in each individuals care plan which described how the shared lives providers were to respond to emergency incidents such as a fire or flood damage. This ensured that shared lives providers understood how people who lived with them may respond to an emergency and what support each person required. We saw records that confirmed shared lives providers had received training in fire safety and in first aid.

The scheme had procedures in place to ensure people received medicines as they had been prescribed. Medicines were stored safely in people's homes and records were kept which showed which medication had been administered to whom and when. We saw there were regular medicine audits undertaken by support managers to ensure shared lives providers administered medicines correctly and at the right time. We saw the scheme had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave shared lives providers clear guidance on what the medicine was prescribed for and when it should be given. There were examples of people using innovations such as shared lives providers supporting people to order their medicines 'on line;' and pharmacists working together with providers to ensure people had the most administration process that was most suitable for their needs and independence. The scheme worked in line by following the Royal Pharmaceutical Guidelines.

We looked at the records of four shared lives providers who had recently been recruited to the scheme. We saw that extensive background checks were carried out to make sure applicants were suitable to provide services to people who were vulnerable in their own homes. This included consideration by an independent panel which is separate from the registered provider and intended to demonstrate impartiality and robust governance. All shared lives providers had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service [DBS] check. All adult members of the shared lives providers' household were also required to undertake a DBS check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all shared lives providers were subject to a formal interview and extensive background checks which followed the provider's recruitment policy and national organisation [Shared Lives Plus] guidelines.

The registered manager told us how the scheme made sure that people were placed with shared lives providers who could safely meet their needs. We looked at records of the process where the needs of people who used the scheme were carefully matched to the individual shared lives providers. This ensured that people were only placed with shared lives providers with the right experience, aptitude, skills, knowledge and training to meet the needs of the people placed with them. There were arrangements in place to cover for when shared lives providers needed to take leave of absence due to holidays or illnesses. One person explained these arrangements to us "It's like a second home – I have friends there." Another said "It's like going on holiday – you can always go back there next time or try someone different." This demonstrated that the provider was flexible and innovative in making sure people continued to receive support in familiar surroundings that would safely meet their needs.

Durham Share Lives Scheme 1 had a policy in place to promote good infection control by the shared lives providers. There was on-going monitoring of the standards of cleanliness and hygiene at people's homes by support managers and the scheme had an infection control lead champion to ensure that processes were in place to maintain appropriate standards. Some people who used the scheme were encouraged and supported to take an active part in cleaning areas of their home and take part in household tasks which promoted their independence. We saw shared lives providers had continual access to appropriate personal protective equipment [PPE] such as disposable gloves and aprons. They had received training from the scheme and were knowledgeable about infection control procedures. One person told us, "We all help out with the housework; we'll have a good clean-up soon because we move the furniture around for Christmas." Another person said, "I like to be responsible for my room, I like to keep it nice. I'm hoping to be able to move somewhere more independent in the future and I don't want it to be a shock." We found the scheme was

Good

Is the service safe?

exceptional in enabling people to be as independent as possible and had an in-depth appreciation of people's potential, for some people, it prepared them to move to living independently with less support.

The scheme took steps to ensure accidents and incidents involving people using the service and shared care providers' were minimised. The registered manager told us that these occurrences were not frequent but when they did occur an analysis of the circumstances was carried out to see if there were any lessons which could be learned for future practice. We talked with care support managers who reflected on these practices and gave examples of their experiences. We saw records which supported these findings. For example investigations into accidents/ incidents were thorough, open, questioning and objective. We saw that people and those close to them and shared care provider's were included in the investigation and the outcome.

Good

Is the service effective?

Our findings

When we visited people in their own homes, they told us that they were confident in the support they received from the shared lives providers. People said shared lives providers were 'Very good, very clever' and they 'worked very hard.' One person told us "My carer gives me good advice."

Shared lives providers said they were effective because they strived to achieve 'excellent outcomes for service users.' They said "All carers are required to undertake regular training to ensure that they were aware of safe current practice." People were supported by shared lives providers who had the opportunity to develop their skills and knowledge through a comprehensive training programme.

Shared lives providers told us they had access to Durham County Council's training department which supported them to gain the skills and knowledge they needed to meet the needs of people who they supported. Many of the specialist courses were carried out by trainers who also gave ongoing support to the scheme. Records showed there was an extensive programme of induction and specialised training for all shared lives providers to prepare them for their work. Training included 'Medication Induction' with courses in 'Safeguarding', 'First Aid', 'Infection Control', 'Moving and Handling', 'Food Hygiene', 'Fire Safety' and 'Safe Bathing'.

We looked at records which showed all shared lives providers had achieved relevant training. Shared lives providers commented positively about their training and some had repeated courses on a 'refresher' basis. Many of the courses had been specifically designed to suit shared lives providers whilst still ensuring the policies and procedures of the council and, where appropriate, Shared Lives Plus were met. The scheme had also recently promoted the use of training workbooks which shared lives providers completed as part of their training including written assessments which were appraised by training staff before an award was made. Recent courses included, Dignity in Care, Mental Capacity, Equality and diversity, Human Rights, Substance Misuse and Epilepsy. This demonstrated that shared lives providers received care and support from staff that had the knowledge and skills necessary to carry out their roles and responsibilities effectively.

Shared lives providers received regular support, supervision and appraisal from support managers. The registered manager told us that there was a comprehensive system of monitoring and supervision visits carried out every two months with each shared lives provider. We met with people who used the scheme and shared lives providers in their home to observe a meeting taking place with a support manager. We found that this was a very comprehensive and detailed review of the shared lives providers activities and actions to achieve the goals of people using the scheme. Supervision visits included, an update of actions since the previous supervision; a review of each person's care plans, objectives / goals, risk assessments and development of new or amended goals; health issues; a review of medication including records, activities, accidents / incidents; monitoring of financial issues and records; monitoring of the home environment including aids and adaptations; discussion with people using the scheme and discussions with social workers/ support manager.

We looked at records held at the providers' offices which showed that the monitoring and supervision visits were carried out for all of the people who used the scheme. The manager confirmed that she reviewed the monitoring and supervision by support managers to make sure the timescales and scope of the meetings were met and detailed records of each person's placement were always available. This showed that shared lives providers and support managers had a very detailed understanding of peoples' needs and how they were being met at the shared lives provision.

Shared lives providers said they had confidence in the 'matching process' used by the scheme so that they know they would be able to meet the needs and support the people who were living with them. One shared care provider told us, "Ultimately you want people who come to you to be safe and that's really our job." This showed us that people who used the service had a sense that they mattered and belonged and they were partners in their care.

Staff and shared lives providers were all members of the regional branch of the national organisation which supports shared lives schemes and providers. Shared lives providers were encouraged to attend regular regional events and also find and share best practice guidance.

Good

Is the service effective?

Shared lives providers we spoke with told us they had a detailed understanding of their overall role in providing services for people in a shared lives scheme. All of the shared lives providers we spoke with demonstrated their passion to deliver exceptional lives for people and advocated that the 'shared lives' model of care was a model of best practice that achieved high levels of quality and satisfaction for people with learning disabilities. Many of the shared lives providers cited different experiences that people had before they were matched with a shared lives provider and improvements to their health and well-being which had subsequently taken place. We read about some of these in people's care plan records. This showed the provider had successfully implemented a model of best practice that delivered positive improvements for the lifestyle, health and well- being of people using the scheme.

We saw shared lives providers communicated with people effectively and used different ways of enhancing communication with people who lived with them. For example, using effective language or phrases, signs, gestures and pictures. This approach supported shared lives providers to create meaningful interactions with the people they were supporting. Care records contained guidance for shared lives providers on how to support people with their communication and to engage with this. These were shared with other shared lives providers when people were taking holiday or other breaks to ensure continuity. This supported people to make day to day choices relating to their care and support.

People using the scheme had access to their choice of preferred food and drinks. Shared lives providers told us that the household meals, drinks and snacks were based on people's preferences and their likes and dislikes. If people didn't want what was on the menu then an alternative was always available. One shared lives provider told us "We try to agree on meals we want to eat but some people don't like the things others do so we just make separate meals." One person told us, "The food is good [shared lives provider] is a better cook than me, I like the meals and sometimes cook my own and help with the shopping." People told us they could also help themselves to a snack or drink of their choice at any time and some people had routines they liked to follow.

Shared lives providers made sure people had regular checks on their weight and a record of what they had eaten and records were kept. We saw guidance was in place to support shared lives providers with offering healthy options to maintain a balanced diet whilst supporting the people to make their own decisions.

Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs to ensure people had the advice and treatment they required. This included contact with GPs, dentists, specialist epilepsy trained nurses and occupational therapists. We saw records which showed how shared lives providers contacted relevant health professionals if they had concerns over people's health care needs.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act.

We checked whether the scheme was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found the registered manager worked closely with social workers and care co-ordinators to make sure decisions about people's capacity and best interests were robust and their legal rights protected. Where necessary applications to the Court of Protection had been considered, or were in the process of being submitted by the provider.

We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. The registered manager explained how they had arranged and taken an active role in best interest meetings with other health and social care professionals. These meetings were to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions that were undertaken.

Good

Is the service caring?

Our findings

We spoke with people about the support they received from their shared lives provider. All of the people's responses were very positive. One person said "There's nowhere better than being at [shared lives provider's] house. It's been a good move for me. It's like being at home with my [relative]." Another person said "I've made a lot of friends, we laugh and have fun."

One person told us about the things that were important to them which included the shared lives provider. They said "I have my CD's, I have my films, I have my posters, I have my room, I have my house, I have … [shared lives providers names]." Another person told us "I trust them;" another person said "I know he looks out for me." Many expressed admiration for the scheme staff and registered manager. They said things like 'I know I can always talk to [support manager] or [registered managers first name],'

Shared lives providers told us they were caring because people became 'Part of their lives like family.' One person told us 'Our life is their life, we share family, events, friends, holidays, happy and sad times too – this really is a 'shared life'." Another told us, "The service is all about caring remember 'Who cares wins'."

There was a friendly and relaxed atmosphere when we visited people in their homes. Throughout all of our visits we saw shared lives providers interacting with people in a very caring, and professional way. Peoples using the scheme were supported to become part of the household and family of the shared lives provider if they wished. There were examples where placements had grown over time into long term arrangements and where peoples views and choices were considered as equally as other household members. The registered manager, support managers and shared lives providers that we spoke with all showed genuine concern for peoples' wellbeing. They all placed great thought and consideration when making decisions that may affect their care and welfare. It was evident from discussion that all shared lives providers knew people in great detail, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic 'family like' relationships. We saw all of these details were recorded in people's care plans.

We found that shared lives providers worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that shared lives providers gave explanations in a way that people easily understood; they interpreted and understood people's body language facial expressions or language to make sure people were satisfied, empowered and comfortable. Some shared lives providers had specific ways of using positive language, facial expressions and gestures to reassure people who may otherwise have become anxious or upset. This showed us that that the service was flexible and responsive to people's various communication needs and understanding by using creative ways to enable people to feel less anxious and live as full as life as possible at home and in their community.

Throughout our visit we observed shared lives providers and people who used the scheme engaged together in conversations, shared experiences, debates and jokes. One person told us "My carers talk to me like adults. It has made a huge difference to my life." All of this meant people felt valued, included and had a sense of belonging.

Every shared lives provider that we observed showed a very caring and compassionate approach to the people who used the scheme. This caring manner underpinned every interaction with people and every aspect of care given. Shared lives providers spoke with great passion about their desire to deliver high quality support for people and were extremely understanding of their needs. We found the shared lives providers were warm, friendly and dedicated to delivering good, supportive care. Shared lives providers showed that they were innovative in carrying out their role. One shared lives provider told us "Its not really a job, although we are professional carers, its using your lives, experiences social or family circles to benefit people." They said "There is nothing that holds us back, we are always looking for new ways to do things because a lot of the time people haven't had much experience of how to get on and live. We're thinking all the time; If I have an idea I can talk it through with [the care co-ordinator] and get on with it."

In response to people's needs for equality we found the provider had in place arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their abilities and enabled them to learn new skills. People we spoke with told us how their lives had changed since they started using the scheme. For example people told us how their shared lives carer had supported them to travel independently

Good

Is the service caring?

whilst making sure they were safe; how they had accessed community leisure facilities and developed interests and friendships; how they had enrolled and completed formal and vocational adult education courses; and for some people how they had secured and maintained employment with their shared lives providers support. We saw through plans and reviews people were supported to achieve their goals and aspirations and their well-being had been promoted. One person told us "My life is very different I'm doing new things and my [relative] is happy with my new home." Another person told us "It is my dream to live independently and because of the support I've had from [share lives provider] I know my dreams will come true."

The registered manager told us how the scheme sought to recruit people who had the personal attributes to make excellent, shared lives providers. She said "We're very selective – all of our shared lives providers have a little something extra that makes them stand out. The test for us is that placements can be successful for a long period of time." Records confirmed that trained shared lives providers stayed with the scheme for lengthy periods. We found several of the shared lives providers we met with had been successfully providing an individuals placement for over 15 years.

Shared lives providers told us about how people were involved in the lives of their community. One said, "We have good relationships with our neighbours. We are involved in things like cutting the grass and we visit each other's homes for (social) events. It helps people to get a sense of belonging and to get to know people around where they live." Some of the experiences people told us about had been established over long periods of time. These were an important part of their lifestyle and they had an active presence in their community and social circle. A shared lives provider said "We have a holiday home where we also have friends – these are [person's name] friends too and we go places and do things together with them. This showed that the scheme encouraged people to be involved in community life and promoted their role of citizens.

We found that some people required support from the scheme at the end of their lives to ensure their needs, wishes and preferences were met. We looked at arrangements the scheme put in place to support people to remain with their shared lives provider in these circumstances. This included taking the lead care management role which included, for example, the organisation and co-ordination of medical and social care agencies as well as practical and counselling support for the shared lives providers. We found that the provider ensured that best practice guidance had been followed so that people could remain in the familiar and comfortable environment; and be cared for by people who knew them best and respected and protected their rights preferences and wishes. We looked at circumstances which demonstrated that considerable thought and innovative practice by the scheme had taken place to achieve these aims. This involved sometimes considerable liaison with other statutory and healthcare services which enabled people to continue to live with shared care providers at the end of their life. The registered manager described the supports put in place for any person using the scheme and the shared care provider at the most difficult time.

We found the scheme spoke up for people in their care. The registered manager told us the people who used the scheme had capacity to make decisions in most areas of their lives. For more complex issues, where appropriate, they consulted families, care managers, key workers and advocates to make sure decisions made were in the person's best interests. When we met with people we found they were involved in making decisions about their home and how they wanted their service to take place. For example, some people held house meetings where decisions could be made about decisions affecting them, such as bedroom locations and decoration, activities, meal choices and holidays. Other people were making decisions and choices as these arose on a day to day basis. One shared lives provider told us "Offering choices, asking for views and people making decisions is the most important thing we do." This showed us that people who used the service were supported to make life choices that were important to them, and they were encouraged and supported to engage with activities and events outside the service and other support networks were encouraged and sustained.

We spoke with support managers who gave examples of how shared lives providers respected people's choices, privacy and dignity. When we visited people in their homes we saw this being put into practice. For example, we saw shared lives providers treating people with respect, actively listening to them and responding to their appropriately. The shared lives providers we spoke with explained how they maintained the privacy and dignity of the people that they care for. We saw shared lives providers making sure

Good

Is the service caring?

peoples personal space was respected. Relationships between people and with shared lives providers were relaxed, friendly and informal which helped people to feel comfortable. One person told us "Living with my carer gives me a loving family home that I otherwise wouldn't have."

The shared lives providers we spoke with explained how they maintained the privacy and dignity of the people that they cared for. They explained how they were very aware of the need to maintain and support peoples' privacy when they were living together in the same household. We saw people were encouraged to use their bedroom as personal spaces and we saw shared lives providers [and other householders] knocked on people's bedroom doors and waited to be invited in before opening the door. We found the shared lives providers were committed to delivering a service that had compassion and respect and which valued each person.

Shared lives providers we spoke with understood people's routines and the way they liked their care and support to be delivered. Shared lives providers described how they supported people in line with their assessed needs and their preferences to make sure their care and lifestyle needs were met. We saw that shared lives providers took time to listen to what people told them, and explored ways to support them in the way that people wanted. Shared lives providers talked about their strong relationships, with people who used the service and for some people their relatives which helped them to be effective. They told us they had; 'Excellent support from the registered manager and support managers 'Who they felt 'knew each persons' situation very well.' This also ensured that each individual could develop at their own pace and make choices that fulfilled their personal dreams and aspirations for their future.

Good

Is the service responsive?

Our findings

When we visited the scheme office and shared lives providers we looked at individual's records to see how their care was planned, monitored and co-ordinated. We visited nine people in their homes to find out what they thought about their care. People using the scheme felt that the service was responsive if they had any queries or concerns. One person told us "Anyone can complain if you're not happy but I'm always being asked if I'm okay."

People who used the scheme explained how their care and welfare needs were met. They said it was 'making choices,' 'thinking what is best' and 'finding what you like.' One person told us, "A lot of things are put in place for me and I am part of a family."

Shared lives providers told us they were responsive because they were 'person centred.' One shared lives provider said the service they provided could 'adjust and respond to changing needs and circumstances.' They said, "The scheme managers provide an excellent support, they frequently come up with innovative suggestions and additional ideas that we might not have considered." Examples included, helping people who used the scheme to become more confident and assertive and have improved communication with shared lives providers and peers; successfully [gently] motivating people who were at risk of illness to take exercise and lose weight. This means that people had an enhanced sense of wellbeing and a sustained high quality of life.

We spoke with shared lives providers, support managers and the registered manager who told us everyone who was supported by the scheme had a highly individualised person centred care plan. They described to us in detail how shared lives providers made sure people were properly cared for and we looked at how this was written in their care plans.

All the people who used the scheme had care plans [called support plans]. These were developed following each persons 'support planning meeting' where they met with everyone who had a role in the person's life. People who used the scheme were supported and empowered by the support managers to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the shared lives provider and the person using the service. We saw examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

We looked at the care records of four people who used the scheme to see how their needs were to be met by shared lives providers. We saw each person's needs had been assessed and plans of care written [called support plans] to describe how each area of need was to be supported. The assessments we looked at provided detailed information about each person's condition. We looked at examples of how peoples' needs were to be met and found every area of need had clear and descriptions of the actions shared lives providers were to take. This included their health and social care and lifestyle needs. The care plans we looked at were very detailed and included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and personal statements about their hopes and goals for the future.

For some people we saw detailed information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide shared lives providers about how to meet people's needs. This meant shared lives providers had the information necessary to guide their practice and meet these needs safely. We saw people's support plans were planned in partnership with people who used the service. We saw there were easy read versions using pictures and symbols to make sure people understood there content. This demonstrated that people were consulted about all aspects of their care, empowered, listened to and valued.

We watched as shared lives providers supported people and talked with them about familiar places, people or recent occasions and activities. Shared lives providers gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written down so shared lives providers would be able to give consistent support.

We found the care plans had been written in a person centred way [this means written in a way to describe how the person preferred their needs to be met]. They were

Good

Is the service responsive?

written in a format that made it easy to understand. We also found people were involved in making decisions about the way they preferred to be supported and this was recorded in their care plans.

Where people were at risk, there were written assessments which described the actions shared lives providers were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. We saw several examples of how Shared lives providers had taken action to promote peoples independence and take calculated risks so they could have a more independent lifestyle. The registered manager told us that the scheme had helped support people who wished to become more independent and move to their own home.

This showed us that the service is focussed upon people's whole lives, including their goals, skills and abilities to enable some people to live more independently where possible.

The way care plans were written showed how people using the scheme were to be supported and there were reviews every two months to see if their needs had changed. Some of the reviews we looked at included meetings which had been attended by people who used the service, their relatives, care staff and peoples' social workers. We saw each person who used the scheme had a support manager whose role was to spend time with people, monitor the care and review their care plans. Support managers played an important role in peoples' lives. They provided oversight and support and made sure that people's needs were met appropriately and safely as agreed in their care plan. When we spoke with shared lives providers they demonstrated that they always knew about the person's current needs and wishes in detail. There was evidence a great deal of thought, consideration and care had gone into peoples' care plans and how these were used to support peoples lifestyles. This meant people's changing needs were identified promptly and were regularly reviewed with the involvement of each person and those that mattered to them and put into practice.

We saw shared lives providers write down the support provided to people at least every week unless there were frequent changes or occurrences that required more. The records we looked at were detailed and were used to monitor any changes in people's care and welfare needs. This meant the scheme was able to identify and respond appropriately to people's changes. One shared lives provider said; "It's useful being able to reflect back on what's happened."

The scheme protected people from the risks of social isolation and recognised the importance of social contact and companionship. Shared lives providers supported people to carry out activities at their homes and in the community. People were encouraged to maintain and develop hobbies and interests. Activities were personalised for each individual. Each person had a detailed weekly plan of activities that had been designed around their needs. Some people preferred to have numerous activities and busy lives. Shared lives providers had good links with their local community. When people were matched to the shared lives provider's consideration had been made to ensure people were able to consistently access community facilities. Shared lives providers were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected.

When people used or moved between different shared lives providers or other services this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure their wishes and preferences were followed.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made but none had been. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Shared lives providers told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The shared lives providers we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider. We saw people were

Good

Is the service responsive?

actively encouraged to give their views and raise any concerns. When we spoke with people no one raised any concerns but told us they knew who they could approach if they did. The service saw concerns and complaints as part of driving improvement. During people's reviews, their feedback was valued.

Good

Is the service well-led?

Our findings

People who used the scheme talked positively about the registered manager and support managers. People said they were 'Good at having meetings' and 'knew them well'. People smiled when we talked about them and some said they felt they were personally supported and their interests protected by the registered manager and support managers. One person said 'They wouldn't let anything bad happen.'

There were management systems in place to ensure the scheme was well-led. We saw the registered manager was supported by a senior management team and there was regular monitoring of the scheme. These showed that the provider's senior managers had oversight of the quality of the service offered by Durham Share Lives Scheme 1.

The staff we spoke with were complimentary of the registered manager and senior management team. They told us that the management style was 'open' and 'inclusive' and felt that their skills were appreciated and valued by their manager, the organisation and people using the service. One support manager told us "It's quite a responsibility - we do the best we possibly can and it works." Another said, "We get on well as a team so we are able to challenge each other in a way that helps to improve everyone's practice and reflect on situations that have taken place." They told us they would have no hesitation in approaching the registered manager if they had any concerns and they regularly discussed their work with the registered manager on a day to day basis. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people using the service and the shared care providers they supported. We saw documentation to support this.

We saw that regular review meetings took place where support managers, shared care providers and people who used the service and their representatives were provided with feedback and kept up-to date about any changes within the service. The registered manager told us she encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. People told us they were 'always being asked what you think' and 'they check out that it's OK with you.' We saw the registered manager worked in partnership with a range of multi-disciplinary teams including the learning disability social work teams, community health staff and other professionals such as GP's psychologists and speech therapists in order to ensure people using the scheme received a good service. The registered manager gave examples where the scheme had ensured successful integration of services. For example in ensuring that people using the scheme received appropriate end of life support.

The registered manager and local authority provider have carried out a benchmarking exercise to check the effectiveness of the scheme. This measures the activities, efficiency, value for money and successful outcomes for people using the scheme so they could be compared with other shared lives schemes and other models of care such as a care home. We looked at their results which showed that the scheme offered a better likelihood of successful outcomes for people than other models of care and that when measured against the criteria the Durham Share Lives Scheme 1 scored highly amongst other schemes in the region. This demonstrated that the scheme strived for continuous improvement by proactively working with other organisations to ensure they were following best practice and where possible, were involved in the development of best practice. They strived for excellence through consultation, research and reflective practice and this showed us how they had sustained their outstanding practice over time.

The scheme is highly successful and reflects the open culture and diligence of the staff team and manager. There was much evidence of successful placements continuing, some over many years. Where there were examples of placements which had ended, these are were successfully anticipated and in almost all cases successful transitions to alternatives were made. People told us about their experiences and how they felt positively about their future lives. One person told us, "Before I came here I lived with [shared lives provider] but it was time for me to move on and become more independent which is what I'm doing now. I'm learning many things I didn't know before."

The provider is a local government body and is subject to internal and external scrutiny to ensure that regional and national government targets are met and good governance can be demonstrated. The registered manager told us that the scheme is subject to ongoing scrutiny and quality monitoring from the providers "Quality and Improvement Team." This entails a thorough examination by specialist practitioners of specific areas of activity amongst all the

Good

Is the service well-led?

providers' activities throughout a yearly cycle. We saw records which showed results of this work are circulated amongst the provider's organisations through monthly "Quality Action Group" [QAG] meetings where lessons learned and examples of best practices were shared. The registered manager told us that the meetings were chaired by the provider's senior managers who provided oversight and reports to lead officers and publically elected council members as part of the local authority's accountabilities. We looked at recent quality assessments which showed that in the areas of record keeping and medication management Shared Lives Scheme 1was following the council's good practice guidance and was the best performing service operated by the provider in these areas.

During the inspection we saw the registered manager was active in the day to day running of the shard lives scheme. We saw she interacted and supported people who used the scheme and supported staff and shared care providers to do the same. From our conversations with the registered manager it was clear she knew the needs of all of the people who used the service in detail. She told us this was because the support managers, social workers and administration staff worked effectively as a team to make sure peoples' needs and lifestyle requirements were matched with shared care providers.

The registered manager managed the Durham Share Lives Scheme 1 for over 15 years and had over 30 years' experience of working with people with learning disabilities. She is a qualified social worker and holds management qualifications. The registered manager works in partnership with other shared lives schemes to ensure specialist knowledge is shared and judgements can demonstrate robust governance. As a successful manager of a large shared lives scheme she is well known and has a regional and national profile. She is involved in regional development and supports schemes in other areas offering skills, advice and infrastructure guidance. She offered guidance to the national support network for shared lives schemes 'Shared Lives Plus.' This showed us that the registered manager was highly regarded within the Shared lives industry by having a strong emphasis on continually striving to improve and implement innovative systems and share these with others in order to provide high quality accreditation services.

The registered manager had in place arrangements to enable people who used the service, their representatives, shared care providers and other stakeholders to affect the way the service was delivered. For example, people who used the scheme were routinely asked for their views by completing service user surveys. The outcome of this feedback was collated and circulated to shared lives providers and the providers and senior managers with any actions identified as a result of this feedback. When we looked at the most recent surveys completed by people who used the service, those that mattered to them and professionals involved in people's care and support, we saw there was a high level of satisfaction about people's care, treatment and support.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the scheme. The quality assurance systems in place for the registered manager to ensure objectives were met. When we visited the scheme we took part in a monitoring and supervision visit. These were carried out every two months by support managers meeting with shared care providers and people using the service. These meetings were a detailed review of the placement, records and any ongoing issues. For example we saw issues discussed included care planning, risk assessments, medications administration, incidents, relationships, financial issues, training, health and safety, fire and the environment. People using the scheme were encouraged to take part in these meetings. These meetings resulted in a series of acknowledgements of the present situation and an action plan should this be required. An update of previous action points were carried out at each meeting to ensure continuity. This demonstrated how people who used the service and other were regularly consulted about how the scheme was managed.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before people moved to their shared care provider and these were updated if new situations or needs arose. We saw evidence of how these were reviewed regularly and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

All of these measures meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

Good

Is the service well-led?

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.

We saw the provider had extensive management systems in place to support the registered manager including finance, training and human resources support located at the providers local and head office.