

Derby City Council

# Adult Placement Scheme/Shared Lives Scheme

## Inspection report

Adults Health and Housing, Younger Adults  
Corporation Street  
Derby  
Derbyshire  
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Tel: 01332717777

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Derby City Shared Lives Scheme, is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (referred to as carers in the report) own homes.

At the time of the inspection there were around 160 people being supported by the service and 80 carers. 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. There were 15 people receiving regulated activity at the time of the inspection.

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

Carers had received safeguarding training and understood their responsibilities to provide safe care. There were sufficient numbers of carers to support people's needs, some people had more than one carer supporting them.

People received medicines safely from carers who had received training and regular competency checks.

We saw people were treated with dignity and respect by carers. Carers told us how they supported people to make choices and decisions and maintain their independence. Carers supported people to maintain relationships with friends and families.

Peoples health care needs were managed, and support plans were tailored to people's individual needs. People received support to manage their dietary needs.

People and carers knew how to complain. People were involved in planning their support. There were systems in place to monitor the quality of the service.

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.

The service applied the principles and values and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Feedback from healthcare professionals about the service was very positive. The service was well led and there were quality monitoring systems in place to drive improvements.

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

The last rating for this service was Good (published 1 December 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Adult Placement Scheme/Shared Lives Scheme

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Care Act 2014.

### Inspection team

The inspection team comprised of an inspector and an assistant inspector.

### Service and service type

Derby City Shared Lives Scheme is a shared lives scheme, that recruits, trains and supports self-employed carers who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted Healthwatch, this an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We held a focus group and spoke with nine people who were helped by the service. We spoke with four relatives about their experience of the care provided. We spoke with three members of staff who were shared lives co-coordinators. We held a focus group and spoke with six carers. Shared lives co-coordinators are responsible for assessing and supervising the carers. Carers are self-employed and provide the care and support to people using the service.

We reviewed a range of records. This included two people's care support plans and medication records. We looked at two carer files in relation to recruitment and supervision. A variety of records relating to the management of the service, including feedback from surveys were reviewed. We spoke to two health and social care professionals. After the inspection we spoke to the registered manager responsible for the daily running of the scheme, who was unavailable during the inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and carers told us they felt safe living together. One person told us, "I feel safe living with [Name], they are a good carer, the best." People we met looked comfortable and relaxed with their carers.
- Carers had received training in safeguarding people from abuse and were aware how to report concerns to the shared lives coordinators, to keep people safe from harm.
- The shared lives coordinators worked closely with the adult health and social worker team if there were any concerns, and people's safety was put first.

Assessing risk, safety monitoring and management

- People's needs had been assessed and risks identified when they joined the scheme. For example, risks such as falls, scalds from hot water, and malnutrition were identified, and measures were put in place to reduce the risk. The shared lives coordinators had regular contact with the carers to identify if people's needs had changed.
- Environmental health and safety checks on carers homes were undertaken on an annual basis. This ensured that carers and people were living in a safe environment.
- Emergency evacuation plans for people, were produced in conjunction with the Fire Service, Safe and Well Check, to ensure people were safe in an emergency.

Staffing and recruitment

- Carers were recruited safely. There was an intensive and robust recruitment process and checks carried out to make sure shared lives carers were safe and suitable to work with people.

Using medicines safely

- People were supported with their medicines safely.
- Carers told us they received training to administer medicines, their competency was checked formally by a shared lives co-coordinator on a two to three monthly basis and spot checks were performed randomly.
- Medicines audits were performed every three months to check records and identify any errors. Shared lives co-coordinators told us, additional training and support would be offered, if errors were identified.

Preventing and controlling infection

- Carers were assessed on food hygiene and first aid to ensure they were able to support people with preparing food and preventing infection.

### Learning lessons when things go wrong

- There was a process for reporting incidents and accidents. The shared lives co-coordinators had regular weekly meetings where issues were discussed, and themes were identified. Lessons learned were shared with carers, via newsletters, emails and phone calls. We were told about one example where a person had been given an emergency placement. This had proved quite difficult for the carer to manage as they had not built up a relationship with the person. After evaluating the incident, it had been decided that the service would only offer emergency placements to people they were already supporting. This showed us they reflected on the support and learnt lessons as a result.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

- People's physical, mental and social support needs were assessed before they joined the scheme, and these were updated and reviewed as required, this ensured people received effective support.
- People were supported by carers to make choices about the support and care they received.
- Carers were supported by the shared lives coordinators to support people in line with legislation and national guidance.

Staff support: induction, training, skills and experience

- Carers went through a detailed assessment process before being approved. This ensured that they had the skills required and training needs were identified before they were matched with people. Carers with less experience were given the opportunity to shadow an experienced carer before supporting people. The assessment process involved visits to the person requiring support and a panel decision to the suitability of the match.
- Shared lives co-coordinators told us training needs were identified in supervision sessions and carers received weekly support at the beginning of a placement which reduced accordingly. Carers told us they received excellent support and had weekly phone calls to discuss issues.

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

- People were supported with their nutritional needs and care support records identified any dietary needs, allergies and level of support required. One person told us, "I can cook a few things, but I'm happy with what [Name] cooks, they know what I like and don't like."
- One carer told us how they supported a person who was unable to prepare their own food. "Now [Name] can cook simple things on their own, which they were not previously able to do."

Staff working with other agencies to provide consistent, effective, timely care

- The organisation worked very closely with other services such as social workers, to ensure people received timely coordinated support when it was needed.

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

- Peoples healthcare needs such as frequency of opticians, dentist and GP appointments, were identified in their support plans. It was clear, from these records, what services people accessed and when they were next due. Carers told us they supported people to attend healthcare appointments.

- Shared lives co-coordinators told us if people had specific health care needs, such as diabetes or epilepsy, they arranged for the carer to have special training, to enable them to support people fully.

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

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

People 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

- People were supported to manage their finances, with input from independent advocacy services if required.
- People's consent to their placement agreement was recorded in their support plans.
- Shared lives co-coordinators had a good understanding of the MCA and we could see where people's mental capacity had been assessed. We could see shared lives co-coordinators worked closely with people's social workers to assess people's capacity.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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 were treated with respect by the carers who supported them. One person told us, "[Name] is kind and caring towards me". Another person said, "I like living with [Name], they are very kind, when we go on holidays, I choose where we go."
- Carers told us they treated people like a member of their family and people were often fully inter-grated in their lives. "It is sometimes hard to keep the balance of maintaining a professional relationship with people on long-term placements, when someone thinks of you as a mother or father and you think of them as a son or daughter." We saw interactions between carers and people were warm and caring.
- One person told us, "Since I started living in shared lives, I feel it has done me a lot of good, [Name] listens to me and I talk with [Name] about my care."
- Carers had access to support plans which contained the information they needed to support people in the way they wanted.

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

- People were supported to make choices. One person told us, "I choose where to go out and [Name] takes me there, if I want a pizza, we get a take-away." A healthcare professional told us, "Thanks to shared lives [Name] found their voice and was empowered to say what they wanted rather than people making decisions for them."
- For people who could not make their own decisions there were advocacy services available. We saw a number of people used these services for decisions around financial matters or deciding where to live. Advocacy services speak up for someone on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, independence was promoted. Carers gave us examples of how they promoted people's dignity with personal care and their independence with preparing food. One person who had struggled to go out independently and had spent a lot of money on taxis, had been supported to build up their independence and use buses; this enabled them to save their money for other things.
- One person was supported to go to college, another person liked to go fishing and this was being supported by the carer. Another person liked trains and had a special area in the carers property where they could keep their train set.

- One person told us, "It is an excellent service, without shared lives I would have been homeless, I had nowhere to go after my parents died."
- Carers told us they were a dedicated group who were passionate about helping people, and supporting them to become more independent. A healthcare professional told us about one person whose life was changed thanks to the support of the scheme. They had become fully independent, having previously required one to one support.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

- People's individual support plans were developed before they started at the service. This ensured that the service was able to meet their needs and allowed time to match up a suitable carer that had shared interests.
- People had an 'About me' booklet which contained specific personalised information for carers to access, about likes and dislikes, preferences, interests and any cultural or religious needs.
- There was a equality and diversity training in place to help carers understand how to protect people from discrimination.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people was available in a variety of different accessible formats and languages.
- Peoples individual communication needs were identified in their support plan, so carers were able to communicate with people in an appropriate way.

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

- Carers told us that they were well matched to people and this made it easier to support people and maintain their interests when they both enjoyed the same thing.
- We saw people were supported to access local facilities, meet up with friends, go to college, and go on holiday. One person told us, "[Name] lets me do my own thing, I go to church, I have lots of activities to attend and [Name] encourages me to go."
- Some carers were helping the same people on different days, so met up to support each other and identify the best way to support people.

Improving care quality in response to complaints or concerns

- People and carers received a copy of the complaints policy. Carers told us they were happy to raise complaints or concerns and knew they would be acted upon. One person told us, "If I have any concerns, I always go to [Name of coordinator] they will always sort it out."

- There had not been any recent significant complaints. We could see that a few minor issues had been dealt with straight away in accordance with the policy.

#### End of life care and support

- There was no provision for end of life support and no end of life planning. We recommended that the service look into exploring end of life planning with people, particularly if they have no family.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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 shared lives coordinators were passionate about providing person centred care for people and worked well together as a team.
- People were happy with the care and support they received. One person told us, "I live with my carer; I can choose what I do, I like living with [Name], they help me with things I cannot do."
- People were supported to maintain contact with friends, family and any groups they belonged to. During the assessment process the locality of carers and people was considered alongside interests in order to support people to access local community facilities and groups they were familiar with.
- Carers were matched up with a buddy, this supported networking and allowed carers to meet up with people to maintain or form local friendships. We were told about two people using Shared Lives Scheme who have known each other over 20 years, since school days, who still meet up, due to the shared lives carers supporting them and go on days out and holidays together.

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 shared lives co-ordinators understood duty of candour, and gave an example of how they had managed a medications error, being open and honest with the person involved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post who people knew and spoke positively about.
- Shared lives co-ordinators understood their roles and had lead areas of responsibility to drive improvement.
- Carers told us they felt very supported by the shared lives co-ordinator team and they were easy to get hold of.
- There were monitoring systems in place to check the quality of the service. Regular spot checks, audits and competency checks were carried out regularly. Actions were taken as necessary.

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

- People and carers were invited to give their opinion of the service informally during weekly phone calls and formally through an annual survey.
- We could see the results of surveys and the feedback on changes that had been made. For example, shared lives carers had asked for more chance to meet up with each other. The shared lives co-ordinators had arranged coffee mornings and curry nights to support this.
- Staff had regular meetings to discuss issues and share their views.

#### Continuous learning and improving care

- The registered manager and coordinators kept up to date with best practice guidance by receiving alerts from the local authority, CQC and shared lived organisations.

#### Working in partnership with others

- The shared lives co-ordinators worked together to improve the service by attending meetings with other shared lives schemes to promote best practice and share information. The team worked well with external health and social care professionals who were very positive about the scheme. One health professional told us, "Shared lives is an excellent service, it is very person centred and support is well matched; any problems are quickly dealt with".