

Essex County Council Essex Shared Lives

Inspection report

Seax House A1 Victoria Rd South Chelmsford CM1 1LX Date of inspection visit: 10 June 2022 16 June 2022 17 June 2022

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Ratings

Overall rating for this service

Requires Improvement 🔴

Is the service safe?	Requires Improvement 🛛 🔴
Is the service effective?	Requires Improvement 🛛 🔴
Is the service caring?	Good 🔍
Is the service responsive?	Requires Improvement 🧶
Is the service well-led?	Requires Improvement 🛛 🗕

Summary of findings

Overall summary

About the service

The Essex Shared Lives scheme is Essex County Council's 'in-house' service for Shared Lives. Although the scheme has been operational since 2007, it is only since June 2021 that the scheme was integrated within Essex County Council.

The shared lives scheme provides people aged 18 years and over with long-term placements, short breaks and respite care, within shared lives carers [SLC] own homes. At the time of our inspection the Essex Shared Lives scheme was supporting 45 adults. CQC only inspects where people receive personal care. When we inspected, 24 out of 45 people were receiving the regulated activity of personal care.

Since January 2022, the term 'shared lives carers' was no longer being used by the Essex Shared Live scheme. Throughout this report we have used the term shared live hosts.

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

The provider had suitable arrangements in place to assess, monitor and manage the quality of the service and to identify where improvements were needed. Following the service being transferred to Essex County Council in June 2021 from another provider, the above arrangements identified there were significant gaps in record keeping relating to people using the service and existing shared live hosts.

The above related to people's support plans, risk management strategies, Medication Administration Records [MAR] and included training shortfalls for shared live hosts. However, there was no evidence to demonstrate this impacted on the support being provided for people using the service. Steps were being taken by Essex Shared Lives to address these shortfalls.

People told us they were safe and very happy with the care and support received. People told us they were encouraged to take positive risks to support their independence. Where prospective shared live hosts were being recruited, this process was robust. Safe recruitment practices were in place to employ staff to the Essex Shared Lives scheme. Staff employed by the provider were provided with training opportunities and received regular supervision. Where MAR forms were readily available, these were completed to a good standard.

People were supported to have maximum choice and control of their lives and were supported to make their own decisions. People told us their shared live hosts were kind and caring. Positive relationships were developed and included extended family members. People were supported to have their nutritional needs met. Shared live hosts supported individuals to access healthcare services as needed.

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

Rating at last inspection

This service was registered with us in May 2021 and this is the service's first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	Requires Improvement –
Is the service effective? The service was not always effective. Details are in our effective findings below.	Requires Improvement –
Is the service caring? The service was caring. Details are in our caring findings below.	Good ●
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	Requires Improvement –
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	Requires Improvement –



Essex Shared Lives

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 June 2022 and ended on 17 June 2022. We visited the location's office on 10 June 2022.

What we did before the inspection We used the information the provider sent us in the provider information return [PIR]. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with two shared live hosts and two people who use the service about their experience of the care provided. We watched two films [included two shared live hosts and two people who used the service] about their experiences. We spoke with the registered manager and three members of the Essex Shared Lives team. Following the visit to the office we received information from four shared lives officers relating to their role and employment.

We reviewed a range of records. This included three people's care records, the provider's recruitment processes and procedures, information relating to prospective shared live hosts, audits and action plans.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yes, I feel safe, [Shared Lives Host] is very good."
- Not all shared live hosts had up to date or completed training relating to safeguarding vulnerable people.
- The registered manager told us this training was being prioritised as a matter of urgency.
- Staff demonstrated an understanding and awareness of how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

• Observations during the inspection demonstrated the registered manager understood their responsibilities to take appropriate action to protect people using the service from abuse while following the provider's safeguarding processes.

Assessing risk, safety monitoring and management

• The registered manager told us following the service being registered with Essex County Council in June 2021, they had identified through an audit of the records, people's risk assessments were either out of date or not available within the shared lives host's home. In response a senior social work practitioner was seconded to the service to assist shared lives officers to reassess people's needs and to rewrite the risk assessments where these were in place.

• People were supported and encouraged to take positive risks to support their independence. Shared lives hosts spoken with were fully aware of the risks posed for the person being supported.

• Prior to a shared lives host being approved to support a person, the shared live host's home environment was assessed for any potential risks.

Staffing and recruitment; Learning lessons when things go wrong

• The registered manager confirmed they were in the process of recruiting additional shared live officers to support the existing team. Not all shared live officers felt current caseloads were manageable in the longer term and stated their caseload could be overwhelming. The registered manager confirmed recruitment to the team for additional staff members were proceeding.

• The registered manager and shared live officers were employed by Essex County Council. The provider's recruitment practices were in line with regulatory requirements.

• Though shared live hosts are self-employed, Essex Shared Lives were responsible for the recruitment and support of all shared lives hosts. The registered manager told us following the service being registered with

Essex County Council in June 2021, significant gaps were identified relating to recruitment practices by the previous provider. To address this the registered manager had completed an audit of each shared lives host's file, identifying where documents were in place or missing. Steps were being taken to acquire all outstanding information as soon as possible.

• The registered manager confirmed no new shared live hosts had been recruited since the service was registered in June 2021. There was evidence to demonstrate robust recruitment practices were being completed for prospective shared lives hosts. The arrangements were robust and included completion of an application form, references, evidence of the right to work in the UK, proof of identity documentation and Disclosure and Barring Service [DBS] checks. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

• However, information viewed for two people showed an additional family member was on occasions either providing personal care and/or looking after the person using the service to give the shared live host a break. The previous organisation had not completed the vetting and assessment process or approved either family member as a shared lives respite host. This remained outstanding at this inspection and had not been picked by Essex Shared Lives. Following a discussion with the registered manager, we were assured this would be addressed and prioritised.

Using medicines safely

The registered manager told us following the service being registered with Essex County Council in June 2021, they had identified through an audit of the records, not all people using the service had their medication needs recorded within their support plan. Additionally, not all shared live hosts were completing a Medication Administration Record [MAR] to demonstrate when people's medicines had been administered. A newsletter was forwarded to all shared live hosts advising an Essex Shared Lives handbook would be sent to them in the future. The registered manager stated this was near completion and would provide clear guidance for shared lives hosts relating to the expectation required to complete MAR forms.
Where MAR forms were evident, these were completed to a good standard and demonstrated people received their medicines as they should in line with the prescriber's instructions.

• People's medicines were reviewed and assessed through regular reviews with their GP and other relevant healthcare professionals.

• Not all shared lives hosts had up to date or completed training on how to safely support people with their medicines. The registered manager told us this training was being prioritised as a matter of urgency.

Preventing and controlling infection

• Not all shared lives hosts had up to date or completed training relating to infection control.

• Essex Shared Lives officers regularly visited people's homes to make sure the environment was kept clean and safe.

Is the service effective?

Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law • A robust referral procedure to Essex Shared Lives was in place and this included completion of a care needs assessment by the Local Authority for the person requiring care and support. The registered manager told us visits would be made by a shared live officer with the prospective host to discuss the service's aims and objectives of the shared lives scheme and the role of being a shared live host. This would be completed in line with the provider's vetting procedures for a potential host subject to successful panel approval. • Transitional visits to ensure the person using the service was comfortable with the shared lives host and vice versa were planned as part of the introductory process to ensure the arrangement was suitable for everyone involved.

• People's needs were assessed before they started to use the service. This provided the shared live host with enough information about the individual person's needs, helping to ensure people received appropriate support.

Staff support: induction, training, skills and experience

• Existing shared live hosts had transferred from the previous provider to Essex Shared Lives.

• The registered manager told us following the service being registered with Essex County Council in June 2021, subsequent audits were undertaken of the shared live hosts training. The audits identified significant gaps relating to not all shared live hosts having completed or holding up to date training. Therefore, a decision had been made by the provider and registered manager to start afresh and provide all shared live hosts with appropriate training.

• Though steps were being taken by the registered manager to address the above, information showed there was a reluctance by some shared live hosts to complete required training despite many reminders [online training links sent]. One shared live host told us they were not computer literate and found the thought of attempting to undertake online training at their age very daunting and distressing. They were not unwilling to do the training but stated they would prefer an alternative method, for example, 'face to face' training.

• The registered manager was in the process of completing and implementing an action plan detailing how they were to address the above in the longer term. The registered manager stated initial training priorities for shared live hosts related to completing safeguarding, medication and moving and handling training.

• The Essex Shared Lives team had received appropriate training relevant to their role and received regular formal supervision.

• Prior to June 2021, shared live hosts had not routinely received supervision. The registered manager told us

there was an expectation for the shared live officers to meet regularly with the host's and people being supported every 10 weeks. There was evidence available to demonstrate this process had commenced.

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

People's nutrition and hydration needs were assessed and recorded. For example, the support plan for one person recorded them as requiring a soft diet as they were judged at choking risk. Another person's support plan referred to them having to have their food blended to a smooth consistency in order to eat safely.
One person told us their dietary needs were met by the shared live host. The person stated they sometimes went to the local supermarket to help with shopping and could access the 'corner shop' independently. They also told us they were supported to use the microwave independently.

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

• Shared live hosts liaised with healthcare professionals to coordinate timely support for people using the service. People were supported to attend healthcare appointments, for example, visits to the GP, dentist, optician and hospital.

• People had a hospital passport. This provides important information about a person's healthcare needs and is designed to give hospital staff helpful and useful information.

• Information showed people had an annual healthcare check to ensure their wellbeing.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

• Essex Shared Lives officers had completed MCA training.

• Court of Protection arrangements were in place for people who lacked capacity to make decisions relating to their health and welfare and finances.

• People were encouraged to let shared live hosts and Essex Shared Lives officers know what care they wanted and told us their consent was gained before support was provided, and their decisions were respected.

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us their shared live hosts were kind, caring and supportive. One person told us, "[Shared Live Host] is wonderful to me, they do everything for me. [Shared Live Host] looks after me."
- People told us they had a good rapport and relationship with the shared live hosts, and this included extended family members.
- Shared live hosts spoke fondly and warmly about the people they supported. Shared live hosts told us people were fully integrated with their families and 'family life'. Many of the relationships between the host and the person being supported had developed over many years, some had been fostered as babies or children. One host told us, "I absolutely love what I do." A second host told us, "[name of person being supported] is like our child and they are very much part of our family."

Supporting people to express their views and be involved in making decisions about their care • Shared live hosts helped people to make day to day decisions about their care and support needs. For example, encouraging people to take part in activities both within the home environment and within the local community in which they lived.

- Essex Shared Lives officers visited the shared live host approximately every 10 weeks to speak with them, to monitor and review how they were assisting the person being supported.
- The registered manager and shared live officers stated people being supported were always involved in these reviews. Shared live hosts spoken with and documentation viewed, confirmed what we were told.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be part of the local community they lived in.
- People told us they were treated well, were able to have privacy when they wanted to be alone and could exercise their independence in line with their abilities. For example, one person told us they liked to feed the birds in the garden and go to the 'corner shop' unaccompanied. They were also able to complete some household chores, such as hoovering, loading and emptying the dishwasher and enjoyed helping.

Is the service responsive?

Our findings

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

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

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

• Where documentation was in place, people's support plans were detailed and provided shared live hosts with the information they needed to provide appropriate care and support.

• People were involved in the development of their support plan. Information included people's personal preferences, likes and dislikes. Where appropriate people's cultural needs were also reflected.

• At the time of our inspection no person using the service required support with end of life care. The registered manager said end of life care could be provided depending on the person's assessed needs being able to be met. End of life training was completed by Essex Shared Lives officers and was available to shared lives hosts.

Meeting people's communication needs

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

• Support plans identified people's individualised communication needs and how these were to be met.

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

• Shared live hosts supported people to develop and maintain relationships that mattered to them, particularly to feel part of their shared live hosts' families. Where people had lived with their host for many years, some referred to their hosts as 'mum' or 'dad'.

• Shared live hosts enabled people to take part in activities and hobbies that were meaningful and relevant to them. One person told us they had an independent advocate and on occasions they supported the person to take part in social activities. They told us they liked to go to the shops and to visit a café. The role of an independent advocate is to support and represent the person who may be unable to speak up for themselves.

• People were able to attend work placements, adult education facilities, day centres and evening clubs as they wished.

Improving care quality in response to complaints or concerns

• Essex Shared Lives had systems in place to deal with concerns or complaints. Copies of the service's complaints procedure were made available to people using the service and their shared live hosts.

• The registered manager confirmed since June 2021, the service had received no formal complaints.

• Shared live hosts told us they would not hesitate to raise a concern themselves or on behalf of the person using the service; and had confidence in the Essex Shared Lives scheme to resolve any issues in a timely manner.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

• The Essex Shared Lives scheme had a clear vision, and this was led by the registered manager and the Essex Shared Lives team.

• The registered manager told us following the service being registered with Essex County Council in June 2021, robust auditing arrangements were being newly introduced and implemented. These identified shortfalls concerning recruitment practices for existing shared lives hosts, lack of mandatory and specialist uptake of training and lack of documentation relating to people being supported. The latter referred to people's support plans, risk assessments and completed MAR forms.

• At the time of our inspection, action had and was being taken by the registered manager and Essex Shared Lives team to address the above identified shortfalls. This referred to reassessing existing shared live hosts, encouraging and giving hosts the required tools to complete online training and reassessing people's support plans and risk assessments. The registered manager acknowledged this process was taking longer than expected to complete.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The registered manager was appointed when the service was newly registered in June 2021. The registered manager confirmed they did not undertake this role in full until December 2021.

• Most Essex Shared Live team members told us they felt valued and supported by the registered manager. Comments included, "I have received excellent support from my manager", "I would describe my manager as being very supportive, efficient, professional, honest, understanding and approachable. [Registered manager] is a great influence and inspiration to others" and, "Yes, I do feel supported and valued. The manager really appreciates and values all of their team members."

• Essex Shared Live team members commented that due to the registered manager's role and responsibilities, they spent a lot of their time attending meetings and this impacted on the amount of time they were available for support and advice. The shared live team proposed a deputy manager and/or senior shared live officer was required for ongoing day to day support and advice in the registered manager's absence.

• The registered manager understood what needed to be notified to the Care Quality Commission and their

responsibilities to be open, should anything go wrong with people's care.

• Essex Shared Lives team members were clear about their specific roles and responsibilities.

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

• Quarterly newsletters [written and easy read] were forwarded by the Essex Shared Lives scheme to shared live hosts and people receiving support. The newsletters provided valuable information about the scheme and where changes were being made and introduced. The recruitment and communications officer stated from September 2022, the newsletter would be distributed through a digital platform to better aid communication and improve peoples' experience.

• The recruitment and communications officer were putting the finishing touches to two video films as part of a recruitment campaign by Essex Shared Lives to enlist new hosts. The video footage viewed demonstrated the value of the shared live host role and the meaningful relationships achieved. People using the service spoke very positively about their experience of the care and support provided.

• Local events within the county of Essex were taking place with professionals to encourage referrals to the Essex Shared Live scheme.

• Staff meetings were held at regular intervals to give the registered manager the opportunity to share information with the shared lives team. This would also enable the team to express their views and opinions on the day-to-day running of the scheme.

Working in partnership with others

• Essex Shared Lives is a member of Shared Lives Plus, the national organisation that provides advice and support to Shared Live schemes and hosts. The registered manager confirmed membership for all hosts was free and this was funded by Essex County Council.

• The Essex Shared Lives staff team were encouraged to attend conferences and development events to develop their knowledge and networks.