

## Kingston upon Hull City Council

# Hull Shared Lives Scheme

### Inspection report

The Bungalow, Netherhal  
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Date of inspection visit:  
19 April 2017

Date of publication:  
22 May 2017

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 19 April 2017. This was the first inspection of this service following a change of location.

The Hull Shared Lives Scheme coordinates placements for adults needing support with living skills and personal care. It recruits, trains and supports shared lives carers, who provide long and short-term or respite placements for people, giving them the opportunity to experience independent life and support in the community.

This service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some quality monitoring of the service took place through the three monthly visits to people who used the service. Quality assurance surveys were also being completed. However, there were no audits in place which meant safety certificates were not up to date and there was no auditing peoples of care files taking place. The supported living carers safety certificates, such as gas safety certificates and MOT's were also not checked. This shortfall may have placed people at risk of harm and confirmed there was a breach of regulation. You can see what action we told the registered provider to take at the back of the full version of the report.

Staff understood people's preferences for their care and support. Care plans and risk assessments helped to inform the supported living carers about people's needs.

The registered manager was undertaking a review of staffing levels to help to maintain the standard of service provision.

People's nutritional needs were being met.

Health care professionals were contacted for help and advice to help maintain people's wellbeing.

If people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice were followed to protect people's rights.

Shared lives officers and carers undertook training in a variety of subjects to maintain and develop their skills. The training matrix was updated following our visit. Supervision of staff was undertaken to identify any further training needs and allow discussion regarding the placement, performance or any other issues. Appraisals were to be provided for staff after the registered manager had undertaken appropriate training regarding this.

People were cared for by kind attentive staff and were assisted to live their lives as they wished.

A complaints policy was in place and issues could be raised. We saw no complaints had been received and compliments received about the service provided were seen.

The registered manager was available to speak with at any time; this helped to support all parties.

People who used the service were asked for their views. The service worked with other agencies to support people who used the service.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Checks of essential safety and care records were not always completed in a timely way to ensure people's health and wellbeing was protected.

Staffing levels were monitored by the registered manager and they were to be increased.

People told us they felt safe.

Staff understood the importance of protecting people from abuse.

### Is the service effective?

**Good** ●

The service was effective.

Staff undertook training and supervision to maintain and develop their skills. Appraisals were to be scheduled following completion of training in this area by the registered manager.

People were not deprived of their liberty unlawfully.

People's nutritional needs were met.

Environmental improvements were put in place to help support people.

### Is the service caring?

**Good** ●

The service was caring.

People's privacy and dignity was respected.

People were provided with a family life and were treated with patience and kindness.

### Is the service responsive?

**Good** ●

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's needs were responded too. Staff listened to what people said and acted upon it.

A complaints procedure was in place which was available to people in a format which was suitable for them.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The quality monitoring of the service was not robust. Auditing was not in place which placed people using the service and their shared lives carers health and safety at risk.

People were asked for their views and these were acted upon.

A staffing review was being undertaken by the registered manager to make sure resources were in place to support the running of the service.

# Hull Shared Lives Scheme

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 service, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out by one adult social care inspector on 19 April 2017. We gave the registered manager notice to ensure there would be members of staff available to answer our questions during the inspection.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission (CQC) had received. This helped to inform and assisted us to make a judgement about the level of risk present at the service. We also considered information received from Hull City Council safeguarding and commissioning team and from Healthwatch (A consumer champion for health and social care).

During the inspection we spoke with the registered manager, with two shared lives officers and three shared lives carers. We spoke with three people who used the service. We visited one person at home and spoke with their shared lives carer and family. We also spoke with two members of the assurance panel to gain their views. (People responsible for providing oversight and scrutiny).

We looked at records relating to the management of the service, which included quality assurance questionnaires, policies and procedures and complaints information. We looked at the recruitment and monitoring records for three shared lives carers and the care records of three people who used the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with their shared lives carers and with the service provided to them. We received the following comments; "I feel safe", "I am treated very fairly. My shared lives carer makes sure I am safe" and "My carer looks after me."

The registered manager confirmed they monitored staffing levels at the service. They told us at present they had a caseload and said further applications received for potential shared lives carers were being placed on hold because more shared lives officers and administration staff were required to help to grow and promote the service.

During our inspection we found checks of essential safety and care records were not always completed in a timely way to ensure people's health and wellbeing was protected. The shared lives carers told us they promoted people's health and safety and said they were aware of risks present for the people they supported. However, one person's care records that we looked at did not have a care plan or risk assessment in place for epilepsy. We spoke with the registered manager about this because we were concerned there was no written guidance to advise the person's shared lives carer about how they must support the person if a fit occurred. The registered manager said a health care professional had been asked for their input regarding but this had not yet occurred. During our inspection the registered manager put an interim care plan and risk assessment in place. The next day we received information from the registered manager that confirmed the health care professional had provided the information required and this issue had now been addressed. Failure to have this information in place in a timely way may have placed this person at risk of harm and meant the shared lives carer had not been fully informed of a condition which could have affected the person's health and safety.

The registered manager informed us people's care records and their medicine administration records (MARs) were checked by the shared lives officers every three months, when they undertook their support and monitoring visits. The shared lives officer checked the shared lives carer's file to make sure they were recording significant events that had occurred and that these records were present and kept up to date. We inspected these records. We found one shared lives carers records contained a gas safety certificate that was out of date and their MOT [Vehicle road worthiness and safety certificate] and car insurance had also expired. This meant the person being supported could have been placed at risk of harm. We asked the registered manager about this, they were unclear if new checks in these areas had been undertaken. The registered manager had to contact the shared lives carer and gain updated certificates to ensure these issues were addressed. We received written confirmation following our inspection that these issues had been addressed.

People who wished to be considered as shared lives carers had to go through a robust recruitment process which included an in depth assessment of them, their family and home environment. References were gained and a Disclosure and Barring Scheme check [police check] was undertaken. All of this information was then put forward to an assessment panel. This was made up of people with a wide variety of knowledge and skills who considered this information, asked questions and gave guidance if any further areas should

be explored. The panel members ensured the applicants met the shared lives criteria and this helped to ensure a potentially successful placement could be offered to a person wanting to be looked after through this scheme.

An assessment panel of people with a wide variety of skills along with skilled shared lives officers reviewed the applications received for potential shared lives carers. This process ensured prospective shared lives carers had the right caring characteristics, knowledge, skills and experience to support the people being matched to them.

Shared lives carers we spoke with told us this process was thorough and that it had to be to ensure it protected all parties. One shared lives carer said, "I was vetted thoroughly by the shared lives officers and panel. I had to undertake three days of training as well." Another said, "We went through the interview process and had to go through panel and go to meetings. The shared lives officers checked our fire precautions, insurance, gas safety and they check our paperwork [care records] and chat with our boys when they [shared lives officers] visit. This ensures we are monitored," and "I make sure [Name] is safe but able to live his life safely to the full." We spoke with two panel members and they confirmed they considered the safety and suitability of all parties when applications were considered.

Shared lives carers and officers undertook safeguarding training, which helped them identify potential abuse. Safeguarding and whistleblowing (telling someone) policies and procedures were in place. The shared lives carers and officers told us they understood their responsibilities to protect people from harm and abuse and confirmed issues would be reported straight away.

Environmental risk assessments were in place for shared lives carers homes and we saw these were put in place prior people being placed, to protect the wellbeing of all parties.

There was an on call service provided so the shared lives carers and the people they supported could gain help and advice at any time. People we spoke with were aware of this and they said they had used this system, which they found helpful.



# Is the service effective?

## Our findings

People who used the service told us they enjoyed using the scheme, which had helped to enhance their quality of life. They confirmed their shared lives carers provided effective care and support to them. One person said, "My carer looks after me well and has the right skills." Another person said, "I live my life as I want, it is great." People we spoke with confirmed they had freedom of choice and lived their lives as they wished whilst being supported by their shared lives carers.

During our inspection we found the registered manager was waiting to attend a course about how to conduct performance reviews (appraisals). They told us appraisals for staff had not been undertaken; however, once they had completed this training they would schedule appraisals for all the shared lives carers and officers.

We found regular supervision was in place for the shared lives carers and officers. This allowed discussions to be held about any training needs and further support required.

The shared lives officers met with their shared lives carers and the people using the service on a three monthly basis to provide support to them and discuss their placement. People we spoke with told us this system was effective at supporting them. One shared lives carer said, "(Name) comes to see (Name) and checks the placement."

The shared lives carers had to successfully complete a training course as part of their recruitment process before they were accepted onto the scheme and permitted to look after people. Their training was provided by Hull City Council and was not provided through the care certificate (a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide care). Subjects covered included; safeguarding, health and safety, first aid, food hygiene and fire safety. The shared lives carers' knowledge was then tested to make sure the knowledge had been retained.

We looked at the training information in place. We found this was not completed and was difficult to ascertain if training for the shared lives carers and officers was up to date. We discussed this with the registered manager who told us they would update this information and send this to us. We were sent the updated information the day after our inspection. This helped to clarify that people were being cared for by staff who had the appropriate skills in place.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People who used the service told us their shared lives carers communicated well with them and they said they were supported to make their own decisions. Placement staff and shared lives carers understood the principles of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS). If people lacked the capacity to make decisions best interest meetings were held to protect people's rights.

People who had dietary needs were monitored by relevant health care professionals and by their shared lives carers and shared lives officers. Details of people's dietary needs and preferences were recorded in their care records. If special diets were required these were provided, for example, if a person was at risk of choking their shared lives carer received relevant training to help reduce this risk. People we spoke with told us they went out for meals and helped to undertake shopping and prepare meals for themselves if they wished. One person said, "I enjoy going out for meals. I can have what I want to eat and drink."

People who used the service confirmed their shared lives carer gained medical help for them if this was required. We saw from people's care records health care professionals; such as occupational therapist, speech and language therapists, dentists and opticians were supporting people.

The registered manager told us how the service worked with local agencies and services to ensure people were provided with suitable home environments. For example; one person had a lift fitted at their placement which enabled them to go upstairs to their bedroom whenever they wished, this helped the person become more independent. This was a very positive example of how effective joint working between the relevant local authority departments and the shared lives carer had improved the quality of life for this person.

# Is the service caring?

## Our findings

People we spoke with told us they were well cared for. One person said, "[Shared lives carer name] is wonderful. I am very happy here." Another person said, "The shared lives officers are always ready to listen and visit us." People being supported told us their shared lives carers, officers and registered manager were all kind and attentive to their needs. People confirmed their privacy and dignity was respected. One person said, "My privacy is respected I have my own room." Another person said, "I am treated with dignity at all times by the other people living at my home."

People told us their shared lives carers treated them as family and they said they were settled and happy. People were involved in the matching process and they had met their proposed shared lives carers over a period of time to ensure they were compatible. We found some people being supported had known their shared lives carer for a number of years. Everyone told us they had agreed to their shared lives placement. We saw people had strong reciprocal relationships with their shared lives carers and family.

We were informed by the panel members we spoke with that the information provided about people who applied to become shared lives carers was looked at in detail to make sure they were entering into this commitment for the right reasons and to ensure they had the right caring attributes to be able to support people.

We found the shared lives carers helped people to maintain and develop links with their own families, where this was possible. One person we spoke with said, "I now go home to see my family every weekend and I love it."

People who used the service were provided with information about the help and support that could be provided to them in a format which met their needs.

The shared lives carers we spoke with told us they cared for the people they supported and wanted to provide a family for people who required this. One shared lives carer said, "The scheme is invaluable. It is wonderful that we can offer a person a family home where they can be happy and enjoy their life with the support they need, without them being in a care home."

The shared lives carers told us they encouraged people they supported to live their lives because they cared for them like they were their own. One shared lives carer said they had an extension built on their home so they could take another person looking for a placement because it gave them great satisfaction that they may be able to enhance someone else's quality of life.

We found local advocates could be provided to help support people, if this was required. There was a confidentiality policy in place which the shared lives officers and carers followed to help maintain people's privacy.

End of life care was provided by the shared lives carers supported by relevant health care professionals. This

allowed people to remain at home with people who cared for them.

## Is the service responsive?

### Our findings

People told us the service was responsive and met their needs. We received the following comments: "My carer gets the doctor for me if I am unwell", "They [Name of shared lives carer] takes care of me and my health." People we spoke with said they were encouraged to participate in social activities and hobbies as well as attending college or voluntary work. One person said, "I go out for tea, go to the gym. I like attending the disability disco and attend Hull Truck".

People had their needs assessed before they were accepted onto the scheme. The registered manager told us the matching process was holistic and covered every aspect of the potential shared lives carers' background, life, circumstances and skills. The compatibility of the shared lives carer and person to be supported was considered. Once a potential match was found the information was looked at by the assessment panel who undertook a review of all the information before deciding if a match was appropriate and may work. If it was felt both parties may be suitable together introductions occurred and meetings and overnight stays took place to see how both parties felt about the arrangement. People we spoke with confirmed they got on well with their shared lives carers and had been introduced to them a few times before the placement went ahead.

Referrals to the service were received from the local authorities other services, for example, children's services or the fostering and adoption scheme. The registered manager told us that occasionally an emergency placement request was received and even in these cases an assessment of the person's needs and the shared lives carer was undertaken to make sure the placement could be successful.

The registered manager told us if people's needs changed the shared lives officers visited the placement to make sure people could still be supported appropriately.

We saw people care records contained information about their physical, emotional, mental health and social needs. This information was individualised to help the shared lives carer to understand the person's needs. People's care records included care plans and risk assessments for known risks to help protect people's wellbeing. People we spoke with said they were involved in reviewing their care and updating their information. However, we found people's 'service user plans' were not dated because there was no allocated space for the date on the form. This was discussed with the registered manager who immediately changed the design of the form so the date could be recorded which will help to clarify when these records were created and when they need to be reviewed.

The shared lives officers were responsible for undertaking three monthly reviews of people's placements and for making sure people's care records and that of the shared lives carers were kept up to date. The registered manager said, "This information needs to be correct and current so people gain the support they require." A shared lives carer we spoke with said, "[Name] comes to check the placement. We welcome the officers any time who come and undertake this review."

Information received during people's three monthly review undertaken was placed on the Hull City Council's

'Care First' system so that this information could be shared, where necessary, to help to provide information and support to all parties.

A group meeting had been set up recently so members of the scheme could get together to network and support each other whilst spending social time together. People we spoke with told us this was helpful.

We saw people's hobbies and preferred activities were promoted. People's shared lives carers went out of their way to find activities people may wish to take part in, for example, one person enjoyed drama and courses and had been sourced for them. We saw people were supported to have a full and stimulating life, for example, shared lives carers took people away on holidays abroad or in this country and on outings, shopping trips and out to events and pubs.

A complaints procedure was in place. It was provided in large print and included pictures and helped people understand this information. It was shared with people's representatives. It contained details about how to make a complaint and the timescales for resolving any issues. We found no complaints had been received. When we asked people who used the service if they knew how to make a complaint they told us they were aware of this, but had no complaints to make. One person said, "If I had a complaint I would raise the issue with the manager. This has never happened." Another person said, "If I was not happy about something I would feel able to say." We saw compliments had been received about the service that was provided to people.

## Is the service well-led?

### Our findings

People we spoke with about the shared lives scheme told us the service was well-led. People who received a service said, "I am quite happy and have no issues" and "I have no worries about my service." One of the shared lives carers told us, "I have no issues with how the service is run." Another said, "I feel supported by the manger and team. I feel it is like a family."

During our inspection we found there were no audits being undertaken to help the registered manager monitor the level of service provision. This was confirmed by the registered manager. Three monthly reviews of people's placements and yearly quality assurance surveys were the only checks in place. The registered manager told us this was because a member of staff had left who had been completing the audits. The registered manager had no checks in place regarding accidents and incidents, care plans, risk assessments or medicine administration records. There were no audits undertaken of the shared lives carer's safety records, such as gas safety certificates, car insurance or MOT certificates. The quality assurance questionnaires had not been sent out for 2017, these were sent out during our inspection. However, the lack of auditing may have placed some people using the service at potential risk of harm. We found the registered manager and registered provider had failed to put effective auditing and governance systems in place to be able to evaluate and monitor the service effectively.

This meant that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality assurance surveys that had been received from the previous year were seen to be positive. Comments received included; 'My life has totally changed since I have been living with my carers. I am part of the whole family and I am fully supported with my every need. It is a great scheme' and 'I am really happy with my life in [Names] home. I am happy with the shared lives scheme.'

The registered manger told us the service was a member of 'Shared Lives Plus'. This is an organisation that supports the running of similar schemes and sets national standards of good practice, in conjunction with government agencies. Shared Lives Plus sends out regular newsletters to their carer's and schemes, highlighting any relevant changes in guidance or legislation to help keep all parties informed and up to date. Regional Shared Lives Plus conferences were held. However, a member of staff we spoke with told us they had been unable to attend the latest regional conference due to financial constraints. They said this had reduced their networking possibilities and the support they received from Shared Lives Plus.

The registered manager confirmed the scheme had developed positive relationships with other stakeholders and agencies including the Hull City Council commissioning team, community learning disability teams and other health care professionals. This helped to ensure issues raised could be responded too swiftly.

Staffing levels at the service were under review. The registered manager told us they wanted to increase the number of shared lives officers at the service and administration support so they had more time to be able

to carry out their managerial duties and to promote the scheme. We were informed a promotional video was going to be created to help to inform people about the values and vision of the service.

The provider information return informed us that all the scheme workers had either a social work qualification or a nursing qualification. The registered manager, shared lives carers support staff and panel staff confirmed the service was tailored around each person and their shared lives carer.

There was an open and transparent culture in place at the service. The scheme had an open door policy in place. The registered manager confirmed they were regularly visited by shared lives carers, people who used the service, their family, council and health care professionals.

Regular team meetings were held to ensure issues or challenges could be discussed and updates given regarding any legislative changes. The registered manager attended regular 'circles of support' meetings with their peers who managed other services and fed back information gained to other members of the team.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider and registered manager had failed to put effective auditing and governance systems in place to monitor and improve the quality and safety of the services provided.</p>