

# Sandwell Metropolitan Borough Council

# Sandwell Shared Lives

## 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 ●

# Summary of findings

## Overall summary

### About the service:

Sandwell Shared Lives provides care and support to people within a family environment. Approved Shared Lives Carers support adults with a learning disability or autism. People lived with their carer on a short or long-term basis depending on their needs. There were 14 people using the service at the time of the inspection. The Care Quality Commission (CQC) only inspects the regulated activity of 'personal care' being provided to people who use the service. However, we do take account any wider social care provided.

### What life is like for people using this service:

People told us they were happy living with their carer and being part of the family. People explained that they felt safe living with their carer and families and confirmed that the support they received from their carer was kind and very caring. Staff and carers knew how to recognise signs of abuse or harm and what action they needed to take to keep people safe. Effective risk assessments and management plans ensured people were supported to manage risks in their daily lives.

Prospective carers were approved by an independent panel to ensure recruitment systems were robust. There was a lengthy 'matching' process which ensured people were placed with carers that had the skills to meet their needs. There were enough staff and carers to run the scheme.

Carers had the support they needed to care for people. They were provided with regular breaks and had ongoing and regular support from Shared Lives staff. Carers had received regular training and had the skills to support the people they cared for. They were aware of shared lives policies and care practices and their responsibilities to protect people from harm and abuse.

People's privacy, dignity and independence was promoted. Carers and staff understood the Equality Act and supported people's diverse needs. People had been involved in the assessment of their care and decisions about their support needs and where they should live. People's independence was promoted, and they were given opportunities to personally develop appropriate to their needs and wishes.

The service was well led. Regular monitoring and auditing of care records and practice helped to maintain the quality and values of the service people received. Feedback from people, carers and families was requested to help improve the service.

Rating at last inspection: Good (Report published December 2016)

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning

information about the service.

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 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Sandwell 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 as part of our regulatory functions. This inspection checked whether the 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.

Inspection team: This consisted of one inspector.

Service and service type: Shared Lives is a service registered to provide personal care to people living with Shared Lives carers in a family environment.

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 two days' notice of the inspection site visit because we needed to be sure people using the service and carers would be able to speak with us, either in person or on the telephone.

The inspection site visit started on 15 May 2019 when we visited the office location to see the registered manager and office staff. We asked for permission from people and carers to speak with them about their experiences of using the service. The inspection ended on 21 May 2019 after we had spoken with people using the service and their carers in person or by phone.

What we did: Before our inspection visit, the provider completed a Provider Information Return (PIR) 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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection, we spoke with four people using the service and one relative to get their feedback. We

received feedback from two care professional and we also spoke with three carers, two scheme staff and the registered manager. We reviewed three people's care records; records relating to the management of the service, and staff and carer recruitment, assessment and training records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management:

- People told us they felt safe living with their carers; their comments included, "I feel safe, no worries." A relative also told us they felt their family member was safe.
- Each person had an allocated staff member from the scheme who visited them regularly and spoke with them in private so that they had the opportunity to discuss issues personal to them.
- All carers and Shared Lives staff received safeguarding training. Carers and staff were clear of the provider's safeguarding procedure and their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care.
- Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support. Carers' homes underwent a health and safety audit at the time the carer joined the Shared Lives scheme as well as an annual assessment.

Using medicines safely

- All carers responsible for the administration of medicines received training to do this. People told us they had their medicines when they needed them.
- Checks on the arrangements for people's medicines were undertaken by the scheme staff to ensure this was safe. This included checks to make sure regular medicine reviews took place with the person's GP.

Staffing and recruitment

- The service ensured people were only offered support if the right carer could be matched with them and that their needs could be met in a family environment.
- The service employed sufficient staff to manage the service and to provide regular contact and support to carers as well as to oversee people's care. We were informed there had been issues with obtaining administrative support for the service, but action was being taken to address this.
- The recruitment processes for carers and staff remained thorough and safe. An independent panel reviewed carers' assessment reports and interviewed prospective carers prior to approving their joining the service. Criminal records checks were updated every three years to ensure no changes had occurred.
- A person using the scheme had recently had the opportunity to be part of the panel considering the application from a carer in another scheme. They told us they had found the process to be robust.

Preventing and controlling infection

- Carers and staff received training on infection control techniques and food hygiene.
- Monitoring visits helped to ensure effective infection control procedures were maintained.

Learning lessons when things go wrong

- The registered manager told us they would review any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.
- Through investigating safeguarding incidents, the service further developed its systems to monitor people's well-being. This included how people were supported with their finances and who else had access to their money.



# Is the service effective?

## Our findings

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

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

- Prior to moving in with a Shared Lives carer, each person had a comprehensive assessment of their care and support needs. This enabled the service to 'match' people with carers who had the skills, knowledge and same interests as the person. The service described this matching process as being essential to the success of a person's placement within a family.
- People were provided with opportunities to meet carers and make a choice about who they would like to live with. For example, one person had recently had a 'tea visit' with a prospective carer in their home prior to deciding if they wanted to stay with them for respite care.
- People confirmed they were happy with the care they received.

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.
- Carers and staff received training on the MCA.
- People were supported to make decisions about their care and support and how they wished to live their lives. For those people who were unable to make their own decisions, best interest meetings were held with relevant healthcare professionals and others who knew the person well, such as relatives. This was to ensure any decisions made were in people's best interests.

Staff skills, knowledge and experience

- The service provided a comprehensive training programme. All carers undertook mandatory training in health and safety topics, and specialist training was provided to ensure carers had the skills to meet people's individual care needs. For example, one carer told us they had received training in epilepsy to ensure they knew how to meet one person's health needs.
- Carers told us the training and support they received was satisfactory. They said they could ask for any training at any time and this would be facilitated.
- Carers were all happy with the support they received from the scheme. They said Shared Lives staff were always available and very approachable. We saw records were maintained which showed the support provided; visits or phone calls and this showed carers and people placed with them had regular contact from the scheme.
- Some carers had a background of work in health and social care and could bring this experience to the role. The scheme was currently looking to facilitate carers in completing the Care Certificate. The Care

Certificate consists of an identified set of induction standards to equip staff/carers with the knowledge they need to provide safe and compassionate care.

- Staff received regular training, support and supervision which allowed them to raise any concerns and issues and look at their professional development.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough with choice in a balanced diet:

- People's health needs were detailed in their support plans and guidance was available about who to contact if people needed treatment or advice.
- People said that they were enabled to see a range of health professionals when they needed, such as their GP, optician or dentist.
- People's needs in relation to nutrition were described in their support plans and kept under review by the service as well as the professionals involved in their care.
- People told us they were involved in choosing the food and drink they had and encouraged to eat as healthily as possible. One person told us, "I get the foods I like, my carer takes account when doing the shopping."

# Is the service caring?

## Our findings

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

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- Each person was respected and treated very much as a member of the carer's family. One person told us, "It's very socialised. I'm part of the family." A relative told us, "[Person's name] loves going for his stays."
- The service focused on promoting people's relationships with their families, friends and carers. People's relationships with those important to them were supported.
- People's diverse needs were respected. For example, people were supported to attend a place of worship of their choosing and to be an active member of that community. One person told us they were supported to attend church with their friends.

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

- People were fully involved and encouraged to make decisions about how they wished to be supported. Regular reviews ensured people's views were sought and acted upon. People told us how they could decide what they would like to do.

Respecting and promoting people's privacy, dignity and independence

- People told us their carers and the scheme staff treated them with respect, consideration, kindness and dignity. For example people told us they had their own rooms and private space which was respected.
- People gave examples of how their independence was promoted, for example with opportunities to be involved in domestic chores or attending college to learn new skills.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was handled confidentially and kept secure.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

### Personalised care

- People received care that was person centred and responsive to their needs. People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- People's needs were recorded in a care and support plan. One person's plan had not been recently reviewed to make sure it reflected their current needs. The registered manager told us they would ensure this was arranged.
- Staff understood the Accessible Information Standard. This standard sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Information was available in a range of formats when this was needed. Further work was being taken to develop the use of 'talking books' to expand the range of communication formats.
- People's communication needs were identified, assessed and recorded in their care plans.
- The service had a strong commitment to social inclusion. People told us of the support they received to improve their skills by going to college, developing hobbies and gaining work experience.
- Some people and their carers transitioned from child fostering services to Shared Lives service. This meant the move from being supported as a child to that as an adult resulted in people continuing to be supported by carers they knew.
- Staff had received training around equality, diversity and human rights.

### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and a copy was given to people when they started using the service. People were provided with a means of feedback via pre-paid addressed envelopes so that they could access staff from the scheme if they felt unhappy.
- None of the people, carers or relatives we spoke with had raised any concerns about the service. One person told us, "I'm very confident to raise a complaint. If unhappy about something I would tell them."
- The registered manager told us there had been no complaints since the last inspection. If any complaints were received, they would be considered for any learning and improvements needed.

### End of life care and support

- We were informed that staff and carers would work with people and palliative care professionals to ensure people's end of life needs were met.
- Plans were in place to collate information about people's end of life preferences so that people's support would reflect their needs and preferences if they required palliative care.

## Is the service well-led?

### Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Carers were positive about the way the scheme was run. They told us the manager and staff were helpful, dedicated, thorough and always supportive.
- Staff spoke positively about the registered manager. They told us the registered manager was supportive and committed to provide a high-quality service.
- Monitoring visits were in place to review people's placements and the carers' performance. Records showed the visits covered a full range of people's care needs including safety checks on medicines and finance records. The provider also checked the quality of the service through a review of submitted monthly reports and their own service visits.
- The registered manager and staff looked to try to improve and promote the service. We saw from the Provider information return (PIR) that the registered manager had an action plan in place for the continuous improvement of the scheme. The action plan showed both the work which had been completed as well as areas they had identified they wished to improve.
- The registered manager was aware of their registration requirements regarding statutory notifications.

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

- Regular staff meetings ensured the values of the organisation were reinforced. Coffee mornings were also held for carers, so they could discuss any issues in an informal setting.
- One carer told us, "Hand on heart- they are brilliant, I'm 1001% supported."
- Staff had opportunities to raise any issues for discussion with the registered manager and said they felt they could do this at any time.
- The provider sought people's and their relatives' views about the service on the level of care they received and what improvements could be made. This included regular reviews, monitoring visits and written surveys.

Working in partnership with others

- The scheme was a member of the Shared Lives Plus network which is a network for family based ways of supporting adults that offers guidance and a way of sharing ideas and practice, to help improve the quality of the service.
- The scheme staff worked closely with health and social care professionals to ensure people's changing

needs were addressed and people and SLCs received the support they needed. We received positive comments from two care professionals about the service.