

# Coventry City Council

# Shared Lives Scheme

## Inspection report

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### Ratings

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

### Overall summary

The Shared Lives Scheme is responsible for approving, training and monitoring 'shared lives carers' who provide personal care and support to people (on placements), living with them in their family home. At the time of this inspection the Scheme employed three shared lives officers, had 33 approved 'shared lives carers' who supported 58 people in placements. Placements can be long-term with the person living with the carer as part of their family, or as respite care which can range from a few days to longer stays.

We inspected Coventry Shared Lives Scheme on 12 May 2015. The provider was told we were coming so they could arrange for scheme staff to be available to talk with us about the service.

The service has a registered manager. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People in placements with shared lives carers, told us they felt safe where they lived. Scheme staff and shared lives carers were trained in safeguarding and understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care, safe recruitment of scheme staff and approval of shared lives carers.

The registered manager, scheme staff and shared lives carers understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. There were enough scheme staff to monitor and support shared lives carers and people in placements. Scheme staff and shared lives carers were suitably trained to deliver effective care to people. People told us their shared lives carers were kind and caring. Shared lives carers provided personalised care to people and had the right skills and experience to provide the care and support they required.

People in placements and shared lives carers, were asked for their views and opinions about the service they received. Scheme staff and shared lives carers were confident they could raise any concerns with the registered manager knowing they would be listened to and acted on. Shared lives carers and people in placements knew how to complain and information about making a complaint was available for people in formats they could understand.

The registered manager and scheme staff were dedicated to providing quality care to people. Shared lives carers said scheme staff were, open, approachable, and responsive. There were processes to monitor the quality of the service provided and to understand the experiences of people who used the scheme. This was through regular communication with shared lives carers, people in placements and scheme staff, regular monitoring visits, returned surveys and a programme of checks and audits.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People in placements said they felt safe living with their shared lives carer. Scheme staff and shared lives carers understood their responsibility to keep people safe and knew what action to take if they had any concerns about people's wellbeing. There were enough scheme staff to provide support to shared lives carers and to monitor the service provided to people in placements.

Good



### Is the service effective?

The service was effective.

Scheme staff and shared lives carers had the knowledge and skills to deliver effective care to people because their training was focused on people's needs. Staff and carers understood the principles of the Mental Capacity Act 2005 so that people were appropriately supported to make decisions. People told us they had enough to eat and drink and were supported to manage their healthcare appointments if needed.

Good



### Is the service caring?

The service was caring.

People told us they were happy where they lived, and said their shared lives carers were kind and caring. Shared lives carers respected people's privacy and supported people in placements to live their lives as they chose. Scheme staff ensured shared lives carers promoted people's independence where possible.

Good



### Is the service responsive?

The service was responsive.

Shared lives carers had regular monitoring visits from the scheme to ensure they continued to meet people's needs and choices. Placement plans were based on people's goals and future aspirations. People in placements were able to follow their individual hobbies and interests. Shared lives carers and people in placements were able to share their views about the service and had no complaints about the service they received.

Good



### Is the service well-led?

The service was well-led.

Scheme staff and shared lives carers felt fully supported to do their work. Shared lives carers and people in placements felt able to contact the office and speak to the scheme staff or the registered manager at any time. There were systems to ensure people received a quality service. The registered manager provided good leadership, they regularly reviewed the quality of service provided and how this could be improved.

Good



# 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 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.

The inspection took place on 12 May 2015 and was announced. We told the provider we would be coming so the provider could ensure they would be in the office to speak with us, and arrange for us to speak with scheme staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses a care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent

us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke by phone to 10 shared lives carers and three people in placements. During our visit we spoke with two shared lives staff and the registered manager.

We looked at the records for four shared lives carers and three people in placements to see how they were monitored and supported. We also looked at a completed application for approval of a new shared lives carer. We viewed other records related to how the service operated including, recruitment and training records, records of complaints and the schemes' quality assurance checks.

# Is the service safe?

## Our findings

People in placements with shared lives carers told us they were happy and felt safe where they lived. Comments from people included, “Yes I feel very safe living here”, and “Yes I am well pleased.” People told us they would speak with their carer or scheme officer if they didn’t feel safe. All the people we spoke with said they had regular visits from their scheme officer.

Scheme staff, shared lives carers and their support carers (carers who provided cover when the shared lives carer was on holiday), were trained in safeguarding and understood how to protect people from abuse. Carers told us, “We receive regular updates and information on safeguarding.” They all understood their responsibility to keep people safe and knew what action to take if they had any concerns about people’s wellbeing. All the shared lives carers we talked to said they would speak with their named scheme officer if they were concerned about anything, and if they were not available they would speak with the registered manager.

There were processes to minimise risks to people’s safety; these included procedures to manage identified risks with people’s care, safe recruitment of scheme staff and a thorough approval process for shared lives carers.

Shared lives carers told us how they managed risks associated with people’s care. All the carers told us they completed risk assessments with their scheme officer

during reviews. Carers said, “We do regular risk assessments and my support officer helps if we need special equipment,” another told us, “We observe and monitor. If there are any risks we talk to our support officer who helps us handle them.”

Recruitment procedures minimised the risks of scheme staff, shared lives carers and their support carers, being unsafe to work with people who used the scheme. These included obtaining references from previous employers and a check to see if the Disclosure and Barring Service (DBS) had any information about the person. The DBS is a national agency that keeps records of criminal convictions. Records confirmed checks were carried out before scheme staff and shared lives carers starting to work with the scheme. There were enough scheme staff to provide support to shared lives carers and monitor the service provided to people in placements.

Medicines were managed safely by the scheme. One person we spoke with told us they self-administered their tablets, another said they needed assistance to take their medicines, and received these when they should. The registered manager told us where possible, people in placements, were supported to manage their own medicines. If people required support to take medicines, shared lives carers had received training to do this safely. The carers we spoke with, and records seen, confirmed carers received medication training and had their competency regularly assessed by scheme staff to make sure they continued to do this safely.

# Is the service effective?

## Our findings

Shared lives carers told us they received the training required to fulfil their role and to meet the needs of people who lived with them. They told us this included, first aid, moving & handling people, safeguarding people and Mental Capacity Act training.

Records confirmed shared lives carers completed the training required to meet the needs of people placed with them. We were told that 'bespoke' training for carers had been arranged when needed to make sure the scheme carer could continue to support people safely and appropriately. For example, some shared lives carers supported people with specific conditions such as epilepsy and dementia. They had received training in epilepsy management and dementia care to support people with these specific needs. The registered manager told us that a training plan was in place for scheme staff to ensure they were skilled and experienced to provide the support shared lives carers required. Records confirmed scheme staff completed regular training to keep their skills up to date so they could effectively monitor and support scheme carers.

There was a rigorous process of assessment, induction and training before shared lives carers were approved as suitable to provide placements to people. This included, understanding the role and responsibilities of a shared lives carer, training in areas considered essential for care workers, for example safeguarding people and the safe handling and administration of medicines. The shared lives worker had also visited the prospective carer regularly during their assessment and had completed a series of checks to see if the person and their home environment were suitable to become part of the scheme.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or

disability. DoLS referrals are made when decisions about depriving people of their liberty are required. This is to make sure people who lack capacity receive their care and support in the least restrictive way.

The registered manager understood the principles of the MCA and DoLS. Scheme staff and shared lives carers had been trained in the MCA and understood the relevant requirements of the Act. The registered manager told us there were several people who used the service that lacked capacity to make certain decisions. They said people in placements had capacity to make every day decisions and choices, but some people did not have full capacity all of the time. Where people did not have capacity, assessments had been completed and if necessary best interest decisions had been made with the involvement of social workers and others. Nobody had a DoLS in place at the time of our visit, although the registered manager had collated information about potential restrictions on people who lived with shared lives carers, and had arranged a meeting with the DoLS team to assess if applications would be required.

People we spoke with were happy with the range and choice of meals provided by their shared lives carer. Scheme carers told us they involved people in meal planning and preparation if they wanted to be. One person told us, "I choose what I want to eat and I enjoy my food here." Shared lives carers told us they had received professional support from dietitians and the speech and language team when there had been identified issues with people. For example, a scheme carer told us about one person who had received advice from a dietician regarding their weight management.

People were supported by their shared lives carer to attend regular health checks to maintain their physical and mental health. For example, people were able to see their GP, dentist, chiropodist, optician and dietician. One scheme carer told us how they supported a person with epilepsy by "Making sure [person] takes their medicine regularly and keeps appointments with her consultant."

# Is the service caring?

## Our findings

People we spoke with were able to give short responses to the questions we asked. They all told us, “Yes,” when asked if their shared lives carers were kind and treated them with respect. All the people told us they were happy living with their carers.

Shared lives carers told us people were treated as, “Part of the family.” They told us people’s dignity was maintained by making sure they had their own personal space where they could be alone, and had privacy when washing and dressing, unless people required support with this.

Scheme staff told us they regularly spoke to people in placements to make sure they were happy with how they were supported. During monitoring visits, scheme staff observed how people interacted with their carer, checked if people were relaxed and at ease in the home, and if they were supported in the way they chose. One scheme worker told us, “There is a certain standard we expect in the shared lives carer’s attitude and values. We check these out during the approval process and on-going during monitoring visits. Carers are not all the same and offer different experiences to people.”

Scheme workers told us the shared lives carers’ role was to, “Support people to live in a family environment and encourage people to maintain as much independence as possible”. One person told us, “I go out often to different places”. Scheme staff gave examples of how people in placements had regained confidence and skills since moving to the Scheme. For example when one person first moved into their shared lives placement they required support and supervision to remain safe when going out of their home. They were now able to travel independently on local transport to go shopping and visit friends which had made their life more fulfilled. Each person had a support

plan that included details of how the shared lives carer encouraged the person to maintain their independence, for example, with personal care, daily tasks and how they wished to live their lives.

Shared lives carers said they were provided with detailed information about people’s needs and preferences from their scheme worker and people’s social workers prior to people moving in. There was information in the shared lives carer’s file about their home, family, interests and lifestyle. This information was used by the Scheme when matching individuals with a carer. Scheme staff had good knowledge of carers’ skills and strengths, which they said helped to make successful matches. Introductory visits took place and for some people looking for placements there could be a choice of shared lives carers to consider and visit.

Shared lives carers told us most of the people who lived with them had family members who they had regular contact with, so they could maintain important relationships.

Shared lives carers and people in placements both told us they were able to express their views about the placement and their opinions were listened to and respected. For example, one shared lives carer had discussed the new hobby of a person who had lived with them for several years, with their scheme worker. The carer felt they were unable to provide the level of support the person needed to pursue their outside interests. This was discussed with the person, and with their agreement, careful planning and support from the shared lives carer and the scheme, they are currently having introductions with a view to move to a more active household.

People told us the information they received from the agency was clear and easy to understand. Key information was provided in picture format to aid people who had difficulty reading to understand. Information included how to make a complaint, and a questionnaire so people could share their views about the service.

# Is the service responsive?

## Our findings

People were happy with the service they received from their shared lives carer. Comments from people included, “I very much like it here,” and “I love it here”.

Scheme workers had good understanding of people’s care and support needs and knew how each person was supported by their shared lives carer to live fulfilling lives. People who used the scheme had a personal plan completed detailing the support they required to live their lives safely and as they chose. Plans had been devised with the person and the shared lives scheme and addressed a range of support needs including, health, personal care, medication, activities and finances. Plans were based on people’s personal goals and future aspirations. For example one person had recently travelled abroad on holiday to visit relatives. This was something both the person, and shared lives carer, had worked hard to achieve and had taken a lot of assessments and planning.

People in placements told us they were able to follow their hobbies and interests. We were told by both people in placements and shared lives carers, that there were a range of activities for people to be involved with depending on what they liked to do. These included activities such as bowling, cooking, walking, going to the pub, shopping, attending day services and community centres. One person worked part time at a local hotel, another attended a local church group and was going on holiday with them to Lourdes. People visited family and friends and some people went on holiday and away for weekends with their shared lives carers. The matching process considered people’s personal interests and the skills and personal interests of the shared lives carer. Wherever possible, people lived with shared lives carers that matched their chosen lifestyles.

Each shared lives carer had provided placement information that told people about the carer, their family, their home and what they could offer people who chose to live with them. We were shown the placement information of one prospective shared lives carer. This was in a ‘talking book’ format and included photographs on each page and a button to press that told the person more information about the photograph and what the carer could offer. This provided people, who were unable to read, with clear information of what living with this carer and their family would be like.

Shared lives carers told us that people in placements were always involved in review meetings and had visits from the shared lives officer away from the home (or in private). This was so they could discuss the placement and raise any concerns they may have. Carers said they could ask to see their allocated scheme worker between visits if they were concerned about anything.

All the people we spoke with told us they had no problem talking to their carers or shared lives officer. A carer told us, “I always say to them if you are not happy you can talk to [shared lives carer],” and a person in a placement told us, “I would ask [carer] for the (telephone) number of the scheme, if I wanted it.”

Shared lives carers were aware of how to complain and would raise any concerns with their scheme officer or the registered manager. Scheme staff said they would refer any concerns they had to the senior scheme worker or the registered manager. Carers and scheme staff were confident concerns would be dealt with effectively. We looked at records of complaints; one complaint had been received in the past year. Records confirmed the complainant had been listened to and the complaint dealt with to their satisfaction and in a timely manner.

# Is the service well-led?

## Our findings

The people in placements and carers we spoke with were very satisfied with the service they received and said they were well supported by the scheme. Comments included, “They are a brilliant team and a good support.” “Yes we get plenty of support,” and, “My support officer is absolutely fantastic, I only have to pick up the phone.”

The scheme had a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

Scheme staff and shared lives carers, told us the registered manager had provided a culture where people and staff felt valued, respected, and able to voice their opinions. A scheme worker told us they had made suggestions about changing the documents used for recording monitoring visits, to clearly show what had been discussed during the visit. This had been listened to and adopted by the registered manager.

Scheme staff told us they felt well supported to carry out their role. One scheme worker told us, “I have had excellent support by all the scheme staff including [the registered manager]. Another said, “I love my job, I am very satisfied with my role and the support provided.” The registered manager told us, “All the staff are enthusiastic, it’s a very good team – we work well together. We are proud of what we do.

We asked scheme staff and shared lives carers if they thought the service was well led. Everyone said that it was; comments from shared lives carers included, “It is very well managed and they are open to suggestions and act on them.” Another said, “It works very well and there is support throughout the scheme.” Scheme staff said, “Yes, it’s very well managed”, and, “Well led, definitely yes. I love (the registered manager’s) outlook and work ethic. Her background in commissioning services has been an asset to the team. She always leads by example.”

Staff who worked for the scheme were enthusiastic and motivated towards providing a quality service. They told us,

“I really enjoy it, we provide a valued service,” and, “I love the concept of shared lives it’s such a great service, so person centred. People live as part of a family, which is lovely.”

Scheme staff were aware of the provider’s whistle blowing procedure and were confident reporting any concerns or poor practice to the registered manager. They were certain any concerns they raised would be listened to and acted on.

All the people we spoke with knew who to contact in the scheme if they needed to. One shared lives carer told us, “You just phone the office, if my scheme worker isn’t there (administrator) will take a message and they always get back to you.”

The service had a clearly defined management structure in place. Scheme staff and shared lives carers understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and who was responsible for providing supervisions. Each person who used the scheme had a license agreement that set out what the person, and the scheme expected from the shared lives carer and what the carer could expect from the scheme in return.

Shared lives carers and people on placements had been sent questionnaires asking them if they were satisfied with the service provided. The surveys to people in placements were in picture format and returned surveys indicated everyone was happy with their placement and the support from their scheme worker. Returned surveys from shared lives carers showed they were very satisfied with the service they received. Comments included, “I enjoy what I do. We have excellent support.” “I hope [senior scheme worker] will always be there she is my rock.” “I am very satisfied with my role and the support I receive.” Carers told us they were kept up to date with information and changes about the service through shared lives carer meetings and a newsletter.

The registered manager told us, “I have a passion to develop the scheme and put new practices into place to recognise the good work we do. I am really proud of the relationship between shared lives officers and shared lives carers. It’s a great team; we support carers and each other and we are always here if things go wrong.”

The registered manager continually monitored the quality of the service provided, by regularly reviewing processes

## Is the service well-led?

and procedures. This included the approval process for new shared lives carers, regular placement meetings, monitoring visits to shared lives carers and people placed with them and regular scheme staff meetings. Scheme staff said as well as staff meetings and formal supervision meetings, they had informal discussions about the service on a daily basis where they could discuss on-going concerns and ideas for improvement.

The registered manager told us, the regional approval panel also held meetings with people from other schemes

to share good practice. For example, the registered manager had recently shared how the Coventry scheme assessed competency to administer medicines and how they recorded training for shared lives carers with other schemes.

Additional quality checks were in place to monitor the service people received. Records kept by shared lives carers were checked during monitoring visits to make sure people received their medicines as prescribed and care was delivered as outlined in their placement plans.