

Dorset Council

Dorset 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 ●

Summary of findings

Overall summary

About the service

Dorset Shared Lives Scheme is a shared lives service which provides people with learning disabilities, autism, mental health needs, and or are living with dementia, with long-term placements, short breaks, respite care and day opportunities, within shared lives carers (SLC) own homes.

A total 46 shared lives carers had been appointed (36 households). Some shared lives carers had been approved to care for more than one person. At the time of our inspection 35 people were living in long-term shared lives arrangements, 26 people accessed shared lives for respite and 8 people were receiving day opportunities. Dorset Shared Lives Scheme employed five shared lives officers (staff) whose role was to co-ordinate and support shared lives carers.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by staff and shared lives carers who understood the risks they faced and how to support them to reduce these. People, shared lives carers and staff understood how to identify and report abuse.

People were supported to have maximum choice and control of their lives and shared lives carers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received a person-centred service and they were treated with dignity and respect. Shared lives carers encouraged people's independence.

Shared lives carers and staff supported people to understand the choices available to them in ways they could easily understand. People led full and active lives in their homes and in the community. Shared lives

carers and staff knew people well and understood what was important to them. They supported people to live their life the way they chose.

Staff and shared lives carers were recruited safely, and people were carefully matched with shared lives carers. People were supported by skilled, well trained and caring shared lives carers and staff.

The service was well-led and there were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service people received.

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 on 16 January 2019 and this is the first inspection.

The service was previously part of another registered service with a different provider that covered a larger geographical area.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dorset Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one assistant inspector.

Service and service type

Dorset Shared Lives Scheme is a shared lives service, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for people within their own family homes in the community.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a specialist 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 4 February 2020 and ended on 14 February 2020. We visited the office location on 4 and 10 February 2020.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the

local authority contract monitoring team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with eight people who used the service, six shared lives carers, a family member and two prospective shared lives carers. We also spoke with five shared lives carers on the telephone about their experience providing care. We spoke with the registered manager, four shared lives officers (staff) and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at one shared lives carer's recruitment and assessment files. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

After the inspection, we reviewed further evidence sent to us by the registered manager and we received further feedback from six shared lives carers via our website.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Shared lives carers and staff had a good understanding about protecting people from abuse. They were experienced, trained and understood who to report concerns to and were confident appropriate action would be taken. Staff gave us an example of where they had reported one person's concerns under safeguarding procedures.
- Staff and shared lives carers worked proactively with the local authority safeguarding team.
- People told us they felt safe with their shared lives carers and they knew who to speak with if they were worried about anything.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks were well managed. People had individual risk assessments and management plans in place and shared lives carers understood potential risks and how to mitigate them.
- People and shared lives carers told us there was a focus on positive risk taking. For example, risk management plans were in place in relation to one person using public transport independently.
- Shared lives carers were trained about safe practice to prevent the risk of infection.
- Checks were carried out by staff at quarterly monitoring visits. This was to make sure shared lives carers were following the provider's policies and procedures correctly and that people were living in a safe and clean environment.

Staffing and recruitment

- Each shared lives carer had produced a profile supported by pictures and photos. This was shared with people, so they had information to help them choose and be matched with shared lives carers. People told us they got to know shared lives carers before they made a decision about whether they wanted to stay with them.
- People were supported by shared lives carers and staff that were recruited safely. All shared lives carers had been through a rigorous recruitment procedure which involved obtaining satisfactory professional and personal references and background checks with the Disclosure and Barring Service (DBS) before they were approved by an independent panel.
- Prospective shared lives carers told us they felt the recruitment system was very robust. They told us they had been assessed by the scheme's staff and manager. They said everyone living in the household had been spoken with to check they fully understood what it meant to have someone living or staying with them.

Using medicines safely

- People said they had their medicines when they needed them.

- People's support plans described the support they needed with medicines and risk assessments were in place.
- Shared lives carers were trained in the administration of medicines. They told us they felt confident with supporting people with their medicines and in maintaining the records they needed to keep. Medication administration records were reviewed by staff at quarterly monitoring visits to make sure people received their medicines as prescribed.

Learning lessons when things go wrong

- Accidents and incidents were reported and investigated. Action was taken where required to minimise the likelihood of reoccurrence.
- Shared lives carers and staff told us there was an open approach to learning when things went wrong. Information was shared appropriately with other professionals and advice sought and shared amongst the staff team and shared lives carers. For example, at the latest staff meeting the learning was shared with the team following a safeguarding investigation.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed in a holistic way, considering their culture, past experiences, physical, psychological and social needs. These assessments were completed before they started using the service and they were then matched with potential shared lives carers.
- People told us they had visits and overnight stays before they and the shared lives carers decided whether they wanted to accept the placements. One person and their shared lives carer told us the support they received from staff during the settling in period was invaluable.
- People were also matched with at least one or two other shared lives carers. This was so they go for short breaks whilst their main shared lives carers had a holiday.

Staff support: induction, training, skills and experience

- Two staff had recently been recruited and they told us they had a very comprehensive induction programme. This included training and lots of opportunities to shadow and work alongside existing staff.
- New shared lives carers received an in-depth induction and training. Additional training was provided in areas which related to the people they supported. For example, one shared lives carer told us, "If I need something specific for someone I'm working with they arrange it (training) and provide additional information or resources."
- Both staff and shared lives carers received mandatory training. Online training had recently been introduced for shared lives carers. Shared lives carers told us they liked the new option of being able to complete face to face training as well as online training. They said they could ask for any training at any time and this would be sourced.
- Staff told us they felt "totally invested in" by the provider and there were significant improvements in the quality of the training in comparison with the previous provider. One staff member had been trained in mental health first aid. This training had helped them identify that a shared lives carer was struggling with the behavioural changes in one person as the person transitioned from being a young person to an adult. The staff member provided the shared lives carer with support and practical training in positive behaviour support. This helped both the shared lives carer and person through a difficult period and they were able to happily continue with placement together.
- One shared lives carer told us they were working with a staff member to look at the best ways of providing training across the service.
- Shared lives carers told us they were well supported. They said staff were always available and very approachable. One said, "Everyone's really supportive but not overbearing. They are always at the end of the phone."

- Staff received regular supervision sessions and felt well supported by the registered manager.

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

- Support offered to people varied dependant on their individual needs. People were part of the family home and they took part in planning, shopping for and preparing meals. Some people needed support with managing their food and fluids intake and there were clear care plans in place to support this.
- People said they were supported as much as they needed and encouraged to eat healthily.
- Shared lives carers were knowledgeable about how to meet people's nutritional needs.

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

- People's health needs were detailed in their support plans and guidance was available about who to contact if people needed treatment or advice. Shared lives carers understood people's health conditions and were confident when they needed to seek medical advice.
- Some shared lives carers made the transition with young people from being fostering placements to the shared lives service. The staff had co-ordinated and linked in with children's and adult's health and social care professionals to ensure smooth transitions for the young person and their shared lives carers.
- Some young people chose to move from their fostering placements to shared lives carers. One professional who supported one young person to do this told us, 'Over several months whilst arranging the transition, I found the whole shared lives team extremely responsive and supportive.'

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

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

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

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

- 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 health and social care professionals and others who knew the person well, such as relatives, to ensure any decisions made were in people's best interests.
- People told us their views were sought about all aspects of their day to day care.

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 and shared lives carers spoke highly of the support and care given to them by staff.
- People consistently said their shared lives carers were always kind and caring to them and they were happy living with them. One person said, "I'm much happier since I've been living here with [shared lives carer], everyone at college says so as well."
- Shared lives carers were passionate about the uniqueness of the service they provided. Some shared lives carers had been supporting people for many years.
- Staff and shared lives carers were passionate about improving people's well-being and the ethos behind the service was to support people to live in the community as part of a family setting to achieve this.
- Shared lives carers were committed to ensuring people's religious and cultural needs were met. People's support plans detailed people's these needs and how people wished to be supported.
- People were treated as individuals and shared lives carers supported them to live their lives how they wanted.

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. Staff met with people prior to their reviews away from their home so they could speak freely.
- People told us how they could decide what they would like to do and how they were supported to develop new skills and experiences. For example, one person told us how they were confidently now using public transport.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and they told us their bedrooms in their homes were their private space and this was respected by their shared lives carers.
- People told us their friends and families were made welcome when they visited. They said shared lives carers helped them keep in touch and arrange visits with people who were important to them.
- People received the support they needed to develop their skills and increase their independence. For example, one person told us they were being supported by their shared lives carer and professional to move out into their own place the following week. One staff member told us they were very proud of how shared lives carers, "completely empower people to be as independent as possible".

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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from shared lives carers who knew them very well. Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history.
- Care plans and care records showed people's preferences and wishes were at the core of the planning process. For example, one person really enjoyed walking and their support plan clearly detailed how important it was for the person to do this independently whenever they wanted to. This was so they could keep themselves well. The plan focused on ways for the person to maintain their independence with walking whilst balancing the risks and keeping them safe.
- People were supported to be themselves and given access to information and support to live their lives as they chose. For one person this included exploring their assigned gender. Their shared lives carer told us staff provided them with additional support and training. This meant they were able to sensitively support the person through their journey and with health referrals and appointments.
- Comprehensive regular reviews and monitoring of people's care and placements were taking place. Monitoring visits were covered all aspects of people's care and support and covered the five key questions CQC asks.

Meeting people's communication needs

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

- People's communication needs were assessed individually and detailed in their care plans. For example, one person had significant hearing loss and their communication plan described how shared lives carers could effectively communicate with them by using gestures, hand signals and writing down some words.
- Information was provided in a way that was suitable for each person's needs. People were provided with information in formats that were accessible to them. For example, care and support plans and other important information was supported by photographs and pictures to make them easier to understand.

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

- People lived full and active lives. Shared lives carers knew people extremely well and understood what was important to them. For example, one shared lives carer, who provided day opportunities for a person living with dementia, supported them to continue with their outdoor lifestyle of gardening and fishing. The

shared lives carers also sourced books and magazines for the person to have whilst they spent time at the shared lives carer's home.

- People were protected from social isolation and were supported to be active in their local community. For example, one person shopped daily for their meals at the local village shop and worked on a voluntary basis in the nursery in the village.
- Shared lives carers explained how they encouraged people to keep social connections with their friends and families.
- The service had a strong commitment to social inclusion. People attended, further education colleges, day services and opportunities and voluntary work.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was provided in different formats to make it easier for people to understand. People and carers were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to. There had not been any complaints received since the service was registered.

End of life care and support

- End of life was considered as part of people's care and support plans. Discussions had taken place with some people about their future wishes.
- The registered manager told us shared lives carers supported people with end of life care when this was needed. They sought advice and support from community palliative care professionals during these times.
- One shared lives carer told us staff had been very supportive following the unexpected death of one person. They said the staff member arrived very quickly to support them and sensitively managed the formalities whilst acknowledging and supporting the shared lives carer's and the family's loss and grief.

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

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

- People, their shared lives carers, and professionals spoke extremely positively about the service. The registered manager and staff were proud of the work they did and the positive impact their support had on the lives of people and the shared lives carers.
- There had been changes in the provider of the service and it was newly registered. Shared lives carers and staff told us the nominated individual was visible, approachable and had attended development and social events. Overall, they said they felt listened to and valued by the provider.
- The registered manager and nominated individual were open and understood their responsibility to meet the duty of candour.

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

- There were robust quality assurance systems in place that included, people and shared lives carers surveys, analysis of complaints, accidents, incidents and compliments. The registered manager and nominated individual presented a report to a quarterly quality and safety committee chaired by one of the provider's adult services managers. These reports included people's stories, any risks to the service, complaints and compliments.
- Staff carried out regular monitoring visits to shared lives carers to provide support and guidance. These visits monitored progress and adherence to policies, procedures and best practice. Shared lives carers told us these visits were supportive and they had positive relationships with staff.
- There was a shared lives panel that was responsible for approving shared lives carers and any placements for people. The panel was independent of the service and included county councillors, and expert by experience, a shared lives carer from a neighbouring scheme, a family member, a local authority day service manager and a manager from an operational social work team. The registered manager told us they were exploring how people could participate in the panel.
- People gave positive feedback about the care they received. They all said they were happy with the service and felt part of the families they lived with.
- Shared lives carers were clear about their responsibilities and who they needed to report to. The registered manager and staff understood their different roles and responsibilities.
- The registered manager and nominated individual were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements.

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

- All the people knew who their allocated staff member was and said staff visited them at their day services and at home regularly to make sure they were happy with the service.
- The service sends out regular newsletters to people, shared lives carers and staff to inform them of changes and updates about the service.
- Shared lives carers told us the registered manager and provider had recognised that the service covered a large rural geographical area and had set up events in both the East and West of the county. One shared lives carer said this had meant they were able to connect with other shared lives carers locally for the first time.
- The registered manager encouraged shared lives carers to join and use a secure phone app that was independent from the service. This was so they had a support network with their peers. Shared lives carers told us they actively used this to seek advice and support from each other.

Continuous learning and improving care; Working in partnership with others

- The nominated individual and registered manager were proactively looking at the future of the service. The development plans included mapping evidence against the five key questions that CQC asks. The service had started to consider the impact the service was having on people's lives.
- Shared lives carers told us there was a good open culture of reporting any incidents and accidents and they always felt supported to do this. They said there was a culture of constantly learning and improving the service.
- The service worked closely with social care professionals, to review and monitor people's well-being and the success of their placements. We received positive feedback from social care professionals involved in people's care. We were told the service communicated well and was well led.
- The registered manager and staff team kept up to date with good practice and were part of shared lives plus scheme, which is the national network for family-based and small-scale ways of supporting adults.