

# Gloucestershire County Council Gloucestershire County Council Shared Lives

## Inspection report

Quayside House, Quayside Wing  
Quay Street  
Gloucester  
GL1 2JU  
Tel: 01452 426054  
Website: [www.gloucestershire.gov.uk](http://www.gloucestershire.gov.uk)

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

This inspection took place on 8, 10 and 11 December 2014 and was announced. This was to ensure the Gloucestershire Shared Lives team and carers and the people who use the service would be available to speak to us.

Gloucestershire Shared Lives provided personal care and support to 38 adults during our inspection. Gloucestershire Shared Lives carers share their home,

family life and community life with someone who needs care and support. Shared Lives carers support adults with learning and/or a physical disability; older people and people with mental health problems. People live with their shared lives carer on a short or long term basis depending on their needs.

A registered manager was in place as required by their conditions of registration. A registered manager is a

# Summary of findings

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 and associated Regulations about how the service is run.

We previously inspected this service on 29 October 2013 when we found people's care records were not personalised and focused on their individual needs, preferences and personal backgrounds. During this inspection we found information in people's care records had significantly improved. Records reflected the person's physical, emotional and social needs and wellbeing. The person's plan of care and support was focused around their needs and wishes. Whilst some people's risk assessments had not been updated and personalised we found they were being updated when people's needs were being reviewed. .

Shared lives carers recognised the need to support and encourage people to make decisions and choices whenever possible. People's best interests and known preferences were taken into account if they were unable to express their views or make significant decisions. However records on how people's best interest decisions had been reached were not evident.

People's accidents and incidents had been recorded however there was no system in place to record if there were any trends or patterns of incidents across the whole service.

The shared lives team, registered manager and shared lives officers who managed the service understood their roles and responsibilities in order to protect people from harm and abuse. Shared lives carer knew people well and how to best support them when they were upset or at risk of harm. People's personal support needs and risks had been assessed and were being managed effectively

People's interests and hobbies were supported and encouraged by their shared lives carers. Some people attended activities in the community and others carried out activities with their shared lives carers and families. People told us they enjoyed a well-balanced diet. They were supported to eat and drink sufficient amounts and maintain a healthy diet. Their dietary needs were catered for and reviewed. People were supported to attend health care appointments when required. Their medicines were ordered, stored and administered in a safe way.

People were supported by shared lives carers who were suitably trained and recruited to carry out their role. Shared lives carers were supported and could raise any concerns with the shared lives team and registered manager. Regular breaks and support was provided so the shared lives carers could have a break from their role as a carer.

People and their shared lives carers and families had developed warm and caring relationships. People who were able to talk to us told us they enjoyed living with their shared lives family. People had been involved in the decision to live with a shared lives carer. An introduction and trial period had been carried out to ensure people were matched with the right shared lives carer.

Shared lives carers spoke highly of the shared lives team and the registered manager. They told us that any concerns they raised were always dealt with immediately. Complaints were managed effectively and actions were put in place to prevent the concern reoccurring. Monitoring systems were in place to ensure the quality of the service. There was a supportive culture within the shared lives team. The team sought advice from other health and social care organisations disciplines when required.

# 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 told us they felt safe living with their shared lives carers and families. Shared lives carers had a good understanding of the people they cared for and how to reduce the risk of avoidable harm. They had coping strategies in place to manage their own levels of stress so there was no negative impact on the people they cared for.

Shared lives carers had gone through a thorough selection and recruitment process before they shared their lives and homes with people.

People's medicines were ordered, stored and administered effectively.

Good



### Is the service effective?

The service was not always effective. People were encouraged to make decisions about their care and day to day lives however there were not always records of why best interests decisions had been made on behalf of people

People were cared for by shared lives carers who had been trained and supported to carry out their role.

People were supported to maintain their health and wellbeing and to attend health care appointments when required. People's special diets and food preferences were catered for, to ensure they maintained a well-balanced diet.

Requires Improvement



### Is the service caring?

The service was caring. People and their shared lives carers and families had developed friendships and people were treated as part of the family. Shared lives carers showed kindness and compassion towards the people they cared for. People were supported to maintain contact with their own families.

People were given opportunities to meet the shared lives carers before they decided to live with them. People were treated respectfully and with dignity.

Some people had an advocate who would speak on their behalf.

Good



### Is the service responsive?

The service was responsive. People's care records were focused on their care needs, preferences and backgrounds. People were being supported in line with their care records.

People joined in with activities in the community or within their shared lives home. People, their families and their shared lives carers felt confident in raising a concern and knew it would be acted on.

Good



# Summary of findings

## Is the service well-led?

The service was not always well led. Accidents and incidents had been recorded however there was no overall process of determining any trends or patterns across all of the service.

People, their families and their shared lives carers were positive about the team and the registered manager who ran the service. There was a supportive and open culture within the team. The quality of the service was being monitored and improved.

**Requires Improvement**



# Gloucestershire County Council Shared Lives

## 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.

We carried out an announced inspection on 8 December 2014 at the Gloucestershire Shared Lives office and visited people in their homes on 10 and 11 December 2014. The inspection was announced in case the shared lives team were visiting people in the community. The inspection team consisted of 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 this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 examined other information that we held about the provider as well as previous inspection reports.

For the purpose of this report; 'shared lives officers' are staff who administer and manage the shared lives service.

'Shared lives carers' are people who have been recruited and approved to share their lives and look after people either permanently or for short term breaks in their own home. 'Shared lives support workers' provide the shared lives carers with additional help and support to look after the person when required. 'Family carers' are un-paid family members who permanently look after their relative's and use the shared lives service for regular breaks.

We visited the shared lives office and spoke to the team which included the registered manager, deputy manager, project worker, four shared lives officers and two administrators. We also visited four people in their shared lives homes, however only two people could express their views to us. We spoke with the shared lives carers of the four people we met. We also spoke by telephone with six family carers and 11 shared lives carers.

We looked at the care records of five people and records which related to recruitment, training and development of the shared lives carers. We inspected the most recent records relating to the management of the service.

# Is the service safe?

## Our findings

People who used Gloucestershire Shared Lives were safe because processes and systems were in place to protect them from avoidable harm. Some people had lived with their shared lives carers since they were children and had become part of their family. One person who lived in a shared home said, "I like it here. It's good." Another person said "I'm fine. No worries."

People were cared for by shared lives carers who understood their responsibility in protecting them from harm. Shared lives carers had received appropriate training and were knowledgeable about recognising the signs of abuse. A recent shared lives support event had provided the shared lives carers and the officers with the opportunity to refresh their knowledge on safeguarding people. Shared lives carers were able to recognise their own stress levels and had coping strategies in place when they needed time out from their role as carer. They gave us examples on how they coped to ensure there was no negative impact on the people they cared for. One shared lives carer said, "My wife and I are always here. I will walk the dog or we can visit my daughter close by for a coffee."

The shared lives carers were allocated periods of respite time so they were able to have a break. One shared lives carer told us they could plan their breaks ahead of time and other family members were also approved shared lives carers so they could have day to day breaks. In addition, some shared lives carers had support workers who supported them and gave them a break from their role as a carer. Shared lives carers told us they felt supported and they could always call the shared lives team in an emergency. Shared lives carers had access to the providers out of hours system if an emergency should arise. We were told they were able to raise any concerns and receive support from the shared lives officer.

A safeguarding policy was available to give all shared lives carers and officers clear guidance on how to report any allegations of abuse. The shared lives officers liaised with the safeguarding team for additional advice and support when needed. The team had responded appropriately to a recent safeguarding incident. Referrals to the appropriate safeguarding authorities had been made and the person involved in this incident had been given additional support to help reduce the risk of the incident occurring again.

People's personal risks had been identified and were managed well in their home. People's needs and risks were regularly reviewed by their social worker and their shared lives officer. Shared lives carers had identified and understood people's risks and knew how they should be managed to reduce the risk of harm. For example one person had a detailed risk assessment in place for if they became ill while they were at college. Shared lives carers told us how they planned and risk assessed a new activity to ensure that people would be safe. One person said "If we go somewhere new, we always discuss it and think where we could park so I don't have to go far."

Documentation of people's risks was evident in people's support plans. However, some risk assessments provided by the shared lives support officers were not always focused on individuals, although the shared lives carers were knowledgeable about people's individual risks. Most risk assessments had been updated and we were told others would be updated at the next review of their care and support. The registered manager was confident that people's risks were known by their shared lives carers. This was confirmed with our discussions with the shared lives carers. For example one carer said, "I know there is a risk of her falling when she is tired which we monitor very closely."

People were cared for by suitable shared lives carers and in environments that were safe. All the shared lives carers had been through a thorough recruitment and training process before they were able to support someone in their homes. Shared lives carers had completed an application form and provided details of their previous employment. A Disclosure and Barring Service check was carried out on the people who were applying to be shared lives carers and any other person over the age of 18 years old who lived in their household. All shared lives carers had completed a comprehensive 'approval' process before they were able to care and support a person. This had involved several meetings with the shared lives team to ensure that they were suitable to support people in their home. Home checks, which included fire evacuation plans, were carried out and reviewed to ensure the home environment was safe.

People were given their medicines as prescribed to them. Their medicines were ordered, stored and managed by shared lives carers who had been trained in administering and managing medicines. One carer said, "I order them from the chemist and keep them locked in a box in the

## Is the service safe?

kitchen in a high up cupboard.” Records of when people had taken their medication were accurate. Controlled drugs which were at risk of being misused were stored in line with the Misuse of Drugs Act 1971. Shared lives carers told us how they supported and encouraged people to take

their medication. One carer said, “If she refuses her tablets the first time, I leave it for a few minutes and then try again with a different approach.” Shared lives carers told us they would contact the person’s GP if there had been an error relating to a person’s medicines.

# Is the service effective?

## Our findings

Some people had the ability to make specific decisions about their care prior to them using the service. The shared lives team and carers were aware of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Shared lives carers recognised the need to support and encourage people to make decisions and choices whenever possible. Where people lacked capacity to make day to day decisions, we observed them make decisions on behalf of people. They took into account their preferences to ensure their care was as personalised and the least restrictive option possible. However there was a lack of understanding and records where specific decisions had been made on behalf of people. Records did not always show how decisions about people's best interests had been reached.

People's physical, emotional and social needs were assessed before they were referred to the shared lives service. People who were able to make decisions for themselves were involved in the planning and decision to be referred to the shared lives service. People and their families were given information about the service. They were given opportunities to meet potential families before a decision was made. People were given a choice of where they would like to initially meet the shared lives carers. Some people met them in their home and others arranged to meet at coffee shops or at the park. The introductory period for people to meet the shared lives carers varied to ensure they would be happy sharing their lives with them. People were regularly supported during the early stages of living in their new home. One carer said, "It's a two way thing. If I couldn't cope, they (shared lives team) would find others who would."

People received effective support and care by shared lives carers who had been trained to carry out their role. Shared lives carers had completed training in line with the Common Induction Standards, which gave them a basic knowledge in caring and supporting people. In addition they also received mandatory training in safeguarding adults, first aid and food and hygiene safety. Additional training had been provided to shared lives carers who had

requested specific training which would help them provide better quality of care. Shared lives carers told us they felt supported by the shared lives team. One carer said, "There is not a week that goes by when I don't speak to my shared lives officer. They have been great. Very supportive." Shared lives carers told us they had the options to attend shared lives meetings or coffee mornings. One carer said, "It is important for me to meet other people in the same situation as me." Shared lives officers had attended training relevant to their roles and also attended learning events with the shared lives carers to refresh their skills and knowledge.

People were supported to maintain a healthy and well balance diet. Shared lives carers knew people well and knew people's food preferences. They supported people to make food choices at mealtimes. One person said, "I can have what I like." We saw this person being offered various options for breakfast. People's special diets and preferences were recorded and catered for. Some people were at risk of choking on their food and their shared lives carers understood how to reduce this risk and provided people with a soft diet. People who could not swallow their food were supported by shared lives carers who were knowledgeable in administering their food via tubes and were aware of the risks linked with this type of feeding. Monitoring food and fluid charts were in place for those who were at risk of not eating or drinking sufficiently. People were given the choice of where and when they would like to eat their meals. Some people chose to eat with their shared lives carers and families; others chose to eat in their rooms or in the lounge.

People were supported to maintain their health and well-being and had access to health care professionals when needed. Shared lives carers supported people in their routine health appointments such as going to the dentists and chiropodist. One person smiled and said "They help me get my eyes, ears and feet done. Top to bottom." Other people had been referred to

specialised services such as speech and language therapists or the mental health team. Where appropriate, people's families had been involved in these assessments and appointments. One carer said, "It is important we don't work in isolation. I always inform the relatives and the shared lives team if I feel they need to see a specialist or a doctor." The outcomes of these assessment and appointments were recorded. One person who had



## Is the service effective?

complex physical needs had a care plan in place which would be taken with her if they had to go in hospital. It provided hospital staff with very clear details of this person's medical and personal needs.

# Is the service caring?

## Our findings

People were supported by shared lives carers who were kind and passionate about supporting people to have a good quality of life. People who were able to speak to us and their relatives talked about their shared lives carers and their families positively. We observed there were warm relationships between people and their shared lives carers and families. One person said, “I couldn’t be happier here, not in anyway.” Shared lives carers spoke fondly and passionately about people. It was clear that they knew the needs and personalities of the people they cared for. One carer said “It’s a pleasure being a carer and opening our doors and sharing our lives with these people.”

Shared lives carers told us how they helped people settle into their home and made people feel comfortable. One carer said, “We try and give people lots of options until we work out what works well for them. (person) likes routine but it took us a little while to get the right routine in place. It sometimes changes, but that is fine.” Shared lives carers demonstrated that they were knowledgeable about people. They told us what people liked; things that upset them and what helped them to stay calm if they became anxious.

Shared lives carers had maintained links with people’s own families. Each person had different opportunities to meet up with their own families depending on their needs or relationship with them. Some families visited them in their shared lives home each week; others met up on special events such as birthdays or day trips.

Some people were supported by an advocate who could speak on their behalf. One person had two advocates who helped this person express their views. The shared lives carer of this person said, “The advocates often put another point of view across which makes me think and reconsider what is best for (person).”

People were encouraged to maintain their independence where possible. We were told of one person who had been encouraged to become more independent in the community. Their shared lives carers had supported and educated this person to be aware of safety issues when alone in the community. People were provided with choices such as food and social events. People had been taken on holiday and day trips with their shared lives carers. People who had religious beliefs were encouraged and given the opportunities to practice these.

People were treated respectfully and politely. Shared lives carers explained to the people the purpose of our visit to their home and asked their permission if we could talk to them and look at their bedrooms. We observed people being spoken to in a kind and friendly manner. People told us they felt part of the family. One person said “I really like it here. They are so kind to me, I couldn’t ask for better.”

People’s privacy was respected. Shared lives carers told us they recognised when the people they cared for needed time alone. They were aware of the importance in helping people with their personal needs in a private and comfortable area of their home. We saw shared lives carers helping people to adjust their clothing and wiping their mouths and hands to ensure their dignity was maintained.

# Is the service responsive?

## Our findings

During our last inspection, we found people's care records were not personalised and did not focus on their individual needs, preferences and personal backgrounds. During this inspection we found information in people's care records had significantly improved. It reflected the person's physical, emotional and social needs and wellbeing. The plan of their care and support was focused around their needs and wishes. However, some people's care records contained expressions that would be used by health professionals and may not be understood by others. We raised this with the registered manager who told us the deputy manager would be reviewing and authorising all new care records to ensure they were free from jargon and more user friendly.

People's care was planned around their individual needs. People had been assessed by their social worker before they were considered for Gloucestershire Shared Lives. The timeframe of people moving into their shared lives homes varied between each person depending in their needs and finding a carer who was able to meet their needs. We were told about the matching process. The carer's background, experience and skills were looked at before they were considered as a potential match for a person. People's individual back grounds and personalities were taken into account when the shared lives team were considering the most suitable shared lives carers for a person.

Some people who lived with their own families used the shared lives service to give their families a break. Family carers relied on this service to get a regular and planned break from supporting and caring for their relative. One family carer said "I have been assessed and allocated so many respite days per year when I know I can have a break. I have a good relationship with the shared lives carers." Another family carer said, "I have no complaints, they are a life saver. Having that opportunity for a break is so important to me." Where possible people were placed with familiar shared lives carers when their family carers had a break to provide continuity of care. Another family carer told us they enjoyed their planned breaks but found it sometimes difficult to arrange. This person said, "It is very confusing when booking respite. I ring the carer first, then

have to ring the Social Services Helpdesk, and seem to go round the houses giving my details." The registered manager told us a new system was about to be introduced to address this issue.

People's care records contained information relating to their interests and activities which they enjoyed taking part in such as shopping or visiting the zoo. People were given opportunities to partake in activities. Some people had a more structured week such as attending a day centre or college depending on their needs and interests. Others joined in with the family activities or specific activities were planned around the person's interests, such as going to the beach, attending a local theatre production or resting at home. One carer said, "We always try and go out for a walk. It does us both some good."

People who used the service and the shared lives carers were able to raise concerns to the shared lives team. People's day to day concerns and issues were addressed immediately with their shared lives carers. The shared lives carers told us their concerns were always listened to. One shared lives carer said "If I have a problem, I just pick up the phone and speak to my shared lives officer." Another carer said, "If I ring the office I will always get someone. They are the best service I have been with." and "The communication is outstanding." Shared lives carers had opportunities to express their views at their carers meetings.

Relatives told us they were able to express their views and told us they could always raise their concerns with their shared lives carers or the shared lives team. People and their families could also raise any concerns at their care plan review meetings. One person using the service said, "If I wasn't happy here, I would talk to my daughter and she would contact the manager." Shared lives carers told us the relationship and communication between them and the person's relatives was important to ensure continuity and a positive outcome for the person. One complaint had been received since our last inspection. This had been managed and resolved in line with the provider's complaints policy. The registered manager told us they had just sent a questionnaire to the shared lives carers and people who use the service to request their views of the services provided. The results of this survey had not yet been collated or analysed.

# Is the service well-led?

## Our findings

Shared lives carers reported accidents or incidents to the shared lives officer. This was recorded on the person's care records. Although the shared lives officers were aware of any patterns of incidents arising with individual people, there was no overall process of analysing the accidents and incidents which were occurring across the service.

The values and objectives of Gloucestershire Shared Lives service was explained to people and their families during the introductory period. Shared lives carers were positive about their role and the support, which they received from the shared lives team, before they committed to their role. One shared lives carer said, "We thought about this a lot before we made the decision to become a shared lives carer. The staff at shared lives was marvellous. So supportive." Another carer said, "They are always there for us."

The culture of the organisation was fair, open and supportive and the registered manager led by example. There was a strong sense of team work within the shared lives team. They shared information effectively about any changes in the needs of people. They discussed people's placements and their suitability of their shared lives carers. Shared lives carers told us they were in constant contact with the team to keep them informed of any changes. One shared lives carer said, "I am like a gate keeper. I make sure that everyone who is involved in her life is informed of any changes." Shared lives carers told us the shared lives team were sensitive to their needs and recognised when they needed support. For example a shared lives carer told us they sometimes needed support when the people they cared for had become seriously ill or they were no longer able to cope with the needs of the person. One carer said

"It's hard when you have shared your life and home with someone and you know that they need more help than you can offer. You have to be honest and let people know otherwise they wouldn't get the best care."

The registered manager had an 'open door' policy and attended shared lives meetings and events. The registered manager was aware of any present concerns relating to the people who used the service or the shared lives carers. Regular meetings were held so that the team could raise any concerns about their work or the people who used the service. A newsletter was produced twice a year to keep all people who were involved in the shared lives service updated on any changes in the service.

The shared lives team and some shared lives carers were members of a scheme which supported people who were involved in shared lives services nationally. They provided standardised guidance and support for this type of service. The shared lives team attended regional events to ensure their knowledge and current practices were up to date.

The registered manager told us how they had planned to improve the service. They had carried out an audit of the service and had identified some shortfalls which had been documented. The team were working through this action plan. The registered manager was working with the provider to clarify the future direction of the shared lives service and was aware of the value of re-enablement of people who used the service. Questionnaires about the quality of the service were sent to people and families who used the shared lives service for short respite breaks. One family carer said, "They always send me a questionnaire from Gloucestershire Shared Lives Scheme after each short break. They send a pictorial one so that I can sit with (person) and she can point at the thumbs up or down signs to questions like, 'Are you happy with the level of service' or 'Can you choose what you like to do' etc."