Durham County Council

Durham Share Lives Scheme 1

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

The inspection took place on 16,19 and 23 July 2018 and was announced. We gave the provider 48 hours' notice of our visit because we wanted to make sure staff who were based in the provider's office were onsite to assist with the inspection.

Durham Share Lives Scheme 1 offers adults with learning disabilities short term, long term, emergency and respite care. This is provided by people who are known as 'shared lives providers' who are supported by 'support managers and the registered manager' from the scheme. The support takes place in the home of the shared lives provider.

Not everyone using Durham Share Lives Scheme 1 receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place who had been in their present post at the service for seventeen years. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

The service had a robust process in place to recruit shared lives providers, which included general health checks, character checks, references, DBS checks and discussions with family members. Detailed assessments were carried out by support managers. A detailed report was then developed as to the suitability of the prospective shared live provider and presented at an independent panel to make a decision to recruit the person as a provider.

We found risks to people were assessed and detailed risk assessments were in place with support and guidance for shared lives providers to follow. The home environment of shared lives providers was also assessed to ensure it was a safe place for the person to reside. Appropriate insurance certificates were in place.

Shared lives providers and support managers were aware of safeguarding processes and knew how to raise concerns if they felt people were at risk of abuse or poor practice. Where lessons could be learnt from safeguarding concerns these were used to improve the service. Accidents and incidents were recorded and monitored as part of the provider's audit process.
People knew how to raise concerns about their care and had access to an easy read document on abuse and neglect.

Shared lives providers received regular monitoring and supervision visits. Opportunities were available to discuss performance and development. Training was up to date for shared lives providers.

Support managers received regular supervision with the registered manager. The shared lives provider visits were used to form the basis of supervision. Support managers were able to discuss their development with the registered manager.

People's nutritional needs were assessed were necessary and shared live providers supported people to enjoying a varied diet, with choices offered and alternatives available. People's healthcare needs were monitored and contact was made with other health care professionals when necessary. Shared lives providers helped people to lead a healthy lifestyle and supported them to attend health care appointments.

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

People felt the service was caring. Support was provided in a respectful manner ensuring people's privacy and dignity was promoted. Where possible people were supported to be as independent as possible.

Support plans were in place which included people's likes, dislikes and preferences. Plans showed people were involved in their care and set out how they wanted their support to be delivered so they could meet their set outcomes. The service followed the social workers plans for the person by way of support and plans for independence. Support plans were reviewed and discussed at regular visits between the person, the shared lives provider and support managers.

People enjoyed a range of activities both inside and outside of their placement/home. The service had positive links with the community with people accessing day services and local amenities. People enjoyed holidays, days trips out and celebrated birthdays and special events.

The provider had a complaints process in place which was accessible to people and shared lives providers. The complaints policy was available in different formats.
People and shared lives providers and support managers were extremely positive about the registered manager. They confirmed they felt supported and could raise concerns. We observed the registered manager was approachable in the office and found support managers interacted with them in an open manner. People told us they knew their support manager and could speak with them during visits.

The registered manager had systems in place for monitoring the quality of the service. This included monthly audits of all aspects of the service, such as medicines and support plans. We also saw the views of the people using the scheme, their advocates and shared lives providers were regularly sought and used in plans to improve the service.

Regular meetings for both people and shared lives providers were held to share best practice and to give information from Shared Lives Plus (The UK network for Shared Lives providers).

The provider was subject to internal monitoring to ensure good governance. Monitoring from the providers own specialist team is planned in advance. Results are circulated to the head of adult services and the registered manager.

The provider worked closely with outside agencies and other stakeholders such as commissioners and social workers. The registered manager is a member of the North-East branch of Shared Lives Plus and is involved in multi-disciplinary team meetings to discuss the work of Shared Lives.

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.

The provider had thorough recruitment procedures in place to ensure scheme staff and shared lives providers were checked to ensure they were safe to work with vulnerable people.

Shared Lives providers supported people with their medicines in a safe manner.

The provider had policies and procedures in place to keep people safe such as safeguarding and whistleblowing.

Is the service effective?

Good

The service was effective.

Training for shared lives providers and scheme staff was up to date and relevant to people's needs.

Shared lives providers and scheme staff received regular supervision.

People's nutritional needs and health care needs were addressed.

Is the service caring?

Good

The service was caring.

People who used the service were treated with kindness, their privacy and dignity was respected.

Communication plans were in place to provider support and guidance for shared lives providers to enable positive engagement.

The provider had information relating to advocacy if people required this support.

Is the service responsive?

Good

The service was responsive.

Support plans were personalised and contained peoples likes, dislikes and preferences. Support plans were reviewed regularly.

People had opportunity to take holidays, celebrate with family and friends and live an ordinary life.

The provider had a complaints procedure. No complaints had been made to the service.

Is the service well-led?

Good

The service is well led.

The registered manager is an experienced manager. Shared lives providers and support managers felt the registered manager was approachable.

The provider had systems and processes in place to monitor the quality of the service.

The provider engaged with people using the service and shared lives providers. Information was shared in regular meetings.

Durham Share Lives Scheme 1

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 activity took place on 16, 19 and 23 July 2018. The inspection was announced.

The inspection was carried out by one adult social care inspector.

We gave the provider 48 hours' notice of our visit because we wanted to make sure people who used the service and shared lives providers were available to speak with us. We also needed to make sure staff who were based in the provider's office were available to support with the inspection.

Before the inspection we reviewed other information, we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG). 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.

During the inspection we met with six people who used the scheme and eight shared lives providers in their homes. We met with the registered manager, three support managers and the schemes administrative staff.

We looked at five peoples support records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service felt they were safe. One person told us, "[Shared lives provider] is great, we are all safe here." Another said, "I'm happy." A third person indicated by smiling and nodding when we asked if they liked living with their shared lives providers.

Shared lives providers had access to policies and procedures to keep people safe, such as safeguarding and whistleblowing. Both scheme staff and shared lives providers had received training in safeguarding which enabled them to recognise signs of abuse or poor practice. Training included how to raise concerns. We found the registered manager had investigated and acted appropriately when a concern had been raised. Evidence of lessons learnt was in place with shared lives providers undertaking refresher training in safeguarding and dignity.

Some of the people we spoke with knew how to raise a concern if they felt unsafe. Those with communication needs would be supported by their shared lives provider or scheme manager. People had access to an easy read document setting out how to report their concerns regarding abuse and neglect.

Risk assessments were in place to provide information for shared lives providers to follow to reduce the risk. These were detailed and revisited as part of the provider's annual review system. For example, how to support a person who was experiencing a seizure and how to support someone to stay safe when accessing the community. One scheme manager told us, "We look at risk assessments as part of our monitoring, they are also looked at during annual review." Environmental risk assessments were completed as part of the process of becoming a shared lives provider. Shared lives provider's homes were visited by the scheme manager as part of the recruitment process to check the accommodation was safe. All pieces of equipment used to support people were subject to regular checks by the equipment supplier. The provider ensured all shared lives providers had calibrated thermometers to check water temperatures to enable people to shower safely.

The provider ensured that all shared lives providers and scheme staff received training in health and safety, risk assessments and accident and incident reporting.

Accidents and incidents were recorded and submitted to the provider's health and safety team. Any recommendations or actions determined from the analysis of these records were disseminated to the registered manager to address. The registered manager told us, "Any changes would be discussed with the support managers and shared lives providers."

We spoke to the registered manager regarding the recruitment of scheme staff. The registered manager advised the three support managers had been in post prior to the service being registered with CQC. Their recruitment was completed corporately by the providers HR department which included reference checks and Disclosure and Barring Service checks (DBS). The scheme administrator was the only new member of staff. We checked the records pertaining to their recruitment and found a completed application form, references and a check had been made with the DBS. Their induction process was still ongoing.

We looked at the records of two shared lives providers who had recently been recruited. We saw shared lives providers had completed an application form, references were obtained and verified. As well as shared lives providers, all adult members of the household were also required to undertake a DBS check. The provider had carried out checks to ensure they were suitable to provide services to vulnerable people. A full and detailed assessment was completed by the scheme's support managers. The assessment covered a range of areas such as health, employment, experience and financial stability. From there an independent panel which is separate from the provider reviewed the application and assessment before deciding to make a recommendation to recruit them as shared lives providers.

The provider had procedures in place to ensure people received medicines safely. Shared lives providers ensured medicines were stored safely and records were kept which showed which medicine had been administered. Support managers carried out regular medicine audits to ensure shared lives providers were working safely in terms of medicine management, this included an observation and a review of current medicine administration charts. Where people were prescribed medicines which were 'as and when' protocols were in place to ensure these were administrated at the correct time and for the right reason. Shared lives providers supported people to order their medicines. When required people were supported to have medicine reviews with health care professionals.

Shared lives providers received training in infection control and were provided with personal protective equipment (PPE) such as gloves and aprons. Support managers used home visits to monitor the cleanliness of shared lives provider's homes. We heard from one person who told us they kept their room clean and tidy. They told us, "[Shared lives provider] has helped me, I keep my room clean and help out in the house." This meant that people who used the scheme were supported to be as independent as possible by taking on household tasks.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were addressed within the initial assessment completed by the person's social worker to ascertain if their needs could be met by the shared lives scheme. People were supported to develop outcomes which were included in the support plan followed by shared lives providers. For example, eat and drink and be well nourished and to keep safe.

We found shared lives providers supported people to use technology as part of their daily lives such as mobile phones or computers. Two shared lives providers told us how they had researched a technological method of oral hygiene which enabled one person to clean their teeth independently. This meant technology was being used to promote independence.

The shared lives scheme model provides for the equality and diversity of people using the service by offering access to mainstream opportunities in living an 'ordinary life'. We found people were supported to make decisions to access community services, meet with family and friends and to live a full life. We discussed how the service acknowledged diversity of people such as lesbian, gay, bisexual and transgenderism. One support manager told us, "We would just see that as any other need they may have, no issue, they would be supported."

Shared lives providers received a range of training and had access to Durham County Council's training department. We saw new shared lives providers completed an induction which included training such as safeguarding, food hygiene and mental capacity act and medicine management. All shared lives providers completed the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

One shared lives provider we spoke with felt the registered manager and support managers were supportive and that they had no hesitation in contacting them for support or advice. They felt the training provided them with the skills and knowledge to support people. One shared lives provider told us, "The training is really good and if we need any advice or help then we just ring [support manager]." We saw the provider had organised some refresher training for shared lives providers following a safeguarding incident.

Shared lives providers had regular contact, supervision and appraisal from the scheme's support managers. We found a process of monitoring and supervision visits/telephone calls were completed with each shared lives provider. Records demonstrated these took place regularly, giving a holistic view of the support being given and how peoples outcomes were being met or worked towards. Opportunities were given for the shared lives providers to raise any concerns or issues they may have or where changes in the person they were supporting suggest that a review was needed. Where changes were required these were discussed with the person, shared lives provider, support manager/registered manager and the social worker. We found regular email communication between support managers and social workers.

Support managers received regular supervision with the registered manager. We found the supervision and monitoring visit records were used by the registered manager as part of the supervision process. By

reviewing these documents, the registered manager ensured that shared lives providers and people were receiving appropriate support and that the meetings/conversations covered the elements of shared lives provision. Opportunities were available for support managers to raise any concerns they may have regarding placements, their own personal development or any other work-related issues. Pastoral support was also offered by the registered manager.

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 Act.

We checked whether the scheme was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found the registered manager worked closely with social workers and shared lives providers to make sure decisions about people's capacity and best interests were thorough. Assessment records contained information about people's mental capacity and where necessary best interest decision meeting minutes were in place for those who lacked capacity.

We looked at how the provider supported people when they were referred to the service. One support manager explained the 'matching process' used by the scheme. Before a match is made the person meets the shared lives provider which can include going to the shared lives provider's home for a meal. The matching process gives each person and the shared lives provider time to get to know each other, and choose to share their family and lives together. One support manager told us, "We have to make sure it is right for the person and the providers."

We found the service and shared lives providers worked with organisations to deliver effective support. For example, all were members of Shared Lives Plus. Shared Lives Plus is a network of shared lives schemes which offer support and advice as well as regular events to share best practice and news affecting the shared lives process.

Support managers were encouraged to write up "change stories". These stories told of when shared lives providers had made a difference to people's lives when supporting them with outcomes. Such as, one person needed support after their sole carer's death, they were placed with a shared lives provider and expressed a wish to return home so with care, support and encouragement they received during their stay they returned home safely. The shared lives provider supported them with shopping, budgeting and laundry. Another person was supported to arrange a gym membership to improve their confidence around body image. These examples showed how effective the service was in meeting people's outcomes.

We found records to demonstrate people were supported to access healthcare services when necessary with visits to dentists, GPs, hospital appointments and regular health checks. We saw how people were supported with lifestyle changes. One person can now walk longer distances due to encouragement and support, has improved health, has attended day services, maintained friendships and due to enjoying a more varied diet has improved general health.

People were supported with nutritional needs. People were given choices regarding meals and snacks. Wherever possible people were involved in planning the family meals. One person told us, "We have lovely meals, if I'm hungry then I can get a snack or a drink." Where necessary shared lives providers monitored

people's weight and dietary intake to support with a healthier lifestyle.

Good

Is the service caring?

Our findings

The people we spoke with told us they felt the service was caring and they were happy living with their shared lives provider. One person with communication needs used facial expressions to make their opinion known by smiling when we asked if they felt cared for. Another person told us, "They are lovely I am so happy here". A third person told us, "I love [shared lives provider], she is great. We all love it here." The other people living there nodded in agreement.

We saw a genuine kindness when meeting people with their shared lives providers who were all passionate in ensuring people were treated equally and that their diversity was acknowledged. Opportunities and choices were discussed and people's opinions were listened too. It was clear from the chatter and body language that people were comfortable in each other's presence. All the shared lives providers we spoke with talked about people they were supporting in a kind, caring and compassionate manner. One shared live provider told us, "[Name] is like family to us."

Support plans were detailed in how best to communicate with a person. Where communication was a barrier we saw that this was included in support plans. Shared lives providers used a range of techniques to engage with people. For example, speaking clearly, using Makaton. Makaton is a method of using pictures to communicate. One shared lives provider told us they were trying to locate a class for sign language to support the person who was residing with them. We spent some time with one shared lives provider and observed how they had specific ways of using positive language, facial expressions and gestures to reassure the person when they became upset.

The provider had information which was available to people and shared lives providers about other stakeholders and community links which may be of interest. Advocacy services were also available which provided support, guidance and advice. The registered manager told us, "Any referrals would be made through the social worker, shared lives providers know they can contact us if there are any concerns at all about decision making."

We saw good evidence of people's history and backgrounds in their care records. We saw cultural, spiritual and religious needs were discussed and planned for if there was a need. When speaking with shared lives providers it was clear they had a good understanding of the person and how to support them. Shared lives providers told us how they supported people in maintaining contact with family members and those close to them.

Shared lives providers and their families had built caring relationships with the people they supported. People lived as part of shared lives provider's families and were involved in day to day and birthday and other celebrations. People told us they felt part of the family. One person we visited had received long term care and remained part of the same family for many years. The shared lives provider told us, "It's all about [name], we have enjoyed having them with us all these years. [Name] is one of the family, no doubt about that." They went on to explain how the person joined them on weekends away and how the whole family were fond of them." We found the daughter of one shared lives provider had become a respite provider. This

meant the shared lives provider could have a holiday and the daughter moved in to care for the person so they could remain in the family home.

Records showed that people were supported to be as independent as possible. Support plans set out what people could do for themselves to promote their independence and where they needed support. For example, how they needed the shower turning on so they could then shower independently. People had their own bedrooms which were personalised. One person showed us their bedroom which contained several favourite items and pictures which they were very proud of. This was their own private and personal space which they could choose to have decorated however they wished. Share lives providers respected people's privacy and dignity. One shared lives provider told us, "It is important they have their own space and time out. We encourage it".

To maintain the confidentially of people's personal information we found shared lives providers kept people's records securely in their home.

Good

Is the service responsive?

Our findings

People told us they had been involved in developing their support plans. We found plans were extremely detailed and personalised. Information from other health and social care professionals had been used in the development of people's plans. For example, speech and language therapists and occupational therapists. People had access to their support plans if they wished to look at them.

The Accessible Information Standard was introduced by NHS England in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs had been assessed. As a result of the assessments, staff had documented how to communicate with people.
One person's support plans gave details of how to support them with communication, what words they could use and what gestures or facial expressions meant.
Another person's support plan set out how to help the person with their nutritional needs and detailed what support they needed in the kitchen to be more independent and safe. This level of information was maintained throughout support plans which ensured shared lives providers were furnished with detail on how to meet the needs of people using the service. Records showed that support plans were reviewed on a regular basis between the person, the support manager and shared lives provider. We saw that some people had signed their support plans to demonstrate their agreement with the plan and to any changes made.

We met one person who was due to start college. The shared lives providers were supporting them with their education in order to gain a qualification which would assist in them moving forward in their development. The person told us, "I am looking forward to it"

Each person who used the scheme had a support manager. Part of the support managers role was to visit people, review their support plans and ensure that shared lives providers were following plans to meet people goals and outcomes. We found shared lives providers knew the support manager who was allocated to the person and told us they had contact on a regular basis. One shared live provider told us, "I can pick up the phone whenever I need to, [support manager] is really helpful. If they are off I can speak to any of the others."

Shared lives providers maintained a record of what support the person had required, any changes in support or behaviours. Records also included any health care intervention and the results of any tests of checks people had undergone.

Across all the support plans we reviewed there was a theme of the service being responsive to people's needs with people being supported to live an ordinary life.

We found recreation played a large part in people's day to day lives. Support plans set out what people liked to do and any hobbies or interests they may have. One person loved to go on short breaks, they accompanied their shared lives provider when they accessed their caravan. Another person wanted to go to Disney Land, this had been booked for them. Many people attended day services and spent time getting

together with friends.

Involvement in shared lives provider's family events was also popular with people. Celebrations often included an invitation to the person. We found evidence of attending birthday parties, family outings and holidays. People were supported to maintain relationships with their own family with visits and outings.

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service available in different formats, their family/representatives and shared lives providers on how to raise any concerns or complaints. At the time of the inspection no complaints had been made to the service since it's registration with CQC.

We asked people if they knew how to complain. People told us they would talk to the shared lives provider if they had any worries or concerns or their support manager. Shared lives providers knew how to complain to the provider and told us they had no issues with raising a concern. One shared lives provider told us, "If there is anything I would just speak to [registered manger]." The registered manager told us, "If there were any concerns we would try to address these first, any formal complaint would be dealt with by our complaints department."

Good

Is the service well-led?

Our findings

People we spoke with felt the registered manager and support managers were approachable. We observed both support managers and the registered manager taking telephone calls in the office offering support and advice to shared lives providers in a friendly but professional manner.

The registered manager was supportive of the team and took their responsibilities in supporting staff seriously. They ensured staff were supervised, training was organised and caseloads managed appropriately. Support managers and the administrative staff commented on the whole team approach and that the registered manager was a positive influence.

The provider had a clear vision for people to achieve their outcomes with the support of shared lives providers. People were supported and encouraged to have an ordinary life. Shared lives providers were trained to meet the needs of the service. Support was given on a regular basis with supervision and monitoring visits. The provider ensured that shared lives providers had the opportunity to take holidays by proving respite care for people.

The registered manager had a wealth of experience covering 30 years and had been part of the shared lives service since 1992. An active member of the North-East branch of Shared Lives Plus the registered manager is part of two pilot schemes in the local area to promote the work of Shared Lives. The service had links with community services such as educational settings and local social clubs.

Monthly team meetings were held which covered health and safety, different projects – such as care leavers project, Deprivation of Liberty Safeguards, results of provider self-assessment and referrals. A care leaver is defined as a person aged 25 or under, who has been looked after by a local authority. Shared lives providers told us they attended regular meetings whenever they could. Comments from shared lives providers included, "I always familiarise myself with minutes of meetings," "I enjoy attending the group meetings" and "I find them useful for keeping up to date with current issues."

The provider is a local government body and is subject to internal and external auditing to ensure that regional and national government targets are met. Systems and processes were in place to ensure the providers compliance against good governance. We saw regular audits and checks were completed by the providers development team for areas such as support plans, setting up care files and risk assessments.

The provider had a self-assessment feedback process. This gave shared lives providers the opportunity to advise the scheme about their experiences of being a shared lives provider and how they felt they were meeting people's needs. The self-assessment document used CQC five key question as a basis of the providers experiences. For example, to keep someone safe responses included, follow care plans and keeping them up to date. To be effective, responses included supporting people to make choices. To be caring, responses included by reading [Name] facial expressions.

The feedback also addressed how shared lives providers felt the service was supporting them. Comments

included, "I'm offered support and continually kept in touch," [Name] provides fabulous support so I never feel alone" and "an invaluable source of support."

We found the registered manager had received several emails from other health and social care professionals thanking the service. For example, the learning disability locality team commented, "Thank you for your coordinated quick response in relation to my request for emergency respite." Other comments included, "The level of support for [name] by you and your colleagues has always been superb."

The registered manager ensured statutory notifications were submitted to CQC as part of their registration requirements.