

Durham County Council

Durham Shared Lives Scheme1 DL15 9ES

Inspection report

Civic Centre
North Terrace
Crook
DL15 9ES

Date of inspection visit:
13 July 2022
09 August 2022
11 August 2022

Date of publication:
15 December 2022

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Durham Shared Lives Scheme 1 DL15 9ES (known as Durham Shared Lives) is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers' own homes. The service provides support to younger and older people living with a learning disability and/or mental health needs. Shared lives carers (known as providers) were supported by the registered manager and a team of support managers.

Ninety one people were using the service when we inspected, all of whom received personal care. This is help with tasks related to personal hygiene and eating. Where people receive personal care, we also consider any wider social care provided.

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

We expect health and social care registered providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to exceed their goals and aspirations so they could become more independent and confident. Providers were totally focused on people's strengths and promoted what they could do, which enabled people to lead exceptionally fulfilling and meaningful lives. Providers went 'the extra mile' to respect people's choices and wherever possible, accommodate their wishes, including those relevant to protected characteristics.

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

People were regularly asked for their opinions and were involved in discussions about their care and support. Providers gave people information in a way they understood and communicated with them in a way that met people's individual needs. Providers supported people to take part in activities and pursue their interests. Providers supported people to play an active role in maintaining their own health and wellbeing. People were supported safely with medicines. Infection prevention and control practices reflected good practice.

Right Care

People received care which was exceptionally compassionate and kind, which had an extremely positive impact on people's wellbeing. People were cared for in a way which exceeded expectations and clearly

demonstrated how valued people and those important to them were. People were treated like members of providers' families, which made them feel exceptionally valued.

Providers understood how to protect people from poor care and abuse. Providers had completed safeguarding training and knew how to report concerns. Providers were confident any concerns would be handled appropriately by the registered manager.

Providers knew people's individual needs well, particularly how to communicate with people in an appropriate way. Providers supported people to be independent without compromising their safety.

Right Culture

People's wishes, needs and rights were at the heart of the service's culture. Providers demonstrated an exceptionally person-centred approach and continuously sought to protect and promote people's rights. The registered manager led by example to promote this.

There were robust systems and processes to help ensure people received safe and effective care. Providers worked closely with people's families and health and social care professionals to identify and meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 August 2018).

In October 2019 the provider applied to CQC to make a change to their registration, when they moved the registered office to the current location. Durham County Council remains the registered provider for this service.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Durham Shared Lives is a shared lives scheme. They recruit, train and support self-employed shared lives carers (known as providers) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the registered manager and support managers were not always office-based; we needed to be sure someone was available to meet us at the registered office.

Inspection activity started on 13 July 2022 and ended on 11 August 2022. We visited the location's office on 13 July and 9 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, 3 support managers and 1 monitoring support officer. We also sought feedback from providers and relatives via email. We received 17 responses from providers and 5 responses from relatives.

We reviewed a range of records. This included 6 people's care records. We looked at 8 provider files in relation to recruitment and other records regarding provider training and monitoring. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the providers who care for them. People were kept safe from avoidable harm because providers knew them well and understood how to protect them from abuse. The registered provider worked well with other agencies to do so.
- Providers had training on how to recognise and report abuse and they knew how to apply it.
- People had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the registered provider assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because providers managed risks to minimise restrictions.

Staffing and recruitment

- People using the service were supported to take part in the recruitment of providers and have an influence on the outcome.
- Providers were recruited safely. An extensive selection and matching process was in place.
- The numbers and skills of providers matched the needs of people using the service.
- Providers knew how to consider people's individual needs, wishes and goals.

Using medicines safely

- People were supported by providers who followed systems and processes to prescribe, administer, record and store medicines safely.
- Providers made sure people received information about medicines in a way they could understand.
- Providers received further training and had their competence to administer medicines checked.

Preventing and controlling infection

- The registered provider used effective infection, prevention and control measures to keep people safe, and providers supported people to follow them.
- Providers had completed up to date infection prevention and control training.

Learning lessons when things go wrong

- People received safe care because the management team and providers learned from safety alerts and incidents.
- The registered provider managed incidents affecting people's safety well. Providers recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and providers reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by providers who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
- Updated training and refresher courses helped providers continuously apply best practice.
- The registered provider checked providers' competence to ensure they understood and applied training and best practice.
- Providers received support in the form of continual monitoring and supervision and appraisals.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Providers encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One person told us, "No one had taught me to cook before. Here I've lost 4 stone. They make sure you're eating healthy stuff."

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One person said, "[Provider] helps me to make appointments and comes with me to the doctors."
- Providers worked well with other services and professionals to prevent readmission or admission to hospital.
- Professionals from different disciplines worked together as a team to benefit people. They supported each other to make sure people had continuity in their care.

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 MCA 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. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered provider was working within the principles of the MCA. Where people were deprived of their liberty, appropriate legal authorisations were in place via the Court of Protection. Conditions relating to such authorisations were being met.
- Providers empowered people to make their own decisions about their care and support. One person told us, "They respect my choices and I respect them back."
- Providers knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Providers demonstrated a strong, visible person-centred culture. They were highly motivated and delivered care which was exceptionally compassionate and kind, which had an excellent impact on people's wellbeing. For example, when one person was in hospital and finding things difficult, their long-term providers visited them several times a day and brought the food they liked and encouraged them to take their medicines. This resulted in the person being discharged home sooner than expected, which significantly reduced their anxiety.
- People were cared for in a way that exceeded expectations. For example, at a matching visit between a person and providers who offered short term care, the person decided they would like to spend the weekend with the providers to get to know them. As it was Father's Day that weekend, the providers suggested that the person's father joined them for a family Sunday lunch, which the person and their father were delighted with.
- Another example of providers going 'above and beyond' was a provider who continued to visit a person who used the service after they had moved into residential care and was then admitted to hospital. One of the support managers said, "To an outsider you would not have been able to tell that [person] had lived in a care setting with [provider] and his family, more that he had lived with his family. When [person] sadly passed away [provider] and the family were utterly devastated."
- We received consistently positive feedback from people and relatives about the exceptional quality of the service. One person told us, "I'm extraordinarily happy." Another person said, "[Provider] treats us like family. That's why it's called 'shared lives'." A relative had written, 'I just want to thank you all so much for all you have done for [family member]. He has always received good care and attention. You have taken these special people into your home and made them part of your family by showing them love and compassion.'
- Providers went 'the extra mile' to respect people's choices and wherever possible, accommodate their wishes, including those relevant to protected characteristics such as gender identity. When one person needed emergency short-term care with another provider, their long-term provider ensured their gender identity needs were known and met.

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

- Providers encouraged people to explore their care and treatment options and supported them to explore sources of additional help and advice with immense care and sensitivity. Providers were particularly sensitive to times when people needed additional support. For example, one provider noticed that one person was unsettled, mentioning deceased relatives more and had a decreased appetite. The provider approached the person's family and suggested grief counselling as an additional source of help, which the

relative thought was an excellent idea.

- People were enabled to make choices for themselves, wherever possible, and providers ensured they had the information they needed. For example, the registered provider had developed 'provider brochures' for providers who offered short-term care. These were pictorial guides so people who used the service, and their relatives, could see where they might be staying in advance of a matching visit. These had been particularly useful to share with people and relatives when people had previously received short-term care from providers who were due to retire. This meant people and their families could devise a shortlist of potential short-term providers before introductions were made which helped people feel more at ease.

Respecting and promoting people's privacy, dignity and independence

- The service had a comprehensive understanding of the needs of young adults when they moved from services for young people. Some providers had been child foster carers and then become a shared lives provider to ensure minimum disruption for the young person. The management team worked closely with social workers to ensure assessments were carried out and plans put in place far in advance of any transfer of care. One social worker wrote, 'I have been [person's] social worker for approximately two years. Since his move to [provider], I have seen a very different young person. He has more confidence, is trying new things, is actively engaging in education and making progress in all aspects of his social, emotional and academic development. The progress [person] is making is amazing and [provider] needs to be congratulated for the huge part they have played in bringing about this.'
- Respecting people's independence and autonomy was at the heart of the service. Dignity was embedded throughout the service. Providers fully understood the importance of people maintaining their independence and the benefits it had for their well-being. One person told us, "I help in the kitchen and do my own cooking." Another person said, "I can go on the bus on my own. I go to college and meet up with friends and family."
- People received their care and support from a service which was very flexible. Providers were quick to alter their plans to accommodate people's individual needs. For example, when one person wished to receive short-term care after a long gap due to COVID-19, a new short-term provider offered to collect the person and take them to the provider's home for a meal so they could familiarise themselves with the provider's home. This helped to significantly reduce the person's anxiety.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received exceptionally responsive and person-centred care, which met their needs and had an extremely positive impact on their wellbeing. There were several examples of providers identifying changes in people's needs and supporting them to access appropriate support which improved their wellbeing immensely. For example, one provider noticed how one person was more tired than usual and low in mood. The provider spoke to the person and their family and explained how they felt medical advice or further investigations might be helpful. The person agreed, medical advice was sought and a diagnosis and treatment were received. The person's quality of life had massively improved and they were much happier and less stressed.
- One provider encountered difficulties when attempting to book an eye test for the person they cared for, who had limited verbal communication. Despite being told such a test would be 'pointless,' the provider persisted in booking an eye test elsewhere and explained they would support the person during the appointment to aid communication. Issues were identified and the person was referred for surgery which the provider will support them with.
- Other providers identified that having vaccinations at a GP surgery was a cause of great anxiety for some people who used the service. Providers instigated discussions with health professionals and arrangements were made for vaccinations to be given in the person's home which massively reduced people's anxiety levels.

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

- Arrangements for social activities, education and work, were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. One person's providers supported them to go for a walk by themselves and shower independently, which the person had never thought possible. The person was thrilled with this outcome and this had made a huge difference to their self-esteem and quality of life.
- One person's providers supported them to secure a part time job at a local shop. The person was delighted as they never thought they would be able to do this. Their quality of life has improved significantly.
- Another person's provider supported them with appointments at the local job centre. This person had lived with severe anxiety for many years, but had made huge progress since going to live with the provider and their family. The person had gone on to attend college and achieve several qualifications which was a fantastic achievement.
- Providers were diligent and persistent which enabled people to achieve their goals and exceed their

aspirations. One person's providers identified that an existing risk management plan was restricting the person unnecessarily. They advocated on behalf of the person and were successful in getting professionals to review and update the plan, so it reflected current risk levels. Due to the extremely pro-active approach of the providers, the person's placement became long term and a positive risk-taking plan was introduced which meant the level of support could be reduced. This resulted in the person being able to enjoy becoming independent, particularly in an education setting. This had made a huge difference to their confidence and wellbeing.

End of life care and support

- Providers worked closely with healthcare professionals and provided outstanding end of life care. People experienced a comfortable, dignified and pain-free death. One health professional wrote, 'I have been in the NHS for over 30 years and have worked with countless families and care providers during that time, but I can without doubt say that [providers] are amongst the best people I have had the fortune to work with... At no time during my involvement with their family did I ever feel that they were 'carers', they were to all intents and purposes a family unit that functioned with unreserved love, commitment and determination to provide the most positive, fun filled and all-encompassing environment'. Another health professional wrote of the same providers, 'The care provided was gold standard. They are caring, professional and highly motivated carers and I cannot think of a home that could have provided better care for [person]... Top class care by people who really care about what they do.'
- Some people had plans for how they wanted to be supported at the end of their life and any subsequent arrangements they wished to be carried out. Where possible, people had created end of life plans themselves.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and providers supported them to do so. One person told us, "I know about the complaints team and the emergency duty team, but I've never had to complain. I'm very happy."
- The registered provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- The management team and providers were committed to supporting people to provide feedback so they could ensure the service worked well for them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered provider was following the Accessible Information Standard. Providers ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- The registered manager worked hard to instil a culture of care in which providers and staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Providers felt respected, supported and valued by the registered manager and support managers, which supported a positive and improvement-driven culture.
- The registered manager and support managers promoted equality and diversity in all aspects of the running of the service.
- The registered manager, support managers and providers put people's needs and wishes at the heart of everything they did.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Providers knew and understood the team's vision and values and how to apply them in their work.
- Staff delivered good quality support consistently.
- Governance processes were effective and helped to hold providers to account, keep people safe, protect people's rights and provide good quality care and support.
- Providers were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The management team understood and demonstrated compliance with regulatory and legislative requirements.

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

- People, and those important to them, worked with the management team and providers to develop and improve the service.
- Providers encouraged people to be involved in the development of the service.
- The registered manager sought feedback from people and those important to them and used the

feedback to develop the service.

Continuous learning and improving care

- The registered manager kept up to date with national policy to inform improvements to the service.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The registered manager regularly met with other registered managers employed by the local authority to improve care and support for people using the service.
- Providers worked well in partnership with other health and social care professionals which helped to improve people's wellbeing.