

Social & Community Services

Oxfordshire Shared Lives Scheme

Inspection report

Oxfordshire County Council, Abbey House
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Website: www.oxfordshire.gov.uk/sharedlives

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08 February 2019
14 February 2019

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Shared Lives Scheme is responsible for approving, training and monitoring 'shared lives carers' who provide personal care and support to people (on placements), living with them in their family home. At the time of this inspection the Scheme employed 8 social workers and had 74 approved 'shared lives households' who supported 124 people in placements. At the time of our inspection 33 people were receiving the regulated activity of personal care.

Not everyone using Oxfordshire Shared Lives Scheme receives regulated activity; CQC 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.

People's experience of using this service:

Oxfordshire Shared Lives Scheme is an extraordinary service which invites people regardless of their care needs to share both family and community life with others. The service is designed to carefully match people to households which in turn contributes to creating a 'personal touch' and a strong, visible person-centred approach. People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. The shared lives team recognised and worked with people to reduce social isolation, they were particularly sensitive to times when people needed caring and compassionate support.

There was sufficient number of safely recruited shared lives carers and shared lives workers to keep people safe. People received their medicines as prescribed. Risks to people's well-being and individual conditions were recorded and updated as required. The management team ensured any lessons learnt were reflected to improve the service and experience for people.

Staff and shared lives carers understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff and shared lives carers had completed safeguarding training. Staff had access to effective supervision. Shared lives carers were also positive about the support they received from the team of social workers.

People were supported to have maximum choice and control of their lives and shared lives carers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Both shared lives workers and shared lives carers were aware of the principles of the Mental Capacity Act. People were supported to access health professionals and any advice received was incorporated into people's care planning process. People were encouraged to maintain good diet and nutrition.

People received support that met their assessed needs and in line with their care plans. People and their

shared lives carers knew how to raise any concerns and told us any concerns were promptly addressed. No people received end of life support at the time of our inspection, people's end of life wishes where appropriate had been recorded.

Staff spoke positively about the support they received from the registered manager. People and staff complimented the management team and told us they were accessible and approachable. There was a clear staffing structure, staff were aware of their roles and responsibilities and had opportunities to develop in their roles. There were a number of effective quality assurance systems that supported continuous development. The service worked well with other partners, organisations and commissioners and the feedback we received from external professionals about Oxfordshire Shared Lives Scheme was very positive.

Rating at last inspection:

Good (report published 21 November 2016)

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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 remains safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service remains responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains well-led.

Details are in our Well-led findings below.

Good ●

Oxfordshire Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of two inspectors and an expert by experience (ExE). 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:

This service provides care and support to people living in shared lives households, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for shared lives; this inspection looked at people's personal care and support.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or attending meetings. We needed to be sure that they would be in.

Inspection site visit activity started on 6 February 2019 and ended on 14 February 2019. We visited the office location on 6 and 8 February 2019 to see the manager and office staff; and to review care records and

policies and procedures.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how shared lives workers interacted with shared lives cares and in turn how shared lives carers interacted with people. We spoke with nine people and two relatives. We looked at records, which included seven people's care and medicines records. We checked recruitment, training and supervision records for four staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, five staff members, the administrator and eight shared lives carers.

During the inspection we spoke with four health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People felt they were safe. One person said, "I am very happy here". Another person said, "This is my home and [shared lives carer] and [shared lives carer] look after me".
- Staff and shared lives carers were aware how to report, raise and escalate any safeguarding concerns. One shared lives carer told us "Any safeguarding concerns we would contact Shared lives, GP and Social Worker".
- The provider had safeguarding and whistle blowing policies in place and there was evidence the local authority's safeguarding procedures were followed where required.

Assessing risk, safety monitoring and management:

- Risks to people including any risk surrounding their individual needs were assessed and recorded. People's care plans contained risk assessments, which included risks associated with specific behaviours that may challenge others, medication and environment. Where risks were identified plans were in place to identify how risks would be managed. Risk management included different levels of strategies that would be used to mitigate the risks. Guidance for staff on how to support people through each strategy was detailed.
- There was a system to record accidents and incidents, we saw appropriate action had been taken where necessary. For example, regular healthcare follow up appointments were made by a shared lives carer who had concerns relating to a recent fall that one person had suffered from. The shared lives carer challenged the medical decisions of healthcare professionals to ensure the person received the right level of help and support.

Staffing and recruitment:

- Shared lives carers applied to join the scheme by completing a detailed application form which included background, work histories and reasons for joining. They were interviewed and assessed by shared lives workers, a detailed assessment was then presented to an independent panel. The panel would then discuss the suitability of the application.
- Shared lives carers underwent background checks to ensure they were safe to work with people. These procedures included Disclosure and Barring Service (DBS) checks to confirm shared lives carers did not have a criminal conviction that prevented them from working with vulnerable adults. One shared lives carer told us "We have completed a DBS".
- Shared lives carers were self-employed and therefore not directly employed by the scheme. However, they were expected to adhere to a contract, policies, procedures and attend training. The service could place restrictions on shared lives carers or de-register them if it were deemed necessary to protect people.

Using medicines safely:

- Records confirmed that where people needed support with their medicines they were supported by shared lives carers who had been appropriately trained.

- People's individual medication administration records (MAR) were completed on a daily basis by shared lives carers. MAR were then checked by shared lives workers during 'monitoring reviews'. Shared lives carers had their competencies re-assessed on an annual basis.

Preventing and controlling infection:

- The provider ensured shared lives carers were trained in infection control.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to enhance the service for people and for staff.
- The feedback from staff demonstrated there was a culture that supported reflective practice.

Is the service effective?

Our findings

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.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were positive about support provided by shared lives carers. Comments from people included, "My carers are very friendly and helpful. they help me a lot", "[Shared Lives Carers] are very friendly people" and "They are my family, they are great".
- People and shared lives carers were carefully 'matched' through an assessment process to ensure people received care from shared lives carers who they felt comfortable with and who were able to meet their care needs. The independent approval panel took into account the 'matching' process when making their decisions.
- Shared lives workers and shared lives carers ensured the use of technology was explored to ensure people received care in line with guidance. For example, we saw how one person had recently had sensor mats installed to keep them safe at night.

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

- People were supported to maintain a healthy diet. Various professionals were involved in assessing, planning and evaluating people's dietary requirements.
- People's care plans contained information about people's nutritional needs and their likes and dislikes. For example, one person was at risk of choking and the person had been assessed by a Speech and Language Therapist (SALT). The guidance from the SALT team was contained in the person's care plan.
- People spoke positively about their nutritional needs being met. One person told us "My favourite meal is (meal) and I know that am having it tonight because [shared lives care] asked me if I wanted it this morning". Another person said, "We are always getting taken out for a nice meal at the pub".

Staff support: induction, training, skills and experience:

- Records confirmed and shared lives workers told us they received regular supervision (a one to one meeting) once a month by a senior practitioner or the registered manager. Staff felt supported.
- People were supported by shared lives carers who had the skills and knowledge to carry out their roles and responsibilities.
- Shared lives carers told us and records confirmed that they received an induction and completed the schemes mandatory training prior to supporting people.

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

- People had access to healthcare professionals. Records of referrals and any guidance were held in people's care plans. This included GPs, Dietitians and opticians.
- The service worked in partnership with visiting agencies and had links with GP's, psychologists and relevant professionals from a local NHS trust. We spoke with one visiting professional who told us "They are great at communicating with us, and they always give us what we need when we need it".

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

- People told us shared lives carers respected their rights to make their own decisions.
- Shared lives workers and shared lives carers understood the principles of the MCA. Comments included, "Capacity fluctuates", "An unwise decision is not an unsafe decision" and "We always assume capacity until proven otherwise".
- Where people had a legal representative to make decisions on their behalf this was detailed in their care plans. Decisions were made in people's best interests and where necessary people were referred to appropriate bodies for decisions to be made.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Treating people with kindness, compassion and respect, ensuring people are well treated and supported; equality and diversity:

- Oxfordshire Shared Lives Scheme is an extraordinary service which supports people, regardless of their care needs to share both family and community life with shared lives carers. The service is designed to carefully match people to households which in turn contributes to creating a 'personal touch' and a strong, visible person-centred approach. The high emphasis to promote a strong family environment is at the very heart of what the service does to ensure people's rights are protected. One shared lives carer we spoke with said, "[Person] has been with us for (years) and is very much part of our family". We spoke with this person and they told us "They are my family. We do everything together".
- The scheme exceeded in recognising what was fundamental to people's individual diverse needs and ensured placements were tailored to match people's spiritual needs, cultural wishes and choices. Where shared lives family members were of different heritage and backgrounds we saw evidence of how shared lives carers went to exceptional lengths to ensure other professionals and services acted in people's best interests.
- There was evidence the staff often went 'the extra mile' to meet people's needs. For example, the scheme went to exceptional lengths to ensure that one person could be kept with their life long pet.
- People were exceptionally complimentary about both shared lives workers and shared lives carers and the support received. Both verbal and nonverbal feedback from people reflected how people were able to form meaningful, caring relationships with shared lives carers and within the wider community. For example, one person told us "I am so happy here living with [shared lives carers]. They look after me and care for me". Another person showed us their shared lives family photos and were particularly proud of one picture which included a friend that they had met abroad.

Respecting and promoting people's privacy, dignity and independence:

- The shared lives team recognised and worked with people to reduce social isolation, they were particularly sensitive to times when people needed caring and compassionate support. For example, one person had an ongoing behavioural condition and would isolate themselves for long periods of time. Through patience, perseverance and sheer kindness the shared lives carers supported this person to become more and more independent, as a result the behavioural condition ceased and we saw evidence of how the person had recently been awarded a recognised national award. This also contributed to the person building and maintaining meaningful relationships outside of the scheme and within the wider community.
- All people we communicated with either verbally or non-verbally through signs and gestures expressed how satisfied they were with the service received. One person said, "Its excellent". A relative had recently written to a shared lives worker explaining, "It's been a big relief for me knowing [person] is safe, looked after, and as independent as possible".

- People's personal files were kept secure with only designated staff having access which ensured confidentiality. Staff used individual logins to access electronic records.
- People told us their privacy was respected. People's care plans highlighted people's capabilities and needs.

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

- People's individual communication need were assessed and considered. This ensured people had access to information in a form that met their assessed needs.
- Where required, information was provided to people in a format that was accessible to them, for example, we saw important information relating to the shared lives scheme and people's individual care available in large print. One person's care records stipulated how they liked their mail from healthcare professionals read to them so they could discuss any concerns that they may have. Another person had difficulties communicating so they used a method called Makaton (Makaton is a language programme using signs and symbols to help people to communicate).

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and shared lives carers were carefully 'matched' to ensure people received care from shared lives carers who they felt comfortable with and who were able to meet their care needs. The independent approval panel took into account the 'matching' process when making their decisions. This involved an introduction process that included tea visits, overnight stays and a variety of other meetings between the parties. Shared lives carers or the person could decide it was not an appropriate placement at any time.
- People's preferred daily routines were recorded in depth and provided staff with details of how the person wanted their day structured. Care plans were tailored to people's individual needs and clearly described how they wanted their care delivered.
- People's needs were assessed and people were involved in the creation of care plans.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records reflected any issues received were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. Shared lives carers told us any concerns were dealt with immediately. Two shared lives carers that we spoke with described how they asked people if they had any concerns. If a person did raise a concern they told us how they would pass this information on for the shared lives worker to follow up.

End of life care and support:

- The Registered Manager informed us no people received end of life support at the time of our inspection. However, the registered manager was able to identify where the service would look for support to ensure people received appropriate care if the need arose.

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.

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager and senior staff members, that included, care plans, risk assessments, medication and the day to day running of the service. Additional audits were carried out by the provider.
- Findings from audits were analysed and actions were taken to drive continuous improvement.
- There was a clear staffing structure, shared lives workers and carers were aware of their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support:

- The Registered Manager told us how their visions and values for the service were based on promoting person centred care. They told us, "We need to ensure that we are continually giving people consistent person centred care that is based on individual choices. It's about citizenship, protecting peoples basic human rights and respecting people for who they are. This is fundamental to what we must do as a service".
- Shared lives carers praised the service on how well the service was run. People we spoke with felt the service was well managed and open.
- The registered manager promoted an open culture which contributed to staff work satisfaction. There was good team work and staff morale. One shared lives worker told us "I love my job".

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

- The service had developed new roles within the service. These roles were called 'experts by experience' and consisted of people who had personal experience of using Oxfordshire Shared Lives. The experts by experience supported the recruitment of new shared lives carers and the development of the service. We spoke with one expert by experience who told us "We do different things like help interview people for jobs. It's a good idea, it makes me feel like part of a team". This meant that the service ensured processes within the service incorporated the 'service user's voice'.

Continuous learning and improving care:

- We saw evidence of how the provider was consulting with the registered manager and shared lives workers on how the service could align a piece of national legislation to the person-centred values of the service. The registered manager told us "Right now the systems interpret (the national legislation) on what people can't do, we need to revisit this and look at how we can align it to what people can do".

Working in partnership with others:

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. One professional said, "The service is second to none and one in which we share a common ground with".