

Wiltshire Council

Wiltshire Council Shared Lives Service

Inspection report

Department of Community Services
PO Box 2281
Salisbury
Wiltshire
SP2 2HX

Tel: 01722438196

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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

Wiltshire Council Shared Lives Service provides care or support to people who are unable to live in a home of their own, but who live alongside other people in a family-like setting. Services provided were for adults who may have a range of needs including people with learning disabilities, people with acquired head injuries, older people and people who use mental health services. At the time of our inspection 32 people were using the service.

This was an announced inspection which meant the provider knew we would be visiting. This was because we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

There was a service manager in post, who has applied to the CQC to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in August 2014, the service was rated Good. At this inspection we found the service remained Good.

People and their shared lives carers spoke positively about the support they received from Wiltshire Council Shared Lives Service. Health and Social Care professionals who worked alongside the service told us the manager and staff were responsive and knew people and their carers well.

People told us they felt safe living with their shared lives carers and they were always available to help them. Comments included "Yes I do, it's a lovely home. They [carers] are always here to help" and "I am very happy".

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Shared lives carers and placement officers had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom.

People were protected by a safe recruitment system. All shared lives carers experienced a thorough approval process before being able to provide support to someone. This included an interview by an independent approval panel consisting of a range of professionals and a person using the shared lives service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Shared lives carers and officers had a good understanding of the Mental Capacity Act 2005.

People received effective care and support from well supported and trained shared lives carers. There was a thorough induction programme which all carers undertook before being able to support people.

Positive caring relationship had developed between people and their shared live carer. People were supported to achieve their potential and gain independent living skills. People had opportunities to take part in activities within their home as well as out in the community. People told us they felt part of the family home.

People, shared lives carers, staff and professionals working alongside the service, all spoke positively about the management of the service. They all said the manager was approachable and very supportive. The manager was keen on raising the service's profile and to be able to recruit more carers to enable them to offer more placements to people.

We have made a recommendation about the service reviewing their systems of checking people's financial management.

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 remains Good.

Risk assessments were in place to support people to be as independent as possible.

People were protected by a safe recruitment system.

Is the service effective?

Good ●

The service remains good.

People were supported to make their own choices and decisions about their care and their daily living.

People received effective care and support from well supported and trained shared lives carers.

Is the service caring?

Good ●

The service remains good.

People received care and support from shared lives carers who had got to know them well.

People told us they were happy with the support they received. They were treated with dignity and respect.

Is the service responsive?

Good ●

The service remains good.

People received a responsive service which understood their personal preferences and how they wished to be supported.

People were supported to maintain their independence and access the community.

Is the service well-led?

Good ●

The service remains good.

Shared lives officers, carers, people and health and social care

professionals, told us the manager was approachable and supportive.

The manager was keen on raising the profile of the service to recruit more shared lives carers.

Wiltshire Council Shared Lives Service

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.

This inspection took place on 19 July 2017 and was announced. The provider was given 48 hours' notice because we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection was completed by one Inspector. Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We used a number of different methods to help us understand the experiences of people who used the service. This included talking to people, their shared lives carers and looking at documents and records that related to people's support and care and the management of the service.

We visited Wiltshire Council Shared Lives Service's office on the 19 July 2017. After the inspection we contacted people and their shared lives carers to get their feedback on the service. We spoke with three people and five shared lives carers. We also spoke with a shared lives officer, the manager and received feedback from two health and social care professionals who have worked with the service.

Is the service safe?

Our findings

At the last inspection in August 2014 we found the service was safe. At this inspection we found these standards had been maintained. People we spoke with told us they felt safe living with their shared lives carers and they were always available to help them. Comments included "Yes I do, it's a lovely home. They [carers] are always here to help" and "I am very happy".

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Shared lives carers and placement officers had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. For example a risk assessment was in place for a person who was at risk of falls when out in the community. The person was still supported to go out, but his shared lives carer would advise against it if the person appeared unwell or tired. We also saw risk assessments were in place to enable people to be left on their own in the shared lives home or to be safe when out with friends. This further promoted people's independence safely.

Occasionally people became upset, anxious or emotional. People's support plans had information on how to support the person and also for signs to look out for. For example when a person was increasingly becoming anxious and picking at their skin, this would be a sign that their mental health was deteriorating and the carers could seek advice and support in a timely way. Some people had behaviours which could be seen as challenging. Shared lives carers had strategies in place on how to manage these behaviours. Speaking with carers they told us if they felt the situation became unmanageable, they would contact the service and request external support and advice.

People were protected by a safe recruitment system. All shared lives carers experienced a thorough approval process before being able to provide support to someone. The process consisted of completing the Care Certificate with a shared lives officer on a one to one basis weekly, which was tailored to the needs of shared lives carers. The care certificate is a set of standards that health and social care workers adhere to in their daily working life. An assessment report was also completed as part of the recruitment process, looking at the shared lives carer's full employment history, health and safety of the home environment, relationships within the household, the carer's personal skills and knowledge, their ability to build relationships and the community they live in.

Once completed shared lives carers would also be interviewed by an independent approval panel consisting of a range of professionals and a person using the shared lives service. Records evidenced that shared lives carers and officers had all completed an application form, had provided proof of identity and had undertaken a disclosure and barring service (DBS) check. The manager told us they also asked for a declaration of any criminal records if other adults were resident with the shared lives carers.

Peoples' medicines were managed and administered safely. Some people were supported with taking

prescribed medicine. The level of support required was detailed in their support plan and where possible, people administered their medicines independently or with prompting. A detailed record was kept of the type of medicine prescribed and when it was needed. Where shared lives carers were supporting people with their medicines, they recorded on a medicines administration record (MAR) when the medicines had been given. The shared lives officers or manager checked the completed MAR charts at the three monthly monitoring visits to ensure medicines were administered safely.

There were arrangements in place to keep people safe in an emergency. Shared lives carers had information to contact the emergency duty service out of hours. They also had access to "support carers" who could step in if the main shared lives carer was absent.

Is the service effective?

Our findings

At the last inspection in August 2014 we found the service was effective. At this inspection we found these standards had been maintained. 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 legally authorised under the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for people receiving care in their own home, is an Order from the Court of Protection. The manager told us this applied to one person using the service and they were in the process of applying for a DoLS authorisation.

We checked whether the service was working within the principles of the MCA. The manager told us the majority of people using the shared lives service was able to consent to their placement. We saw evidence that people were involved in the service agreement and had signed the agreement. Some people were not able to make decisions regarding their finances and associated mental capacity assessments were completed by the care management team. Where the Office of Public Guardian managed some people's finances, the shared lives carers had contact details of who to contact should the person need money. Some shared lives carers supported people with their finances. The shared lives officers checked records kept on a three monthly basis and in some cases annually. This meant that if an error occurred, it would not be noticed in a timely way.

We recommend that the service review their systems of checking that people's money is managed effectively.

People were supported to make their own choices and decisions about their care and their daily living. One person said "Even when I've made wrong decisions, my carer helped me through it". Shared lives carers told us it was important to support people with decision making where needed to increase their independence and confidence. One carer said "I give X [person] as much freedom as possible". Shared lives carers had knowledge of the MCA and the manager told us they had recognised that a person who had been living with their carer for many years, were no longer able to consent to their placement due to a deterioration in their Dementia. They were working with the care management team to complete a mental capacity assessment. The service had developed training on the Mental Capacity Act and Deprivation of Liberty safeguards for shared lives carers. This was delivered as a presentation with each Shared Lives carer, in which the requirements of the Act were outlined.

People received effective care and support from well supported and trained shared lives carers. There was a thorough induction programme which all carers undertook before being able to support people. Previous experience and any training were taken into account when 'matching' people with appropriate shared lives carers. A shared lives carer told us that the service knew not to place a person with them who could become

physically aggressive. We saw for example for another person the service knew not to place a person who needed support with personal care. The manager told us they would only place a person with a shared lives carer who had the necessary experience and skills to support that person.

Carers were able to access training specific to the needs of the people they were supporting. For example if a carer was going to support a person with Autism, the service would support them to access the right training. The manager told us at times they identified learning needs with the carers, for example they had identified some carers who lacked in confidence. They would give advice on who to contact and recommended assertiveness training. All carers were expected to complete emergency first aid training.

Shared lives officers who supported the shared lives carers were subject to the provider's recruitment and selection process. They also undertook an induction programme to ensure they had the correct skills and knowledge to support the carers. The officers attended training through the provider, which included fire safety, mental capacity and safeguarding vulnerable adults. Records showed that training was up to date. A shared lives officer who was newly recruited told us they had regular conversations with the manager about their progress and they were currently shadowing other officers during monitoring visits. The manager told us new staff were also asked to complete the Care Certificate, which carers completed to help new staff understand what is expected from new shared lives carers.

The shared lives carers were aware of people's dietary needs and preferences. Speaking with carers they told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People were encouraged to eat a healthy diet. One person told us they had type 2 diabetes and had to change their food plan with support from their carer. Another person was no longer diabetic as a result of their diet being managed well.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Where needed, people had a health action plan which described the support they needed to stay healthy. One person said "My carer take me to appointments such as the doctor".

Is the service caring?

Our findings

At the last inspection in August 2014 we found the service was caring. At this inspection we found these standards had been maintained. People told us they were happy with the support they received. Comments included "They [carers] are very good. They are always here for listening", "I love living at [carer] and have a good life" and "I feel part of the family".

People received care and support from shared lives carers who had got to know them well. The relationships between carers and people receiving support demonstrated dignity and respect at all times. Carers knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. The shared lives service promoted a sense of belonging for people within a family home. A carer stated "I treat X [person] as I would my own children."

The manager told us at times the shared lives carers went above and beyond of what were expected of them within their role. For example a carer supported a person in court over a two day hearing as their social worker was unable to attend. The carer supported the person through the process, offered advice and emotional support during a distressing time for the person. Another carer provided essential one-to-one support to a person living with dementia outside of the home throughout the week. This ensured the person was able to access their daytime activities. The carer had been supporting this person for a number of years.

Staff knew people's individual communication skills, abilities and preferences. Shared lives carers and officers had information about people's preferred ways of communication, for example for a person who was unable to speak, the carers learnt to interpret gestures and body language. They also learnt basic Makaton symbols to help with communication, which helped in making the person feel part of the household. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

Shared lives officers showed a good understanding of equality, diversity and respecting people's differences. A health and social care professional said "Absolutely – in particular they are working with a customer of mine with an Autism Spectrum Condition: the team work to a Strengths Perspective in encouraging him to be as independent as possible, but also provide firm boundaries in order for him to feel safe and 'held' within a fixed routine." A shared lives officer told us respecting people's equality and diversity was important, especially where two people were living in the same household. The shared lives carers would ensure that each person was treated equally, but as individuals.

Information about advocacy services was available to people. The manager told us where some people had no family or friends, they would encourage the person to access advocacy services. When people received their annual feedback questionnaires, their carers were not able to support them to complete it, to ensure people had an opportunity to feedback about their carers. Family and friends usually supported people, but where people were not befriended, an advocate would support them.

Peoples bedrooms were personalised and decorated to their taste. Speaking with shared lives carers they

told us people's bedrooms were their own to choose how they wanted to decorate it. People told us their bedrooms were their private space and that their carers respected their privacy.

Is the service responsive?

Our findings

At the last inspection in August 2014 we found the service was responsive. At this inspection we found these standards had been maintained. People received a responsive service which understood their personal preferences and how they wished to be supported. Each person was referred to the scheme by the care management team, accompanied by a comprehensive assessment of the person's needs, together with a referral form. This detailed information about the person and why a shared lives arrangement was being considered.

The manager told us when they received a referral they would check their vacancies, the knowledge and skills of their shared lives carers and what support they would be able to provide. Once a compatible placement was identified, the shared lives officers would arrange some introductory visits with the proposed shared lives carers. These would be a minimum of three visits, initially for a few hours, leading up to an overnight stay and at times a weekend stay. The manager told us there would be constant liaison with the care management team during this period. A health and social care professional commented "They [staff] provide a fantastic liaison between the customer, myself and the shared lives provider around adjusting times/dates/activities to suit the customer and their particular needs."

All new people received a service users guide with information about their shared lives carers, terms and conditions of their placement and what rights they had living with their carers. The service involved the person in discussions about their support needs and we saw evidence of comprehensive service user's agreements and support plans. This included information about the person's daily routine such as, travelling around the community and activities in the community, access to medical appointments and medicines, personal hygiene, meals and diet, contact with family and friends and any identified risks.

People's needs were reviewed regularly and as required. An initial six weekly review would be completed for any new placements and thereafter annually. Where needed health and social care professionals would be invited to the reviews. The service also completed three monthly monitoring meetings with their shared lives carers, looking at what was working well, what was not working so well and any support the carers might need.

People were supported to maintain their independence and access the community. People took part in activities either in their own home or within their community. One carer told us "X [person] is always out and about" and another commented "[person] is very active and take part in all sorts of activities, such as going to college or voluntary work such as collecting donations." A person told us they enjoyed going on holiday with their partner and we saw for many other people, they had opportunities to go on holiday with their shared live carers. We saw in people's support plans, that they were encouraged to take part in activities within the home, such as cooking, cleaning or washing up. A shared lives carer told us it was important to teach skills where needed to improve people's independence, for example budgeting or saving money.

The service had a complaints procedure. It had not received any complaints in the last twelve months. People and their shared lives carers told us they knew who to speak to if they had any concerns about the

arrangement. They also told us they felt confident that their concerns would be listened to and dealt with appropriately.

Is the service well-led?

Our findings

At the last inspection in August 2014 we found the service was well-led. At this inspection we found these standards had been maintained. There was a service manager in post, who has applied to the CQC to be the registered manager. The manager had previously worked as a placement officer for many years as part of Wiltshire Council Shared Lives Service.

Staff spoke positively about the support they received from the manager. They told us the manager was approachable and always willing to listen. A health and social care professional said "Both X [manager] and her staff are hugely helpful and approachable, and get back to me quickly any time I raise a query. They bend over backwards to 'make things happen' for customers, sometimes under extremely trying circumstances!" Speaking with shared lives carers they also commented how supportive the manager had been. A carer said "Very supportive. Never had any problems".

The manager was keen on raising Wiltshire Council Shared Lives Service's profile with the Council and to increase publicity for recruiting more shared lives carers. They told us they had been considering various ideas, such as visual prompts, leaflets, campaigning over social media and liaising with Councillors to reach the public.

The manager also told us it was their aim to be there for staff for guidance as much as possible. They had regular conversations with staff to ensure they had a good overview of any issues and staff told us the manager was available for any guidance or advice. Shared lives officers and the manager had regular team meetings where they could discuss the service direction and raise any concerns they had. The shared lives officers also received regular supervision and appraisal from the manager.

The manager told us all staff were members of Shared Lives Plus, which was a nationwide network providing support, resources and advice to shared lives officers and carers. The manager attended the regional meetings, linking with other shared lives schemes and charities. The manager told us these meetings were valuable for sharing ideas and talking about any developments nationally.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. People were asked to complete an anonymous 'customer' questionnaire each year. The manager told us they looked at each one individually to address any issues or requests. Care managers who had been involved with the service also received an evaluation form once a year. Shared lives carers had three monthly monitoring visits where they could provide feedback, however they did not have an opportunity to provide anonymous feedback if they so wished to do. The manager said they would look at developing an annual questionnaire for shared lives carers as well, which could be completed anonymously. Since our inspection, the manager told us they had now put these questionnaires in place.

There was a formal system in place for the shared lives officers to record accidents and incidents. However the same system did not apply to shared lives carers. Whilst carers would inform the shared lives service within 24 hours of any incidents, the carers were not formally recording the details of the incident and

actions taken. This meant that it would be difficult to identify any patterns or trends if incidents were occurring regularly. We told the manager this had been raised at our last inspection. The manager said they would address this and develop a form for carers to complete. They said carers would normally keep a note if a person was for example regularly displaying certain behaviours or regularly falling, to identify a pattern and they would discuss this with the service. We saw evidence that when a carer informed the service of an incident or accident, these were recorded and monitored by the service. Following our inspection the manager informed us they had created a form for all carers to record any accidents or near misses which occur at their home for either them or their customers.